

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">SIERRA CLUB</div> Doing business as <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</div> <div style="border: 1px solid black; padding: 2px;">2101 WEBSTER STREET 1300</div> <div style="border: 1px solid black; padding: 2px;">City or town, state or province, country, and ZIP or foreign postal code</div> <div style="border: 1px solid black; padding: 2px;">OAKLAND, CA 94612</div> F Name and address of principal officer: MICHAEL BRUNE <div style="border: 1px solid black; padding: 2px;">SAME AS C ABOVE</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">94-1153307</div>
E Telephone number <div style="border: 1px solid black; padding: 2px;">(415) 977-5500</div>		G Gross receipts \$ 158,548,504.
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
J Website: ▶ WWW.SIERRACLUB.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶
L Year of formation: 1892		M State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO EXPLORE, ENJOY, AND PROTECT THE WILD PLACES OF THE EARTH, PRACTICE & PROMOTE RESPONSIBLE USE OF			
	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)	3	15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15	
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	961	
	6	Total number of volunteers (estimate if necessary)	6	10051	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	741,689.
b		Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
9		Program service revenue (Part VIII, line 2g)	126,166,879.	129,549,637.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,117,790.	10,832,446.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,022,745.	1,448,370.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,062,259.	1,847,506.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	141,369,673.	143,677,959.	
Expenses		14	Benefits paid to or for members (Part IX, column (A), line 4)	1,361,650.	2,501,023.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	62,603,700.	71,997,300.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,251,313.	2,048,537.	1,589,018.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	62,349,353.	65,842,151.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	128,363,240.	141,929,492.	
	19	Revenue less expenses. Subtract line 18 from line 12	13,006,433.	1,748,467.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21	Total liabilities (Part X, line 26)	106,922,520.	106,933,363.	
	22	Net assets or fund balances. Subtract line 21 from line 20	27,062,853.	36,455,472.	
			79,859,667.	70,477,891.	

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 <div style="border: 1px solid black; padding: 2px;">ADRIENNE FRAZIER, ASST SECRETARY</div>	Date		
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name MAGA E. KISRIV	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P01008919
	Firm's name ▶ HOOD & STRONG LLP		Firm's EIN ▶ 94-1254756	
	Firm's address ▶ 275 BATTERY ST, STE 900 SAN FRANCISCO, CA 94111		Phone no. 415.781.0793	

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

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
File by the due date for filing your return. See instructions.	SIERRA CLUB	Employer identification number (EIN) or 94-1153307
	Number, street, and room or suite no. If a P.O. box, see instructions. 2101 WEBSTER STREET, NO. 1300	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94612	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LOUIS BARNES

- The books are in the care of ► **2101 WEBSTER STREET, SUITE 1300 - OAKLAND, CA 94612**
Telephone No. ► **(415) 977-5500** Fax No. ► **(415) 977-5797**

- If the organization does not have an office or place of business in the United States, check this box ☐ **1**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2018** or
► ☐ tax year beginning _____, and ending _____.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

- 1**
- Briefly describe the organization's mission:

SEE SCHEDULE O.

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If "Yes," describe these new services on Schedule O.

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O.

- 4**
- Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 68,522,110. including grants of \$ 2,501,023.) (Revenue \$ 697,700.)
SEE SCHEDULE O.**4b** (Code:) (Expenses \$ 25,238,965. including grants of \$ 0.) (Revenue \$ 2,271,454.)**INFORMATION AND EDUCATION: CALENDAR & ONLINE STORE, SIERRA, THE ORGANIZATION'S MAGAZINE, COMMUNICATIONS GROUP INCLUDE NON-PRINT MEDIA CHANNELS AND DIGITAL STRATEGIES (MISSION IS TO ALIGN THE ONLINE ACTIVITIES AND TECHNOLOGICAL INVESTMENTS WITH THE BROADER STRATEGY AND SUCCESS OF THE CLUB).****SIERRA MAGAZINE: PUBLISHED 6 ISSUES PER YEAR WITH AN AVERAGE PRINT RUN IN EXCESS OF 680,000 MAGAZINES.****CALENDAR & ONLINE STORE: OFFERED SIERRA CLUB BRANDED MERCHANDISE ABOUT NATURE OR THE ENVIRONMENT FOR SALE DIRECTLY TO THE PUBLIC AND OTHER RESELLERS.****4c** (Code:) (Expenses \$ 23,414,900. including grants of \$ 0.) (Revenue \$ 0.)**MEMBERSHIP: SUPPORT AND FUNDING OF 63 VOLUNTEER LED CHAPTERS AND APPROXIMATELY 360 GROUPS, AND THE DEVELOPMENT OF A BROAD-BASED VOLUNTEER MEMBERSHIP.**

- 4d**
- Other program services (Describe in Schedule O.)

(Expenses \$ 9,349,218. including grants of \$ 0.) (Revenue \$ 9,388,359.)**4e** Total program service expenses **▶ 126,525,193.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	573
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 961		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	15			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL, AR, CA, FL, GA, HI, IL, KS, KY, LA, MD, MA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
LOUIS BARNES - (415) 977-5500
2101 WEBSTER STREET, SUITE 1300, OAKLAND, CA 94612

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOREN BLACKFORD PRESIDENT	35.00 0.01	X		X				0.	0.	0.
(2) SUSANA REYES VICE-PRESIDENT	15.00 0.01	X		X				0.	0.	0.
(3) MARGRETE STRAND RANGNES SECRETARY	4.00 0.01	X		X				0.	0.	0.
(4) DAVID SCOTT TREASURER	8.00 0.01	X		X				0.	0.	0.
(5) LIZ WALSH TREASURER (THRU 5/15/18)	8.00 0.00	X		X				0.	0.	0.
(6) RAMON CRUZ FIFTH OFFICER	3.00 0.01	X		X				0.	0.	0.
(7) ANTONIO FULLER DIRECTOR	5.00 0.01	X						0.	0.	0.
(8) CHAD HANSON DIRECTOR	16.00 0.01	X						0.	0.	0.
(9) DEBBIE HEATON DIRECTOR	11.00 0.01	X						0.	0.	0.
(10) JIM DOUGHERTY DIRECTOR	8.00 0.01	X						0.	0.	0.
(11) MIKE O'BRIEN DIRECTOR	5.00 0.01	X						0.	0.	0.
(12) NATALIE LUCAS DIRECTOR	10.00 0.01	X						0.	0.	0.
(13) OLIVER BERNSTEIN DIRECTOR	5.00 0.00	X						0.	0.	0.
(14) PETER SARGENT DIRECTOR	8.00 0.01	X						0.	0.	0.
(15) ROBIN MANN DIRECTOR	25.00 0.01	X						0.	0.	0.
(16) ROSS MACFARLANE DIRECTOR	6.00 0.01	X						0.	0.	0.
(17) ALLISON CHIN DIRECTOR (THRU 5/15/18)	10.00 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHARLES FRANK DIRECTOR (THRU 8/28/18)	10.00 0.00	X						0.	0.	0.
(19) SPENCER BLACK DIRECTOR (THRU 5/15/18)	5.00 0.00	X						0.	0.	0.
(20) STEVE MA DIRECTOR (THRU 3/29/18)	6.00 0.00	X						0.	0.	0.
(21) TOM NEFF ASSISTANT TREASURER	5.00 0.00			X				0.	0.	0.
(22) MICHAEL BRUNE EXECUTIVE DIRECTOR	50.00 0.00			X				286,154.	0.	47,643.
(23) LOUIS BARNES CHIEF FINANCIAL EXECUTIVE	50.00 0.00			X				221,581.	0.	29,334.
(24) HAMILTON LEONG CONTROLLER	50.00 0.00			X				182,095.	0.	29,803.
(25) PHILIP EAGER GENERAL COUNSEL	50.00 0.00			X				163,711.	0.	23,698.
(26) JENNIFER TRAHAN CHIEF OPERATING OFFICER	50.00 0.00			X				192,539.	0.	35,620.
1b Sub-total								1,046,080.	0.	166,098.
c Total from continuation sheets to Part VII, Section A								2,139,136.	0.	305,257.
d Total (add lines 1b and 1c)								3,185,216.	0.	471,355.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MARKETEAM, 600 NORTHPARK TOWN CENTER STE 1600, ATLANTA, GA 30328	MARKETING	1,820,800.
BLUE STATE DIGITAL, INC., 62187 COLLECTIONS CENTER DR., CHICAGO, IL 60693	CONSULTANTS	1,428,807.
FACEBOOK, 15161 COLLECTIONS CENTER DR., CHICAGO, IL 60693	CONSULTANTS	1,408,569.
PALM COAST DATA LLC 11 COMMERCE BLVD., PALM COAST, FL 32164	IT PROCESSING	1,375,944.
SD&A TELESERVICES, INC., 5757 WEST CENTURY BLVD., STE. 300, LOS ANGELES, CA 90045	CONSULTANTS	724,258.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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SEE PART VII, SECTION A CONTINUATION SHEETS

