Т

** PUBLIC DISCLOSURE COPY ** 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.



Dep Inter	artment nal Rev	of the Treasury enue Service	rmation.	Open to Public Inspection								
_			ar year, or tax year beginning and ending		•							
в	Check if applicat	C Name o	C Name of organization D Employer identification									
	Addr chan											
	Nam Chan	e ge Doing b	usiness as	94-1153307								
	Initia returi	Number	r and street (or P.O. box if mail is not delivered to street address) Room/suite	Telephone numbe	er							
	Final returi	n/ 2101 W	JEBSTER STREET 1300	(415)977-550	00							
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code	Gross receipts \$	183,513,775.							
	Amer	1 OAKLAN	ID, CA 94612 H	I(a) Is this a group re	eturn							
	Appli tion	F Name a	nd address of principal officer: BEN JEALOUS	for subordinates	s? Yes X No							
	pend	ING SAME AS	C ABOVE H	I(b) Are all subordinates ir	ncluded? Yes No							
1	Tax-e>	empt status: [501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1) or 527	lf "No," attach a	list. See instructions							
_	Webs			I(c) Group exemptio	on number							
				formation: 1892	M State of legal domicile: CA							
P	art I	Summary										
đ	1		be the organization's mission or most significant activities: TO EXPLORE, ENJOY	(, AND PROTECT								
anc		THE WILD P	LACES OF THE EARTH, PRACTICE & PROMOTE RESPONSIBLE USE OF									
erna	2	Check this bo										
Ň	3		ting members of the governing body (Part VI, line 1a)		15							
Activities & Governance	4		dependent voting members of the governing body (Part VI, line 1b)		14							
ies	5		of individuals employed in calendar year 2022 (Part V, line 2a)		1052							
ivit	6		of volunteers (estimate if necessary)	_	10221							
Act	7a		d business revenue from Part VIII, column (C), line 12		-26,914.							
		Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b Prior Year	Current Year							
		Oantributions	and works (Dart) (III, line 1b)	148,869,549.	153,306,396.							
en	8		and grants (Part VIII, line 1h)	3,955,762.	10,027,846.							
Revenue	9	•	ice revenue (Part VIII, line 2g)	-2,976,683.	2,526,100.							
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,244,446.	1,680,565.							
	11		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	152,093,074.	167,540,907.							
	13		milar amounts paid (Part IX, column (A), lines 1-3)	1,057,854.	1,635,753.							
	14		to or for members (Part IX, column (A), line 4)	0.	0.							
	45		96,228,900.	102,861,901.								
Expenses	16a		r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)	1,418,916.	1,208,223.							
Den	b		ing expenses (Part IX, column (D), line 25) 7, 078, 999.	, ,	, ,							
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	52,853,577.	63,714,191.							
	18	Total expense	151,559,247.	169,420,068.								
	19		expenses. Subtract line 18 from line 12	533,827.	-1,879,161.							
or				ning of Current Year	End of Year							
sets	20	Total assets (F	Part X, line 16)	144,480,269.	147,100,565.							
Ass	21		s (Part X, line 26)	42,918,999.	51,094,416.							
Net Assets or	22	Net assets or	fund balances. Subtract line 21 from line 20	101,561,270.	96,006,149.							
P	art II	Signature	e 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	Signature of officer			Date						
Here	e ADRIENNE FRAZIER, ASSISTANT TREASURER									
	Type or print name and title									
	Print/Type preparer's name	Prepare#sysignature	Date		Check	PTIN				
Paid	MAGA E. KISRIEV	Maje Kom	11/14/20)23	ir self-employed	P01008919				
Preparer	Firm's name HOOD & STRONG LLP			Firm's l	EIN 94-	1254756				
Use Only	Firm's address 60 SO. MARKET ST, STE 200									
SAN JOSE, CA 95113 Phone no.408.998										
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

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 o	r Name of exempt organization or other filer, see instru	Taxpayer identification number (TI								
print	SIERRA CLUB		94-11	53307						
File by the due date filing your	Number, street, and room or suite no. If a P.O. box, s	see instruct	ions.							
	return. See instructions. OAKLAND, CA 94612									
Enter th	ne Return Code for the return that this application is for (fi	le a separat	te application for each return)				0 1			
Applica	ation	Return	Application			F	Return			
ls For		Code	Is For				Code			
Form 9	90 or Form 990-EZ	01	Form 1041-A				08			
Form 4	720 (individual)	03	Form 4720 (other than individual)				09			
Form 9	90-PF	04	Form 5227				10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11			
Form 9	90-T (trust other than above)	06	Form 8870				12			
Form 9	90-T (corporation)	07								
	ADRIENNE FRAZIER books are in the care of \blacktriangleright 2101 WEBSTER STREET,									
 If the If the box 1 the the<	phone No. ► (415)977-5500 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► [request an automatic 6-month extension of time until ne organization named above. The extension is for the org . Calendar year _2022 or . tax year beginning : the tax year entered in line 1 is for less than 12 months, of . Change in accounting period	Group Exe and atta NOVEMBE ganization's , an	mption Number (GEN), 1 ch a list with the names and TINs of <u>R 15, 2023</u> , to file return for: d ending	f this is fo all membe	r the whole ers the exten npt organiza	group, che				
	this application is for Forms 990-PF, 990-T, 4720, or 606 ny nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$		٥.			
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							~			
	sing EFTPS (Electronic Federal Tax Payment System). Se			30	\$		0.			
Cautio instruct	n: If you are going to make an electronic funds withdrawa ions.	I (direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 887	9-TE for pay	/ment			
LHA	For Privacy Act and Paperwork Reduction Act Notice	. see instru	ictions.		Form	8868 (Rev.	1-2022)			

	990 (2022) SIERRA CLUB	94-1153307	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
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?		es 🗴 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 