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ADRIENNE FRAZIER DEPUTY CHIEF FINANCIAL EXECUTIVE	50.00 0.00			X				151,873.	0.	16,533.
(28) SARAH HODGDON NATIONAL PROGRAM DIRECTOR	50.00 0.01				X			217,198.	0.	28,045.
(29) LINDI VON MUTIUS CHIEF OF STAFF	50.00 0.00				X			157,745.	0.	21,068.
(30) MICHELLE EPSTEIN DEPUTY CHIEF ADV OFFCR, MEM & DIRECT	50.00 0.00				X			190,732.	0.	35,305.
(31) JESSE SIMONS NATIONAL PROGRAM DIRECTOR	50.00 0.00				X			210,801.	0.	34,146.
(32) MARY NEMEROV CHIEF ADVANCEMENT OFFICER	50.00 0.00				X			206,792.	0.	21,533.
(33) BRUCE HAMILTON SR. DIR, PROG POLICIES & INT GOVERNA	50.00 0.00					X		222,207.	0.	33,015.
(34) CHRIS THOMAS CHIEF INNOVATION OFFICER	50.00 0.00					X		192,776.	0.	37,270.
(35) MAGGIE KASH DIRECTOR OF COMMUNICATIONS	50.00 0.00					X		195,787.	0.	20,396.
(36) MICHAEL BOSSE DEPUTY NATIONAL PROGRAM DIRECTOR	50.00 0.00					X		198,650.	0.	21,818.
(37) PATRICK GALLAGHER LEGAL DIRECTOR	50.00 0.00					X		194,575.	0.	36,128.
Total to Part VII, Section A, line 1c								2,139,136.		305,257.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	25,244,600.				
	c Fundraising events	1c	168,753.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	104,136,284.				
	g Noncash contributions included in lines 1a-1f: \$		307,712.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a OUTING & LODGING	Business Code	900099	9,388,359.	9,388,359.		
	b PUBLICATION INCOME		541800	910,917.		741,689.	169,228.
	c OTHER PROGRAM SERVICE REVENUE		900099	533,170.	533,170.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			10,832,446.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,066,600.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties				386,863.			386,863.
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)				381,770.			381,770.
8 a Gross income from fundraising events (not including \$ 168,753. of contributions reported on line 1c). See Part IV, line 18		a	174,178.				
b Less: direct expenses		b	240,680.				
c Net income or (loss) from fundraising events				-66,502.			-66,502.
9 a Gross income from gaming activities. See Part IV, line 19		a	2,078.				
b Less: direct expenses		b	0.				
c Net income or (loss) from gaming activities				2,078.			2,078.
10 a Gross sales of inventory, less returns and allowances		a	1,777,978.				
b Less: cost of goods sold		b	963,224.				
c Net income or (loss) from sales of inventory				814,754.	814,754.		
Miscellaneous Revenue			Business Code				
11 a LITIGATION AWARD FEES		541100	697,700.	697,700.			
b SUBSCRIPTIONS		900099	12,613.	12,613.			
c							
d All other revenue							
e Total. Add lines 11a-11d			710,313.				
12 Total revenue. See instructions			143,677,959.	11,446,596.	741,689.	1,940,037.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,501,023.	2,501,023.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,503,949.	1,063,903.	855,478.	584,568.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	50,542,963.	45,431,715.	1,531,633.	3,579,615.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,239,549.	7,221,964.	370,780.	646,805.
9 Other employee benefits	6,575,385.	5,763,325.	295,892.	516,168.
10 Payroll taxes	4,135,454.	3,624,726.	186,095.	324,633.
11 Fees for services (non-employees):				
a Management				
b Legal	6,269,800.	6,077,400.	143,300.	49,100.
c Accounting	548,636.		548,636.	
d Lobbying	542,370.	542,370.		
e Professional fundraising services. See Part IV, line 17	1,589,018.			1,589,018.
f Investment management fees	135,200.		135,200.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	25,855,209.	21,984,350.	1,468,072.	2,402,787.
12 Advertising and promotion	2,706,200.	2,199,900.	4,100.	502,200.
13 Office expenses	8,744,250.	6,559,750.	170,800.	2,013,700.
14 Information technology	1,205,634.	1,158,334.	22,100.	25,200.
15 Royalties	304,700.	304,600.		100.
16 Occupancy	5,306,366.	3,770,666.	1,188,800.	346,900.
17 Travel	8,286,300.	7,550,800.	492,600.	242,900.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,359,000.	1,107,600.	157,700.	93,700.
23 Insurance	906,700.	594,600.	300,800.	11,300.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING & PUBLICATION	7,025,350.	5,505,850.	129,800.	1,389,700.
b LODGE & OUTING FIELD EX	1,949,500.	1,949,500.		
c MEMBERSHIP	1,568,869.	1,568,869.		
d SIERRA CGS	826,676.	823,676.		3,000.
e All other expenses	-7,698,609.	-779,728.	151,200.	-7,070,081.
25 Total functional expenses. Add lines 1 through 24e	141,929,492.	126,525,193.	8,152,986.	7,251,313.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	51,467,462.	2	53,500,521.
	3 Pledges and grants receivable, net	8,556,700.	3	10,734,200.
	4 Accounts receivable, net	5,952,900.	4	4,824,300.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	30,000.	7	40,000.
	8 Inventories for sale or use	85,800.	8	109,700.
	9 Prepaid expenses and deferred charges	3,814,100.	9	3,853,600.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,944,300.		
	b Less: accumulated depreciation	10b 9,792,300.		
	11 Investments - publicly traded securities	6,786,800.	10c	6,152,000.
	12 Investments - other securities. See Part IV, line 11	17,830,958.	11	16,080,542.
	13 Investments - program-related. See Part IV, line 11	12,000,500.	12	11,288,200.
	14 Intangible assets	176,600.	13	147,300.
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	220,700.	15	203,000.	
17 Accounts payable and accrued expenses	106,922,520.	16	106,933,363.	
18 Grants payable	14,045,876.	17	16,286,592.	
19 Deferred revenue		18		
20 Tax-exempt bond liabilities	1,369,877.	19	1,827,780.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24		
26 Total liabilities. Add lines 17 through 25	11,647,100.	25	18,341,100.	
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	27,062,853.	26	36,455,472.	
28 Unrestricted net assets				
29 Temporarily restricted net assets	45,041,226.	27	38,655,678.	
30 Permanently restricted net assets		28		
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.	34,818,441.	29	31,822,213.	
32 Capital stock or trust principal, or current funds				
33 Paid-in or capital surplus, or land, building, or equipment fund		30		
34 Retained earnings, endowment, accumulated income, or other funds		31		
35 Total net assets or fund balances		32		
36 Total liabilities and net assets/fund balances	79,859,667.	33	70,477,891.	
	106,922,520.	34	106,933,363.	

Form 990 (2018)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	143,677,959.
2	Total expenses (must equal Part IX, column (A), line 25)	2	141,929,492.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,748,467.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79,859,667.
5	Net unrealized gains (losses) on investments	5	-3,342,770.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-7,787,473.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	70,477,891.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2018)

Schedule B

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

Department of the Treasury
Internal Revenue Service

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

2018

Name of the organization

SIERRA CLUB

Employer identification number

94-1153307

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(4) (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 33 1/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>16,772.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>6,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>5,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>5,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>21,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>5,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 8,730.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 12,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 20,519.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>43</u>		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>44</u>		\$ <u>9,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>45</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>46</u>		\$ <u>19,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>47</u>		\$ <u>37,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>48</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 5,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB

94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 5,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 6,717.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 8,731.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 8,856.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 9,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 9,722.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 10,029.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>67</u>		\$ <u>10,353.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>68</u>		\$ <u>13,828.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>69</u>		\$ <u>14,031.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>70</u>		\$ <u>14,398.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>71</u>		\$ <u>14,510.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>72</u>		\$ <u>15,777.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 19,827.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 19,951.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 23,312.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 25,643.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 25,666.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 26,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 27,673.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 27,978.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 28,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 34,697.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>91</u>		\$ <u>37,044.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>92</u>		\$ <u>37,938.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>93</u>		\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>94</u>		\$ <u>41,624.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>95</u>		\$ <u>46,571.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>96</u>		\$ <u>49,460.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>97</u>		\$ <u>58,195.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>98</u>		\$ <u>61,710.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>99</u>		\$ <u>70,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>100</u>		\$ <u>70,235.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>101</u>		\$ <u>84,484.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>102</u>		\$ <u>91,788.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB

94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$ 107,429.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104		\$ 117,031.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105		\$ 121,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106		\$ 137,777.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107		\$ 140,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108		\$ 181,076.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>109</u>		\$ <u>204,374.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>110</u>		\$ <u>220,536.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>111</u>		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>112</u>		\$ <u>366,583.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>113</u>		\$ <u>385,271.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>114</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>115</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>116</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>117</u>		\$ <u>5,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>118</u>		\$ <u>9,992.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>119</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>120</u>		\$ <u>7,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>121</u>		\$ <u>5,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>122</u>		\$ <u>12,909.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>123</u>		\$ <u>7,163.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>124</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>125</u>		\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>126</u>		\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128		\$ 15,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134		\$ 252,193.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
135		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136		\$ 9,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137		\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138		\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>139</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>140</u>		\$ <u>10,780.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>141</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>142</u>		\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>143</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>144</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>145</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>146</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>147</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>148</u>		\$ <u>9,860.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>149</u>		\$ <u>5,537.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>150</u>		\$ <u>5,176.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>151</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>152</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>153</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>154</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>155</u>		\$ <u>6,395.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>156</u>		\$ <u>9,790.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>163</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>164</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>165</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>166</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>167</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>168</u>		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>169</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>170</u>		\$ <u>20,133.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>171</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>172</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>173</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>174</u>		\$ <u>5,640.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>175</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>176</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>177</u>		\$ <u>12,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>178</u>		\$ <u>15,120.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>179</u>		\$ <u>11,535.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>180</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>181</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>182</u>		\$ <u>10,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>183</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>184</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>185</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>186</u>		\$ <u>17,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>187</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>188</u>		\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>189</u>		\$ <u>10,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>190</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>191</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>192</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>193</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>194</u>		\$ <u>6,975.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>195</u>		\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>196</u>		\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>197</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>198</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>199</u>		\$ <u>9,970.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>200</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>201</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>202</u>		\$ <u>71,900,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>203</u>		\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>204</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212		\$ 10,207.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
213		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216		\$ 16,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		\$ 17,019.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219		\$ 6,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222		\$ 12,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>223</u>		\$ <u>5,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>224</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>225</u>		\$ <u>10,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>226</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>227</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>228</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231		\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232		\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241		\$ 279,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242		\$ 51,532.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245		\$ 13,948.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>247</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>248</u>		\$ <u>10,849.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>249</u>		\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>250</u>		\$ <u>25,175.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>251</u>		\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>252</u>		\$ <u>11,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255		\$ 13,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SIERRA CLUB	94-1153307

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>265</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>266</u>		\$ <u>120,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>267</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>268</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>269</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>270</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>271</u>		\$ <u>12,321.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>272</u>		\$ <u>16,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>273</u>		\$ <u>5,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>274</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>275</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>276</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>277</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>278</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>279</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>280</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>281</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>282</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB

94-1153307

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
35	86 SHARES BROADCOM, LTD.	\$ 20,519.	12/31/18
134	3,600 SHARES BARRACUDA, 700 SHARES APPLE	\$ 252,193.	12/31/18
148	139 SHARES ABBOT LABS	\$ 9,860.	12/31/18
170	430 SHARES BP	\$ 20,133.	12/31/18
212	25 SHARES HOME DEPOT	\$ 5,007.	12/31/18
		\$	

Name of organization

Employer identification number

SIERRA CLUB**94-1153307****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

SIERRA CLUB

Employer identification number

94-1153307

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$ **1,332,468.**
3 Volunteer hours for political campaign activities **8,768.**

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ **167,844.**
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$ **942,035.**
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$ **1,109,879.**
4 Did the filing organization file **Form 1120-POL** for this year? ☒ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political
contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a
political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
THE SIERRA CLUB VOTER EDUCATION FUN	OAKLAND, CA 94612	94-3244759	0.	399,695.
SIERRA CLUB NEVADA PAC	PO BOX 8096 RENO, NV 89507	81-3881275	80,000.	0.
SIERRA CLUB INDEPENDENT ACTION	OAKLAND, CA 94612	27-2585981	600,000.	0.
GOOD JOBS COLORADO	GREENWOOD VILLAGE, CO 80111	83-0862715	200,000.	0.
SIERRA CLUB PAC UTAH CHAPTER	SALT LAKE CITY, UT 84101	94-2370348	5,785.	0.
SIERRA CLUB FLORIDA PAC	WESTON, FL 33326	82-1980202	50,000.	0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

LHA

SEE PART IV FOR CONTINUATION

832041 11-08-18

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

SIERRA CLUB PROVIDES ADMINISTRATIVE AND FUNDRAISING SUPPORT TO ITS

SEPARATE SEGREGATED FUNDS (SIERRA CLUB POLITICAL COMMITTEE AND SIERRA

CLUB VOTER EDUCATION FUND AND STATE POLITICAL ORGANIZATIONS) AND

COMMUNICATES WITH ITS MEMBERS AND OTHERS ABOUT CANDIDATES, INCLUDING

EXPRESSLY ADVOCATING FOR THEIR ELECTION OR DEFEAT, AS PERMITTED UNDER

Part IV Supplemental Information (continued)

FEDERAL AND STATE LAW.

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

THE SIERRA CLUB VOTER EDUCATION FUND

2101 WEBSTER STREET, SUITE 1300 OAKLAND, CA 94612

SIERRA CLUB INDEPENDENT ACTION

2101 WEBSTER STREET, SUITE 1300 OAKLAND, CA 94612

GOOD JOBS COLORADO

4950 S. YOSEMITE ST F2-164 GREENWOOD VILLAGE, CO 80111

SIERRA CLUB PAC UTAH CHAPTER

824 SOUTH 400 WEST, SUITE B112 SALT LAKE CITY, UT 84101

SIERRA CLUB FLORIDA PAC

220 LAKEVIEW DR. #305 WESTON, FL 33326

PART I-C CONTINUATION:

COLORADO SIERRA CLUB LOCAL INDEPENDENT EXPENDITURE COMMITTEE

1536 WYNKOOP STREET, SUITE 312 DENVER, CO 80202

EIN: 82-4232207 COL (D) AMOUNT: 6250. COL (E) AMOUNT: 0.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018
Open to Public
Inspection**Name of the organization**

SIERRA CLUB

Employer identification number

94-1153307

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ 0.

(ii) Assets included in Form 990, Part X

▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☒ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	31,039,200.	28,027,100.	26,303,700.	27,015,000.	25,065,800.
b Contributions	1,016,700.	1,289,400.	791,800.	746,600.	667,000.
c Net investment earnings, gains, and losses	-1,748,100.	3,077,700.	1,931,600.	-217,900.	2,309,200.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,419,000.	1,355,000.	1,000,000.	1,240,000.	1,027,000.
f Administrative expenses					
g End of year balance	28,888,800.	31,039,200.	28,027,100.	26,303,700.	27,015,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ .00 %
 b Permanent endowment ☒ 100.00 %
 c Temporarily restricted endowment ☐ .00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,700.		2,700.
b Buildings		723,320.	665,311.	58,009.
c Leasehold improvements		8,690,980.	3,530,012.	5,160,968.
d Equipment		6,527,300.	5,596,977.	930,323.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,152,000.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PARTNERSHIP INVESTMENTS	11,279,900.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY	8,300.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	11,288,200.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED LEASE LIABILITY	5,071,300.	
(3) PENSION LIABILITY	13,269,800.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	18,341,100.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2018

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	153,034,700.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-3,342,770.
b	Donated services and use of facilities	2b	140,100.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	12,559,411.
e	Add lines 2a through 2d	2e	9,356,741.
3	Subtract line 2e from line 1	3	143,677,959.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	143,677,959.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	162,492,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	140,100.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	20,422,408.
e	Add lines 2a through 2d	2e	20,562,508.
3	Subtract line 2e from line 1	3	141,929,492.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	141,929,492.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

THE CLUB DOES NOT CAPITALIZE DONATED PAINTINGS, PHOTOGRAPHS, AND RARE BOOKS, AS THESE ITEMS ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE AND ARE PROTECTED AND CARED FOR BY THE CLUB THROUGHOUT THE LIFE OF THE ASSETS. AUDITED FINANCIAL STATEMENTS, FOOTNOTE 1.

PART III, LINE 4:

THE SIERRA CLUB'S FINE ART AND LIBRARY COLLECTIONS SERVE AS REFERENCE MATERIALS FOR CLUB STAFF, MEMBERS, AND PUBLIC RESEARCHERS. THEY PROVIDE AN EDUCATIONAL RESOURCE ABOUT THE HISTORY OF THE SIERRA CLUB AS WELL AS ENVIRONMENTAL AND MOUNTAINEERING HISTORY, AND CURRENT ENVIRONMENTAL

Part XIII Supplemental Information (continued)

TOPICS.

PART V, LINE 4:

THE CLUB'S ENDOWMENT CONSISTS OF A LIFE MEMBER FUND AND A DONOR-RESTRICTED FUND ESTABLISHED TO FURTHER THE MISSION OF THE CLUB. THE ORGANIZATION'S OBJECTIVE IS TO MAINTAIN THE FAIR VALUE OF THE ENDOWMENT ASSETS HELD IN PERPETUITY AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN IN ACCORDANCE WITH CUPMIFA REQUIREMENTS.

PART X, LINE 2:

BASED ON RECOGNITION BY THE INTERNAL REVENUE SERVICE AND CALIFORNIA FRANCHISE TAX BOARD, THE CLUB'S RELATED SOURCES OF REVENUE ARE EXEMPT FROM FEDERAL INCOME AND CALIFORNIA FRANCHISE TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(4) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701F, RESPECTIVELY. HOWEVER, THE CLUB IS SUBJECT TO INCOME TAX ON ITS UNRELATED BUSINESS INCOME AND CERTAIN POLITICAL ACTIVITIES, OF WHICH THERE WAS \$222,600 AND \$3,100, RESPECTIVELY, FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017.

AS REQUIRED BY U.S. GAAP, THE CLUB HAS IDENTIFIED AND EVALUATED ITS SIGNIFICANT TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAIN OPEN AND DETERMINED THERE IS NO MATERIAL UNRECOGNIZED TAX BENEFIT OR LIABILITY TO BE RECORDED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASS FUNDRAISING REIMBURSEMENTS FROM FOUNDATION	7,000,000.
SEGREGATED FUND ELIMINATIONS	4,355,507.
RECLASS COST OF GOODS SOLD TO REVENUE	963,224.

Schedule D (Form 990) 2018

Part XIII Supplemental Information *(continued)*

RECLASS FUNDRAISING EXPENSES TO REVENUE 240,680.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 12,559,411.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS FUNDRAISING REIMBURSEMENTS FROM FOUNDATION 7,000,000.

SEGREGATED FUND ELIMINATIONS 4,707,604.

RECLASS COST OF GOODS SOLD TO REVENUE 963,224.

RECLASS FUNDRAISING EXPENSES TO REVENUE 240,680.

PENSION RELATED CHARGES 7,510,900.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 20,422,408.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

SIERRA CLUB

Employer identification number

94-1153307

Part I

Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations e ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations f ☐ Solicitation of government grants
c ☒ Phone solicitations g ☒ Special fundraising events
d ☒ In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MARKETEAM - 1050 CROWN POINTE PKWY, SUITE 1850, ATLANTA, GA	DIRECT MAIL		X	13,924,900.	1,818,597.	12,106,303.
SD&A TELESERVICES, INC. - 5757 W. CENTURY BLVD., SUITE	TELEMARKETING		X	2,145,599.	724,258.	1,421,341.
TELEFUND, INC. - 186 LINCOLN STREET, SUITE 100, BOSTON, MA	TELEMARKETING		X	2,078,110.	542,714.	1,535,396.
INFOCISION MANAGEMENT CORPORATION - 325 SPRINGSIDE	TELEMARKETING		X	62,869.	72,319.	-9,450.
Total				18,211,478.	3,157,888.	15,053,590.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NV, NH
NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, TN, UT, VA, WA, WV, WI, DE, ID, IA, NE, SD, TX, VT
WY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 MALAMA I KA HONUA	(b) Event #2 DR. KEELINGS CURVE	(c) Other events 22	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	44,260.	31,835.	266,836.	342,931.
	2 Less: Contributions	9,235.	0.	159,518.	168,753.
	3 Gross income (line 1 minus line 2)	35,025.	31,835.	107,318.	174,178.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,005.	9,791.	49,294.	68,090.
	7 Food and beverages	4,875.	5,343.	49,943.	60,161.
	8 Entertainment	1,000.	14,195.	17,315.	32,510.
	9 Other direct expenses	15,483.	8,284.	56,152.	79,919.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				240,680.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-66,502.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: **MARKETEAM**

(I) ADDRESS OF FUNDRAISER:

1050 CROWN POINTE PKWY, SUITE 1850, ATLANTA, GA 30338

(I) NAME OF FUNDRAISER: **SD&A TELESERVICES, INC.**

(I) ADDRESS OF FUNDRAISER:

5757 W. CENTURY BLVD., SUITE 300, LOS ANGELES, CA 90045

Part IV Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: TELEFUND, INC.

(I) ADDRESS OF FUNDRAISER: 186 LINCOLN STREET, SUITE 100, BOSTON, MA 02111

(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORPORATION

(I) ADDRESS OF FUNDRAISER: 325 SPRINGSIDE DRIVE, AKRON, OH 44333

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

SIERRA CLUB

Employer identification number

94-1153307

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMANESER 2025 INC 405 AVE. AMERICO MIRANDA, APT. 706A SAN JUAN, PR 00927	66-0870990	501(C)(3)	70,000.	0.			ENVIRONMENTAL SUPPORT
APRODEC PO BOX 977 CEIBA, PR 00735	66-0663242	501(C)(3)	50,000.	0.			ENVIRONMENTAL SUPPORT
ASIAN AMERICANS ADVANCING JUSTICE 1145 WILSHIRE BLVD LOS ANGELES, CA 90017	95-3854152	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA ST, STE. 400 LOS ANGELES, CA 90012	95-3510055	501(C)(3)	43,197.	0.			ENVIRONMENTAL SUPPORT
CALIFORNIA INDIAN ENVIRONMENTAL ALLIANCE - PO BOX 2128 - BERKELEY, CA 94702	27-0861293	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
CAUSA JUSTA/JUST CAUSE PO BOX 7737 OAKLAND, CA 94601	55-0883038	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **64.**

3 Enter total number of other organizations listed in the line 1 table ▶ **16.**

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DINE CARE 10A TOWN PLAZA, PMB 138 DURANGO, CO 81301	86-0670809	501(C)(3)	7,000.	0.			ENVIRONMENTAL SUPPORT
EAST MICHIGAN ENVIRONMENTAL COUNCIL - 4605 CASS AVE - DETROIT, MI 48201	23-7241219	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
EL PUENTE 211 SOUTH 4TH ST BROOKLYN, NY 11211	11-2614265	501(C)(3)	40,000.	0.			ENVIRONMENTAL SUPPORT
FRIENDS OF ROUGE PARK 9639 WOODBINE REDFORD, MI 48239	32-0011147	501(C)(3)	9,600.	0.			ENVIRONMENTAL SUPPORT
GRASSROOTS GLOBAL JUSTICE 7000 CARROLL AVE, SUITE 200 TAKOMA PARK, MD 20912	26-4633127	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
GRASSROOTS INTERNATIONAL 179 BOYLSTON ST, 4TH FLOOR BOSTON, MA 02130	04-2791159	501(C)(3)	200,000.	0.			ENVIRONMENTAL SUPPORT
GREENFAITH 101 SOUTH THIRD AVE #12 HIGHLAND PARK, NJ 08904	22-3452273	501(C)(3)	40,000.	0.			ENVIRONMENTAL SUPPORT
GREENLATINOS 801 PENNSYLVANIA AVE NW, #1010 WASHINGTON, DC 20004	26-3386082	501(C)(3)	26,000.	0.			ENVIRONMENTAL SUPPORT
GRID ALTERNATIVES GREATER LOS ANGELES - 1338 S. FLOWER ST - LOS ANGELES, CA 90015	46-1652604	501(C)(3)	11,635.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GWICH'IN STERRING COMMITTEE PO BOX 70164 FAIRBANKS, AK 99701	92-0131608	501(C)(3)	25,000.	0.			ENVIRONMENTAL SUPPORT
HASER INC. PO BOX 649 SAINT JUST, PR 00978-0649	66-0861655	501(C)(3)	25,000.	0.			ENVIRONMENTAL SUPPORT
HIP HOP CAUCUS EDUCATION FUND 817 S. LOS ANGELES ST, 4TH FLOOR LOS ANGELES, CA 90014	27-1165010	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
HIP HOP FOR CHANGE 676 31ST ST OAKLAND, CA 94609	46-3005727	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
HOOSIER INTERFAITH POWER & LIGHT 1100 WEST 42ND ST, SUITE 365 INDIANAPOLIS, IN 46208	27-1780502	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
INDIGENOUS ENVIRONMENTAL NETWORK PO BOX 485 BEMIDJI, MN 56619	38-3653476	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
MINNESOTA INTERFAITH POWER & LIGHT 2104 STEVENS AVE S. MINNEAPOLIS, MN 55404	26-0735674	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
NATIVE MOVEMENT 1327 HAYES AVE FAIRBANKS, AK 99709	68-0535413	501(C)(3)	20,000.	0.			ENVIRONMENTAL SUPPORT
NATURAL RESOURCES DEFENSE COUNCIL 1341 G ST NW, 5TH FLOOR WASHINGTON, DC 20005	13-2654926	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ALPHA COMMUNITY DEVELOPMENT CORPORATION - PO BOX 3288 - FLORENCE, SC 29505	47-3582552	501(C)(3)	24,000.	0.			ENVIRONMENTAL SUPPORT
NORTH BAY ORGANIZING PROJECT PO BOX 503 GRATON, CA 95444	45-2369887	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN ST, SUITE 260 CHICO, CA 95928	68-0161455	501(C)(3)	129,592.	0.			ENVIRONMENTAL SUPPORT
ORGANIZING NEIGHBORHOOD EQUITY 14 S ST NW WASHINGTON, DC 20001	87-0766022	501(C)(3)	8,000.	0.			ENVIRONMENTAL SUPPORT
OUTDOORS EMPOWERED NETWORK PO BOX 347171 SAN FRANCISCO, CA 94134	46-4947644	501(C)(3)	5,500.	0.			ENVIRONMENTAL SUPPORT
PHYSICIANS FOR SOCIAL RESPONSIBILITY - LOS ANGELES - 617 S. OLIVE ST, SUITE 1100 - LOS ANGELES, CA 90014-1629	95-3956136	501(C)(3)	22,500.	0.			ENVIRONMENTAL SUPPORT
POWER SHIFT NETWORK 1875 CONNECTICUT AVE NW, 10TH FLOOR WASHINGTON, DC 20009	45-5616367	501(C)(3)	10,795.	0.			ENVIRONMENTAL SUPPORT
PUERTO RICO AL SUR PO BOX 414 AGUIRRE, PR 00704	66-0838751	501(C)(3)	75,000.	0.			ENVIRONMENTAL SUPPORT
SOCIAL & ENVIRONMENTAL ENTREPRENEURS - 23532 CALABASAS RD, SUITE A - CALABASAS, CA 91302	95-4116679	501(C)(3)	30,000.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST PENNSYLVANIA ENVIRONMENTAL HEALTH PROJECT - 2001 WATERDAM PLAZA DR, SUITE 201 - MCMURRAY, PA 15317	47-2505177	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
TEXAS AFL-CIO PO BOX 12727 AUSTIN, TX 78711	74-1289747	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
THE DREAM CORPS 436 14TH ST, SUITE 920 OAKLAND, CA 94612	26-1140201	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
THE SOLAR FOUNDATION 1717 PENNSYLVANIA AVE NW, #750 WASHINGTON, DC 20006	52-1089260	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
THE STUDENT CONSERVATION ASSOCIATION - 4245 N. FAIRFAX DR, SUITE 825 - ARLINGTON, VA 22203	91-0880684	501(C)(3)	41,887.	0.			ENVIRONMENTAL SUPPORT
THE TIDES FOUNDATION 1012 TORNEY AVE SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	6,300.	0.			ENVIRONMENTAL SUPPORT
URBAN TILTH 323 BROOKSIDE DR RICHMOND, CA 94801	20-4124161	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
UTAH DINE BIKEYAH 352 S. DENVER ST, #315 SALT LAKE CITY, UT 84111	67-1729917	501(C)(3)	24,000.	0.			ENVIRONMENTAL SUPPORT
VERDE 6899 NE COLUMBIA BLVD, STE. A PORTLAND, OR 97218	20-3685723	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA ORGANIZING INC. 703 CONCORDE AVE. CHARLOTTESVILLE, VA 22903-5208	54-1674992	501(C)(3)	30,000.	0.			ENVIRONMENTAL SUPPORT
WOMEN'S VOICES FOR THE EARTH PO BOX 8743 MISSOULA, MT 59807	81-0501011	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS - 1300 PENNSYLVANIA AVE NW - WASHINGTON, DC 20004	52-1067541	501(C)(3)	9,500.	0.			ENVIRONMENTAL SUPPORT
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY, SUITE A DETROIT, MI 48226	38-1358055	501(C)(3)	15,700.	0.			ENVIRONMENTAL SUPPORT
BOLD NEBRASKA 208 S. BURLINGTON AVE, STE. 103 HASTINGS, NE 68901	27-0637437	501(C)(4)	40,000.	0.			ENVIRONMENTAL SUPPORT
CENTER FOR VOTER INFORMATION 1707 L ST NW, SUITE 300 WASHINGTON, DC 20036	03-0554750	501(C)(4)	50,000.	0.			ENVIRONMENTAL SUPPORT
IDEBAJO PO BOX 467 SALINAS, PR 00751	66-0758170	501(C)(4)	75,000.	0.			ENVIRONMENTAL SUPPORT
LATINO VICTORY 700 14TH ST NW WASHINGTON, DC 20005	46-4651149	501(C)(4)	15,000.	0.			ENVIRONMENTAL SUPPORT
LEAGUE OF CONSERVATION VOTERS 1920 L ST NW WASHINGTON, DC 20036	52-1733698	501(C)(4)	30,000.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOVEON.ORG CIVIC ACTION PO BOX 96141 WASHINGTON, DC 20090	06-7553389	501(C)(4)	30,000.	0.			ENVIRONMENTAL SUPPORT
PORTLAND JUST ENERGY TRANSITION C/O VERDE - 6899 NE COLUMBIA BLVD, STE. A - PORTLAND, OR 97218	20-3685723	501(C)(4)	25,000.	0.			ENVIRONMENTAL SUPPORT
WE ACT FOR ENVIRONMENTAL JUSTICE 1854 AMSTERDAM AVE, 2ND FLOOR NEW YORK, NY 10031	13-3800068	501(C)(4)	15,000.	0.			ENVIRONMENTAL SUPPORT
YES FOR PORTLAND CLEAN ENERGY FUND PO BOX 42307 PORTLAND, OR 97242	83-2086340	501(C)(4)	15,000.	0.			ENVIRONMENTAL SUPPORT
CENTRO PARA LA CONSERVACION DEL PAISAJE - PO BOX 23186 - SAN JUAN, PR 00931	66-0737115		112,900.	0.			ENVIRONMENTAL SUPPORT
COALICION PRO CORREDOR ECOLOGICO DEL NORESTE - PO BOX 1994 - LUQUILLO, PR 00773	66-0819326	501(C)(3)	78,000.	0.			ENVIRONMENTAL SUPPORT
PAMPANOS VERDES RES ERNESTO RAMOS ANTONINI, EDUARDO RUBERTE AVE - PONCE, PR 00716	66-0883293		50,000.	0.			ENVIRONMENTAL SUPPORT
SCHOLASTIC INC. 557 BROADWAY NEW YORK, NY 10012	13-1824190		8,000.	0.			ENVIRONMENTAL SUPPORT
URBAN IMPACT LAB 169 E. FLAGLER ST, #1401 MIAMI, FL 33131	46-3597888		9,955.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL OUR ENERGY INC. PO BOX 381 POINT OUTLOOK, NY 11569	47-1720746	501(C)(3)	14,900.	0.			ENVIRONMENTAL SUPPORT
SANTA BARBARA COUNTY TRAILS COUNCIL - PO BOX 22352 - SANTA BARBARA, CA 93121	95-2496099	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
BARON RANCH TRAIL P O BOX 22352 SANTA BARBARA, CA 93121	95-2496099	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
CENTER FOR COALFIELD JUSTICE 14 E BEAU ST WASHINGTON, PA 15301	25-1781592	501(C)(3)	10,960.	0.			ENVIRONMENTAL SUPPORT
CITIZENS FOR A HEALTHY JESSUP PO BOX 62 JESSUP, PA 18434	47-3344699	501(C)(3)	10,986.	0.			ENVIRONMENTAL SUPPORT
CLEAN AIR CLEAN ENERGY WASHINGTON (I-1631 INITIATIVE) - 603 STEWART ST. - SEATTLE, WA 98101	82-4455863	501(C)(4)	30,000.	0.			ENVIRONMENTAL SUPPORT
CONSERVATION COLORADO EDUCATION FUND - 1536 WYNKOOP ST, SUITE 510 - DENVER, CO 80202	84-0614285	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
ENVIRONMENTALLY CONCERNED CITIZENS OF SOUTH CENTRAL MI - PO BOX 254 - HUDSON, MI 49247	30-0216242	501(C)(3)	20,610.	0.			ENVIRONMENTAL SUPPORT
FRIENDS OF THE STONE LAKES NWR 1624 HOOD FRANKLING ROAD ELK GROVE, CA 95757	68-0350495	501(C)(3)	8,000.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL WARMING EXPRESS 339 1/2 DELGADO ST SANTA FE, NM 87501	46-4664866	501(C)(3)	10,350.	0.			ENVIRONMENTAL SUPPORT
GROUP FOR THE EAST END PO BOX 1792 SOUTHOLD, NY 11971	13-6379135	501(C)(3)	22,000.	0.			ENVIRONMENTAL SUPPORT
ISAAC W. BERNHEIM FOUNDATION 2499 CLERMONT ROAD CLERMONT, KY 40110	61-0444651	501(C)(3)	11,200.	0.			ENVIRONMENTAL SUPPORT
KENTUCKY CONSERVATION COMMITTEE PO BOX 1152 FRANKFORT, KY 40602	31-0908126	501(C)(4)	6,000.	0.			ENVIRONMENTAL SUPPORT
KENTUCKY RESOURCES COUNCIL, INC PO BOX 1070 FRANKFORT, KY 40602	31-1042931	501(C)(3)	6,200.	0.			ENVIRONMENTAL SUPPORT
MOUNTAIN WATERSHED ASSN. INC. 1414B INDIAN CREEK VALLEY RD. MELCROFT, PA 15462	25-1730301	501(C)(3)	14,100.	0.			ENVIRONMENTAL SUPPORT
MOVEACTION 4526 PASEO BLVD. KANSAS CITY, MO 64110	82-1450617	501(C)(4)	10,000.	0.			ENVIRONMENTAL SUPPORT
NATURE COAST CONSERVATION 222 E. LIBERTY ST. BROOKSVILLE, FL 34601	46-5760801	501(C)(3)	12,000.	0.			ENVIRONMENTAL SUPPORT
PENNSYLVANIA FIREFLY FESTIVAL 13558 ROUTE 666 TIONESTA, PA 16353-7923	46-4601694	501(C)(3)	11,200.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990)

[illegible]

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROJECT MANAGERS WORK WITH FIELD STAFF TO MONITOR THE USE OF FUNDS THAT ARE
GRANTED LOCALLY IN THE FIELD. OUR GRANT AGREEMENTS REQUIRE THAT THE GRANTEE
EITHER PROVIDE DOCUMENTATION OF WORK AND RELATED GRANT EXPENSES OR AGREE TO
BE AUDITED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

SIERRA CLUB

Employer identification number

94-1153307

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL BRUNE EXECUTIVE DIRECTOR	(i)	286,154.	0.	0.	29,964.	17,679.	333,797.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LOUIS BARNES CHIEF FINANCIAL EXECUTIVE	(i)	221,581.	0.	0.	19,372.	9,962.	250,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HAMILTON LEONG CONTROLLER	(i)	182,095.	0.	0.	16,447.	13,356.	211,898.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PHILIP EAGER GENERAL COUNSEL	(i)	163,711.	0.	0.	14,000.	9,698.	187,409.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JENNIFER TRAHAN CHIEF OPERATING OFFICER	(i)	192,539.	0.	0.	18,398.	17,222.	228,159.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ADRIENNE FRAZIER DEPUTY CHIEF FINANCIAL EXECUTIVE	(i)	151,873.	0.	0.	15,180.	1,353.	168,406.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SARAH HODGDON NATIONAL PROGRAM DIRECTOR	(i)	217,198.	0.	0.	18,362.	9,683.	245,243.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LINDI VON MUTIUS CHIEF OF STAFF	(i)	157,745.	0.	0.	11,400.	9,668.	178,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHELLE EPSTEIN DEPUTY CHIEF ADV OFFCR, MEM & DIRECT	(i)	190,732.	0.	0.	19,753.	15,552.	226,037.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JESSE SIMONS NATIONAL PROGRAM DIRECTOR	(i)	210,801.	0.	0.	18,344.	15,802.	244,947.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARY NEMEROV CHIEF ADVANCEMENT OFFICER	(i)	206,792.	0.	0.	20,551.	982.	228,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BRUCE HAMILTON SR. DIR, PROG POLICIES & INT GOVERNA	(i)	222,207.	0.	0.	19,489.	13,526.	255,222.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CHRIS THOMAS CHIEF INNOVATION OFFICER	(i)	192,776.	0.	0.	20,339.	16,931.	230,046.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MAGGIE KASH DIRECTOR OF COMMUNICATIONS	(i)	195,787.	0.	0.	19,466.	930.	216,183.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MICHAEL BOSSE DEPUTY NATIONAL PROGRAM DIRECTOR	(i)	198,650.	0.	0.	19,986.	1,832.	220,468.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) PATRICK GALLAGHER LEGAL DIRECTOR	(i)	194,575.	0.	0.	17,217.	18,911.	230,703.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

SIERRA CLUB

Employer identification number

94-1153307

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	307,712.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule M (Form 990) 2018

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTORS REFLECTS THE NUMBER OF DONORS, NOT THE
NUMBER OF ITEMS DONATED.

SCHEDULE M, LINE 32B:

THE SIERRA CLUB MAY RETAIN QUALIFIED BROKERS FOR THE SALE OF PROPERTY
RECEIVED BY THE ORGANIZATION AS GIFTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

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94-1153307

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE EARTH'S ECOSYSTEMS & RESOURCES, EDUCATE & ENLIST HUMANITY TO
PROTECT AND RESTORE THE QUALITY OF THE NATURAL & HUMAN ENVIRONMENT, USE
ALL LAWFUL MEANS TO CARRY OUT THESE OBJECTIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE SIERRA CLUB IS THE OLDEST AND LARGEST GRASSROOTS ENVIRONMENTAL
ORGANIZATION ON THE PLANET. ITS MISSION REMAINS TO EXPLORE, ENJOY, AND
PROTECT THE WILD PLACES OF THE EARTH; TO PRACTICE AND PROMOTE THE
RESPONSIBLE USE OF THE EARTH'S ECOSYSTEMS AND RESOURCES; TO EDUCATE AND
ENLIST HUMANITY TO PROTECT AND RESTORE THE QUALITY OF THE NATURAL AND
HUMAN ENVIRONMENT; AND TO USE ALL LAWFUL MEANS TO CARRY OUT THESE
OBJECTIVES.

AS JOHN MUIR SAID, "WHEN WE TRY TO PICK OUT ANYTHING BY ITSELF, WE FIND
IT HITCHED TO EVERYTHING ELSE IN THE UNIVERSE." THE SIERRA CLUB
BELIEVES THAT ALL PEOPLE DESERVE A HEALTHY PLANET WITH CLEAN AIR AND
WATER AND A STABLE CLIMATE. ALL PEOPLE ALSO DESERVE EQUAL PROTECTION
UNDER THE LAW, EDUCATIONAL AND ECONOMIC OPPORTUNITY, A VOICE IN OUR
DEMOCRACY, AND THE RIGHT TO LIVE THEIR LIVES FREE OF DISCRIMINATION AND
VIOLENCE. THESE ISSUES ARE NOT SEPARATE. INDEED, WE BELIEVE THAT
WORKING TOWARD A JUST, EQUITABLE, AND TRANSPARENT SOCIETY IS NOT ONLY
MORALLY NECESSARY, BUT ALSO EXACTLY WHAT WE NEED TO CONFRONT THE
UNPRECEDENTED ENVIRONMENTAL CHALLENGES WE FACE. THIS COMMITMENT TO
FIGHTING FOR SOCIAL JUSTICE HAS SHAPED OUR WORK OVER THE LAST YEAR.

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THROUGH ITS EDUCATIONAL AND NON-DIRECT LOBBYING PROGRAMS, THE SIERRA CLUB INFORMS THE PUBLIC AND DECISION-MAKERS ABOUT PRESSING ISSUES AND CULTIVATES AWARENESS AND ACTIVISM AT THE LOCAL, STATE, AND NATIONAL LEVELS. WITH STAFF IN NEARLY EVERY STATE AND VOLUNTEERS IN EVERY CONGRESSIONAL DISTRICT AND MEDIA MARKET, WE ARE ABLE TO MOBILIZE ACTIVISTS THROUGH EMAIL ALERTS AND PERSONAL CONTACTS. STATE AND NATIONAL LOBBYISTS REPRESENT US IN WASHINGTON, D.C., AND IN ALMOST EVERY STATE CAPITOL. THROUGH OUR AWARD-WINNING WEBSITE, SIERRA MAGAZINE, NATIONAL REPORTS, MANY LOCAL AND REGIONAL PUBLICATIONS, AND OUR OUTINGS PROGRAMS WE ARE ABLE TO REACH BEYOND MEMBERS TO EDUCATE AND INSPIRE NEW CONSTITUENCIES. ADDITIONALLY, OUR ENVIRONMENTAL LAW PROGRAM EXTENDS THE FIGHT FOR SOUND ENVIRONMENTAL POLICY TO THE COURTS DIRECTLY WITH OUR STAFF LAWYERS AND THROUGH THE TRAINING AND MENTORING OF ALL OF OUR LEGAL PARTNERS.

THE SIERRA CLUB'S ENVIRONMENTAL LAW PROGRAM IS LEADING EFFORTS TO PROTECT OUR NATION'S AIR, WATER, AND LAND AS THEY COME INCREASINGLY UNDER ATTACK. IN 2018, WE SAW PARTICULAR SUCCESS WITH OUR FREEDOM OF INFORMATION ACT CAMPAIGN, EXPOSING CORRUPTION OF THOSE LEADING ENVIRONMENTAL REGULATORY AGENCIES AND ULTIMATELY FORCING THEIR RESIGNATIONS. WE ALSO HAD SUCCESS USING LITIGATION TO PREVENT DRILLING FOR ANOTHER YEAR IN THE ARCTIC AND ACHIEVE IMPORTANT CLEAN ENERGY WINS IN MULTIPLE STATES.

STATES, CITIES, AND INSTITUTIONS CONTINUE TO LEAD ON CLIMATE WHILE PROGRESS STALLS AT THE FEDERAL LEVEL, AND OUR READY FOR 100 CAMPAIGN ACHIEVED A MAJOR MILESTONE IN 2018: 100 COMMUNITIES HAVE NOW COMMITTED

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TO 100 PERCENT CLEAN ENERGY. THE SIERRA CLUB HAS BEEN INTEGRAL TO MANY OF THESE COMMITMENTS, DRIVING PUBLIC WILL AND ACTION, INSPIRING LOCAL LEADERS TO ADVANCE CLEAN ENERGY SOLUTIONS AT A MUCH MORE AGGRESSIVE PACE. CINCINNATI, OHIO, WAS THE 100TH U.S. CITY TO COMMIT TO RUNNING ENTIRELY ON RENEWABLES AND REPRESENTS A SIGNIFICANT SHIFT IN BOTH THE ECONOMICS AND PERCEPTION OF CLEAN ENERGY OVER THE LAST YEAR.

AS A RESULT OF ALMOST A DECADE OF TIRELESS ADVOCACY FROM OUR BEYOND COAL CAMPAIGN, 40 PERCENT OF U.S. COAL CAPACITY HAS RETIRED OR COMMITTED TO RETIRE. IN 2018 ALONE, 16 COAL PLANTS WERE SLATED FOR RETIREMENT, PREVENTING 600 MILLION CUBIC TONS OF CARBON DIOXIDE FROM BEING EMITTED EACH YEAR. OUR REMARKABLE, ICONIC SUCCESSES DURING THE LAST YEAR INCLUDE VICTORIES THAT WERE YEARS IN THE MAKING TO RETIRE POLLUTING COAL PLANTS IN THE TRADITIONALLY COAL-RELIANT STATES OF OHIO, PENNSYLVANIA, AND INDIANA.

THE OUR WILD AMERICA CAMPAIGN HAS SEEN A TREMENDOUS SURGE IN PUBLIC SUPPORT FOR PROTECTING LANDS AND WILDLIFE AS THEY COME UNDER INCREASING ATTACK. FOLLOWING MONTHS OF ORGANIZING, LEGAL, AND COMMUNICATIONS EFFORTS, THE SIERRA CLUB WON WHEN THE GREATER YELLOWSTONE GRIZZLY BEAR POPULATION'S ENDANGERED SPECIES ACT PROTECTIONS WERE REINSTATED IN FALL 2018. WE LED LITIGATION AGAINST THE ATTEMPTED REMOVAL AND BUILT A COALITION COMPRISING CONSERVATIONISTS AND LOCAL TRIBAL NATIONS THAT BROUGHT NATIONAL ATTENTION TO THE GRIZZLIES AND MADE LOUD AND CLEAR THAT ATTEMPTS TO DESTROY WILDLIFE ARE Hugely UNPOPULAR.

BEYOND DIRTY FUELS IS BUILDING A GRASSROOTS MOVEMENT POWERFUL ENOUGH TO SECURE NATIONAL ENERGY POLICIES THAT KEEP DIRTY FUELS IN THE GROUND,

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PROTECT OUR LANDS AND COMMUNITIES, AND CREATE A SAFER CLIMATE FUTURE FOR ALL. TOGETHER WITH OUR PARTNERS, WE HAVE DELAYED OR DEFEATED NEARLY \$30 BILLION IN DIRTY FUEL INFRASTRUCTURE PROJECTS, SUCH AS PIPELINES AND EXPORT TERMINALS, SINCE THE START OF OUR CAMPAIGN. IN 2018, PARTLY AS A RESULT OF OUR COALITION EFFORTS, PENNSYLVANIA ADOPTED METHANE SAFEGUARDS FOR ALL NEW GAS WELLS, AND NEW MEXICO LAID THE GROUNDWORK FOR FUTURE METHANE REGULATIONS.

SIERRA STUDENT COALITION (SSC) VOLUNTEERS AND STAFF DEEPENED THE CAMPAIGN'S FOCUS ON SUPPORTING A MASS MOVEMENT OF YOUNG PEOPLE ORGANIZING FOR CLIMATE JUSTICE AND THE RIGHT TO SELF-DETERMINATION IN THEIR COMMUNITIES. AS A RESULT OF THESE EFFORTS, THE MAJORITY OF TRAINING DIRECTORS AND PARTICIPANTS IN 2018 WERE YOUTH OF COLOR, AND MANY WERE INVOLVED IN COMMUNITY EFFORTS OUTSIDE OF SSC TO FIGHT SOCIAL AND ENVIRONMENTAL INJUSTICE WHERE THEY LIVE.

IN 2018, THE DEMOCRACY PROGRAM ENGAGED IN CAMPAIGNS IN 22 STATES AROUND VOTING RIGHTS, REDISTRICTING, FAIR COURTS, AND CURBING THE INFLUENCE OF MONEY IN POLITICS. WE WORKED IN PARTNERSHIP WITH A WIDE RANGE OF ALLIED ORGANIZATIONS TO BRING ABOUT A MORE EQUITABLE AND REPRESENTATIVE DEMOCRACY AT THE LOCAL, STATE, AND NATIONAL LEVELS. IN FIVE STATES, WE BUILT DEEPER RELATIONSHIPS WITH ALLIES AND TOOK ON LARGER ROLES IN CAMPAIGNS.

THE MY GENERATION CAMPAIGN IS FIGHTING FOR AN EQUITABLE TRANSITION TO 100 PERCENT CLEAN ENERGY AND A FULLY ELECTRIFIED ECONOMY IN CALIFORNIA. IN 2018, WE ORGANIZED COMMUNITIES ACROSS THE STATE TO DEMAND LOCAL CLEAN ENERGY SOLUTIONS THAT IMPROVE AIR QUALITY, CREATE GOOD JOBS, AND

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TAKE ACTION AGAINST CLIMATE CHANGE. IN PART DUE TO SIERRA CLUB AND PARTNER ORGANIZING, CALIFORNIA INVESTOR-OWNED UTILITIES MAY EXCEED 50 PERCENT RENEWABLE ENERGY BY 2020, A FULL DECADE AHEAD OF STATE MANDATES, AND THE CALIFORNIA PUBLIC UTILITIES COMMISSION HAS NOT AUTHORIZED NEW GAS POWER PROCUREMENT IN FIVE YEARS.

IN 2018, PARTICIPATION IN MILITARY OUTDOORS OUTINGS INCREASED 28 PERCENT, AND WE TRAINED AN ADDITIONAL 200 VETERANS AS OUTINGS LEADERS, EQUIPPING THEM WITH THE SKILLS AND KNOWLEDGE TO SAFELY PLAN AND LEAD OTHERS IN THE OUTDOORS. WE CONTINUE TO HOST GUIDED MULTI-DAY OUTINGS ON PUBLIC LANDS AND WATERS, CONNECTING VETERANS WITH EACH OTHER AND THE NATURAL WORLD.

BUILDING GRASSROOTS POWER. WE GREW OUR BASE TO BE BIGGER AND STRONGER THAN EVER BEFORE. WE RECRUITED 235,000 NEW DUES-PAYING MEMBERS AND THOUSANDS MORE ON- AND OFFLINE SUPPORTERS, BRINGING OUR TOTAL CHAMPION COUNT TO AN ALL-TIME HIGH OF OVER 3.5 MILLION. AS A RESULT OF INVESTMENTS IN OUR DIRECT MAIL PROGRAM, MEMBERS ARE NOW GIVING SIGNIFICANTLY MORE PER MEMBERSHIP, AND WE ARE BRINGING NEW CONSTITUENCIES INTO THE SIERRA CLUB - INCLUDING OUTREACH SPECIFICALLY TARGETED TO NATIVE AMERICAN AND LATINO GROUPS. OUR ONLINE EFFORTS BROUGHT IN MANY NEW MONTHLY DONORS IN 2018, CREATING A LONG-TERM SUSTAINABLE C4 FUNDING SOURCE FOR THE SIERRA CLUB. WE CONTINUE TO TEST NEW MESSAGING TO DETERMINE WHAT ISSUES ARE MOST COMPELLING FOR CURRENT AND POTENTIAL MEMBERS AND SUPPORTERS, CONTINUALLY HONING OUR MEMBERSHIP PROGRAM TO BE AS EFFICIENT AND EFFECTIVE AS POSSIBLE.

OVER THE PAST FEW YEARS THE SIERRA CLUB HAS INVESTED SIGNIFICANT

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RESOURCES IN ONLINE SYSTEMS AND COMMUNICATIONS TOOLS THAT ENABLE OUR STAFF AND FIELD ORGANIZERS AND VOLUNTEERS TO REACH A BROADER SEGMENT OF THE POPULATION AND PROVIDE THEM A QUICK AND EASY AVENUE FOR INFLUENCING DECISION-MAKERS. AS A RESULT, WE CURRENTLY CORRESPOND WITH MORE THAN A MILLION DISTINCT EMAIL ADDRESSES AND ENGAGE HUNDREDS OF THOUSANDS OF PEOPLE THROUGH SOCIAL MEDIA. THE SIERRA CLUB ALSO CREATES PUBLIC EDUCATION AND ADVOCACY CONTENT FOR A VARIETY OF SOCIAL NETWORKING SITES DESIGNED TO REACH A NEW GENERATION OF ACTIVISTS. WE CONTINUE TO BRING IMPORTANT ISSUES TO OUR ACTIVISTS' ATTENTION THROUGH ELECTRONIC PUBLICATIONS AND PROVIDE SUPPORT FOR CHAPTER AND FIELD-BASED ONLINE ORGANIZING EFFORTS, INCLUDING DATA SUPPORT.

LOBBYING EFFORTS

IN 2018, THE SIERRA CLUB UNDERTOOK DIRECT ADVOCACY EFFORTS AT THE FEDERAL, STATE, AND LOCAL LEVELS. NATIONALLY, ONE MAJOR ISSUE OF FOCUS WAS STOPPING THE PROPOSED BORDER WALL, WHICH WOULD BE A DISASTER FOR BOTH THE ENVIRONMENT AND COMMUNITIES, BY JOINING WITH A BROAD COALITION TO DEMONSTRATE CONSTITUENT OPPOSITION TO CONGRESSIONAL LAWMAKERS. WE ALSO TOOK EVERY OPPORTUNITY TO LOBBY AGAINST BILLS THAT WOULD UNDERMINE ENVIRONMENTAL PROTECTIONS AND DEMAND ENFORCEMENT OF EXISTING REGULATIONS. AT THE STATE LEVEL, WE PUSHED FORWARD CLEAN ENERGY LEGISLATION, MOST NOTABLY RESULTING IN 100 PERCENT ENERGY COMMITMENTS FROM WASHINGTON, CALIFORNIA, HAWAII, NEW MEXICO, NEVADA, WASHINGTON D.C., AND PUERTO RICO.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OUTDOOR ACTIVITIES INCLUDES NATIONAL, INTERNATIONAL AND INSPIRING CONNECTIONS OUTDOORS PROGRAMS. INCLUDED 229 DOMESTIC TRIPS AND 70

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INTERNATIONAL TRIPS WITH OVER 3,331 PARTICIPANTS; THE INSPIRING CONNECTIONS OUTDOORS INCLUDED 712 TRIPS WITH 13,180 YOUTH AND ADULT PARTICIPANTS; LOCAL CHAPTERS AND GROUPS ORGANIZED ABOUT 15,000 OUTINGS WITH APPROXIMATELY 235,000 PARTICIPANTS. THE MILITARY OUTDOOR PROGRAM WENT INTO THE GREAT OUTDOORS WITH 711 SERVICE MEMBERS, VETERANS AND THEIR FAMILIES.

CHAPTER ALLOCATIONS: TO SUPPORT ACTIVITIES OF LOCAL CHAPTERS. EXPENSES \$ 9,349,218. INCLUDING GRANTS OF \$ 0. REVENUE \$ 9,388,359.

FORM 990, PART VI, SECTION A, LINE 6:

ANY PERSON INTERESTED IN ADVANCING THE PURPOSES OF THE SIERRA CLUB MAY BECOME A MEMBER. THERE SHALL BE SEVERAL CLASSES OF MEMBERSHIP: REGULAR, LIKE, AND SUCH OTHER SPECIAL CLASSES AS THE BOARD OF DIRECTORS MAY ESTABLISH.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL ACTIONS REQUIRING A VOTE OF THE MEMBERSHIP SHALL BE DECIDED BY WRITTEN BALLOTS PROVIDED FOR IN BYLAW 4, SECTION 8, AND BYLAW 11. A QUORUM FOR ANY BALLOT OR FOR ANY MEETING OF THE MEMBERS SHALL BE FIVE PERCENT (5%) OF THE MEMBERSHIP ON THE DATE OF RECORD SET BY THE BOARD OF DIRECTORS IN ACCORDANCE WITH LAW. EACH PERSON WHO IS A RENEWED MEMBER ON THE DATE OF RECORD SHALL BE ELIGIBLE TO VOTE AND SHALL HAVE ONE VOTE ON ANY ISSUE PRESENTED TO THE MEMBERSHIP EXCEPT AS PROVIDED IN PARAGRAPH 5.7. VOTING BY PROXY SHALL NOT BE PERMITTED. ALL REGULAR AND LIFE MEMBERS OF RECORD ON JANUARY 31 SHALL BE SENT BALLOTS FOR THE ANNUAL ELECTION OF DIRECTORS, AS PROVIDED IN THE BYLAWS. EACH SUCH INDIVIDUAL MEMBER SHALL BE SENT ONE BALLOT; JOINT MEMBERSHIPS SHALL RECEIVE TWO BALLOTS.

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FORM 990, PART VI, SECTION A, LINE 7B:

IN ACCORDANCE WITH CORPORATION LAW SECTION 5057, THE ONLY MEMBERSHIP RIGHTS OF MEMBERS OF THE CLUB ARE THE RIGHTS SPECIFICALLY PROVIDED BY THE ARTICLES, BYLAWS, AND THE CORPORATION LAW. ALL OTHER PRIVILEGES OR OPPORTUNITIES GRANTED TO MEMBERS OF THE CLUB UNDER ITS STANDING RULES, POLICIES, OR THE BYLAWS OR RULES OF CLUB SUB-ENTITIES ARE NOT RIGHTS OF MEMBERSHIP IN THE CLUB FOR PURPOSES OF CORPORATION LAW SECTION 5057.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 IS REVIEWED BY THE FINANCE DEPARTMENT AND ASSISTANT SECRETARY. AFTER REVIEW, A COPY IS SENT TO THE AUDIT COMMITTEE WHO MEETS WITH THE FINANCE DEPARTMENT AND TAX PREPARERS TO REVIEW THE 990. THE DRAFT IS THEN SENT TO THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD OF DIRECTORS AND OTHER SENIOR VOLUNTEERS MUST COMPLETE AND SIGN A WRITTEN DISCLOSURE FORM ANNUALLY. FOR EMPLOYEES (CURRENT AND FORMER) PLUS INDEPENDENT CONTRACTORS ARE RESPONSIBLE FOR DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST RELATED TO THEIR CLUB ACTIVITIES. THE POLICY IS INCLUDED IN THE EMPLOYEE HANDBOOK. IN-HOUSE LEGAL COUNSEL WILL INVESTIGATE COMPLAINTS OF VIOLATIONS. WHEN A POTENTIAL CONFLICT IS DISCLOSED BY AN EMPLOYEE, THE HUMAN RESOURCES DEPARTMENT MAKES A DETERMINATION REGARDING THE APPROPRIATE ACTION IN ORDER TO COMPLY WITH THE CLUB'S POLICIES.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF DIRECTORS, IF ANY, IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS UTILIZING EXTERNAL DATA FROM LIKE ORGANIZATIONS, THE RATIONALE

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FOR WHICH IS DOCUMENTED. THE EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS AFTER AN EVALUATION OF PERFORMANCE AND INTERVIEWS WITH APPROPRIATE PARTIES. COMPENSATION IS BASED ON EXTERNAL DATA FROM LIKE ORGANIZATIONS. A DOCUMENTED PERFORMANCE EVALUATION IS MAINTAINED. EXECUTIVE DIRECTOR SALARY IS DETERMINED BY THE BOARD EXECUTIVE COMMITTEE. THE COMMITTEE REVIEWS THE SALARIES AND YEARLY INCREASES. IT ALSO ESTABLISHES BUDGETED INCREASE RATE FOR ALL MANAGEMENT PERSONNEL. THE COMMITTEE HAS COMPARATIVE SALARY DATA AVAILABLE FROM HUMAN RESOURCES DEPARTMENT. ANNUAL PERFORMANCE REVIEWS ARE CONDUCTED AND DOCUMENTED. WITH RESPECT TO ALL OFFICERS AND KEY EMPLOYEES, THE HUMAN RESOURCES DEPARTMENT CONDUCTS A SALARY PRACTICES. THIS INCLUDES THE EXECUTIVE DIRECTOR'S SALARY. SALARIES FOR OFFICERS AND KEY EMPLOYEES OTHER THAN THE EXECUTIVE DIRECTOR ARE DETERMINED ACCORDING TO THE CLUB'S ESTABLISHED PROCEDURE AND GUIDELINES FOR ANNUAL MERIT RAISES, AS ADMINISTERED BY THE HUMAN RESOURCES DEPARTMENT, AND APPROVED BY THE BOARD OF DIRECTORS. THE EXECUTIVE TEAM, THE EXECUTIVE DIRECTOR, AND THE DIRECTOR OF HUMAN RESOURCES MUST APPROVE SPECIFIC RAISES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, LA, MD, MA, MN, MS, NH, NJ, NY, NC, OK, OR, PA, RI, SC, TN, UT
VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S ARTICLES OF INCORPORATION, BYLAWS, AND STANDING RULES (WHICH CONTAINS THE CONFLICT OF INTEREST POLICY) ARE AVAILABLE ON ITS PUBLIC WEBSITE WWW.SIERRACLUB.ORG. PORTIONS OF THE AUDITED FINANCIAL STATEMENTS ALONG WITH A LINK TO THE FULL AUDITED FINANCIAL STATEMENTS ARE PUBLISHED IN SIERRA MAGAZINE (NOV.-DEC. ISSUE).

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FORM 990, PART IX, LINE 11G, OTHER FEES:**FEES & CONCESSIONS:**

PROGRAM SERVICE EXPENSES	16,951,852.
MANAGEMENT AND GENERAL EXPENSES	1,132,015.
FUNDRAISING EXPENSES	1,852,774.
TOTAL EXPENSES	19,936,641.

CONSULTANTS:

PROGRAM SERVICE EXPENSES	4,530,371.
MANAGEMENT AND GENERAL EXPENSES	302,526.
FUNDRAISING EXPENSES	495,134.
TOTAL EXPENSES	5,328,031.

STAFF TRAINING/SEARCH:

PROGRAM SERVICE EXPENSES	502,127.
MANAGEMENT AND GENERAL EXPENSES	33,531.
FUNDRAISING EXPENSES	54,879.
TOTAL EXPENSES	590,537.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	25,855,209.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

SEGREGATED FUND ELIMINATIONS	-276,573.
PENSION RELATED CHARGES	-7,510,900.
TOTAL TO FORM 990, PART XI, LINE 9	-7,787,473.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE SIERRA CLUB VOTER EDUCATION FUND - 94-3244759, 2101 WEBSTER STREET, SUITE 1300, OAKLAND, CA 94612	POLITICAL ORGANIZATION	CALIFORNIA	527		SIERRA CLUB	X	
SIERRA CLUB INDEPENDENT ACTION - 27-2585981 2101 WEBSTER STREET, SUITE 1300 OAKLAND, CA 94612	POLITICAL ORGANIZATION	CALIFORNIA	527		SIERRA CLUB	X	
SIERRA CLUB POLITICAL COMMITTEE - 94-2370348 2101 WEBSTER STREET, SUITE 1300 OAKLAND, CA 94612	POLITICAL ORGANIZATION	CALIFORNIA	527		SIERRA CLUB	X	
SIERRA CLUB NEVADA PAC - 81-3881275 PO BOX 8096 RENO, NV 89507	POLITICAL ORGANIZATION	NEVADA	527		SIERRA CLUB	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

SEE PART VII FOR CONTINUATIONS

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SIERRA CLUB GEORGIA PAC - 45-4845025 743 E. COLLEGE AVENUE, SUITE B DECATUR, GA 30030	POLITICAL ORGANIZATION	GEORGIA	527		SIERRA CLUB	X	
SIERRA CLUB ARIZONA PAC - 71-0939731 514 W. ROOSEVELT STREET PHOENIX, AZ 85003	POLITICAL ORGANIZATION	ARIZONA	527		SIERRA CLUB	X	
VOTE SIERRA CLUB OF HAWAII - 36-4899162 PO BOX 2577 HONOLULU, HI 96803-0000	POLITICAL ORGANIZATION	HAWAII	527		SIERRA CLUB	X	
SIERRA CLUB, IL CHAPTER PAC - 30-0390974 70 E. LAKE STREET, SUITE 1500 CHICAGO, IL 60601	POLITICAL ORGANIZATION	ILLINOIS	527		SIERRA CLUB	X	
WI SIERRA CLUB EDUCATION COMMITTEE - 32-1409689, 754 WILLIAMSON STREET, MADISON, WI 53703	POLITICAL ORGANIZATION	WISCONSIN	527		SIERRA CLUB	X	
KANSAS SIERRA CLUB PAC - 80-0479870 9844 GEORGIA AVENUE KANSAS CITY, KS 66109	POLITICAL ORGANIZATION	KANSAS	527		SIERRA CLUB	X	
SIERRA CLUB POLITICAL COMMITTEE OF TEXAS - 26-1626567, 615 WILLOW STREET, SAN ANTONIO, TX 78202	POLITICAL ORGANIZATION	TEXAS	527		SIERRA CLUB	X	
SIERRA CLUB POLITICAL COMMITTEE - MARYLAND CHAPTER PAC - 56-2672579, 4413 RIDGE STREET, CHEVY CHASE, MD 20815	POLITICAL ORGANIZATION	MARYLAND	527		SIERRA CLUB	X	
MICHIGAN SIERRA PAC - 22-3935178 109 E. GRAND RIVER AVENUE LANSING, MI 48906	POLITICAL ORGANIZATION	MICHIGAN	527		SIERRA CLUB	X	
SIERRA CLUB PAC - 45-4833193 921 N. CONGRESS STREET JACKSON, MS 39202	POLITICAL ORGANIZATION	MISSISSIPPI	527		SIERRA CLUB	X	
SIERRA NH PAC - 01-0630051 40 NORTH MAIN STREET, 2ND FLOOR CONCORD, NH 03301	POLITICAL ORGANIZATION	NEW HAMPSHIRE	527		SIERRA CLUB	X	
NC SIERRA CLUB PAC - 81-3666208 19 W. HARGETT STREET, SUITE 210 RALEIGH, NC 27601	POLITICAL ORGANIZATION	NORTH CAROLINA	527		SIERRA CLUB	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SIERRA CLUB POLITICAL COMMITTEE - 02-0566571 153 WINIFRED STREET W SAINT PAUL, MN 55107	POLITICAL ORGANIZATION	MINNESOTA	527		SIERRA CLUB	X	
OHIO SIERRA CLUB POLITICAL COMMITTEE - 34-1664332, 131 N. HIGH STREET, SUITE 605, COLUMBUS, OH 43215	POLITICAL ORGANIZATION	OHIO	527		SIERRA CLUB	X	
OREGON SIERRA CLUB PAC - 01-0931836 1821 SE ANKENY STREET PORTLAND, OR 97214	POLITICAL ORGANIZATION	OREGON	527		SIERRA CLUB	X	
RIO GRANDE CHAPTER OF SIERRA CLUB PAC - 81-1100693, 1807 SECOND STREET, UNIT 45, SANTA FE, NM 87505	POLITICAL ORGANIZATION	NEW MEXICO	527		SIERRA CLUB	X	
SIERRA CLUB INDEPENDENT EXPENDITURE COMMITTEE - 77-0693541, 1536 WYNKOOP STREET, SUITE 312, DENVER, CO 80202	POLITICAL ORGANIZATION	COLORADO	527		SIERRA CLUB	X	
SIERRA CLUB ISSUE COMMITTEE - 27-1020466 1536 WYNKOOP STREET, SUITE 312 DENVER, CO 80202	POLITICAL ORGANIZATION	COLORADO	527		SIERRA CLUB	X	
COLORADO SIERRA CLUB LOCAL INDEPENDENT EXPENDITURE COMMITTEE - 82-4232207, 1536 WYNKOOP STREET, SUITE 312, DENVER, CO 80202	POLITICAL ORGANIZATION	COLORADO	527		SIERRA CLUB	X	
SIERRA CLUB SMALL DONOR COMMITTEE - 82-4800273, 1536 WYNKOOP STREET, SUITE 312, DENVER, CO 80202	POLITICAL ORGANIZATION	COLORADO	527		SIERRA CLUB	X	
SIERRA CLUB SF BAY CHAPTER CAMPAIGNS - 26-2505161, 2350 SAN PABLO AVENUE, BERKELEY, CA 94702	POLITICAL ORGANIZATION	CALIFORNIA	527		SIERRA CLUB	X	
SIERRA CLUB PAC UTAH CHAPTER - 94-2370348 824 SOUTH 400 WEST, SUITE B112 SALT LAKE CITY, UT 84101	POLITICAL ORGANIZATION	UTAH	527		SIERRA CLUB	X	
VIRGINIA CHAPTER SIERRA CLUB POLITICAL ACTION COMMITTEE - 51-0647000, 422 E. FRANKLIN STREET, SUITE 302, RICHMOND, VA	POLITICAL ORGANIZATION	VIRGINIA	527		SIERRA CLUB	X	
SIERRA CLUB PAC WA STATE - 01-0872312 180 NICKERSON STREET SEATTLE, WA 98109	POLITICAL ORGANIZATION	WASHINGTON	527		SIERRA CLUB	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SIERRA CLUB HEALTHY COMMUNITIES PAC - 37-1525718, 180 NICKERSON STREET, SEATTLE, WA 98109	POLITICAL ORGANIZATION	WASHINGTON	527		SIERRA CLUB	X	
CALIFORNIA SIERRA CLUB PAC - 82-2778208 3250 WILSHIRE BLVD. STE. 1106 LOS ANGELES, CA 90010-1513	POLITICAL ORGANIZATION	CALIFORNIA	527		SIERRA CLUB	X	
NEW JERSEY SIERRA CLUB PAC - 82-2008648 P.O. BOX 269 GARWOOD, NJ 07027	POLITICAL ORGANIZATION	NEW JERSEY	527		SIERRA CLUB	X	
SIERRA CLUB FLORIDA PAC - 82-1980202 220 LAKEVIEW DR. #305 WESTON, FL 33326	POLITICAL ORGANIZATION	FLORIDA	527		SIERRA CLUB	X	
PENNSYLVANIA SIERRA CLUB PAC - 82-0934859 225 MARKET ST., STE. 501 HARRISBURG, PA 17101-2126	POLITICAL ORGANIZATION	PENNSYLVANIA	527		SIERRA CLUB	X	
PENNSYLVANIA SIERRA CLUB IE PAC - 83-1534226 225 MARKET ST., STE. 501 HARRISBURG, PA 17101-2126	POLITICAL ORGANIZATION	PENNSYLVANIA	527		SIERRA CLUB	X	
SIERRA CLUB POLITICAL COMMITTEE NE CHAPTER - 82-2828193, PO BOX 4664, OMAHA, NE 68104-0664	POLITICAL ORGANIZATION	NEBRASKA	527		SIERRA CLUB	X	
SIERRA CLUB NEW YORK POLITICAL COMMITTEE - 83-1103288, 744 BROADWAY, ALBANY, NY 12207	POLITICAL ORGANIZATION	NEW YORK	527		SIERRA CLUB	X	
SIERRA CLUB MISSOURI CHAPTER POLITICAL COMMITTEE - 30-1067095, 2818 SUTTON BLVD., MAPLEWOOD, MO 63143-3010	POLITICAL ORGANIZATION	MISSOURI	527		SIERRA CLUB	X	
SIERRA CLUB OKLAHOMA CHAPTER POLITICAL ACTION COMMITTEE - 82-4873738, 600 NW 23RD STREET, SUITE 204, OKLAHOMA CITY, OK 73103	POLITICAL ORGANIZATION	OKLAHOMA	527		SIERRA CLUB	X	
WEST VIRGINIA SIERRA CLUB PAC - 83-1805393 518 MARYLAND AVE. FAIRMONT, WV 26554	POLITICAL ORGANIZATION	WEST VIRGINIA	527		SIERRA CLUB	X	
SIERRA CLUB VERMONT CHAPTER PAC - 81-3880603 145 BLUE HERON LANE N. HERO, VT 05474	POLITICAL ORGANIZATION	VERMONT	527		SIERRA CLUB	X	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE SIERRA CLUB VOTER EDUCATION FUND	R	399,695.	FAIR MARKET VALUE
(2) SIERRA CLUB NEVADA PAC	R	80,000.	FAIR MARKET VALUE
(3) SIERRA CLUB INDEPENDENT ACTION	R	600,000.	FAIR MARKET VALUE
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

VIRGINIA CHAPTER SIERRA CLUB POLITICAL ACTION COMMITTEE

EIN: 51-0647000

422 E. FRANKLIN STREET, SUITE 302

RICHMOND, VA 23219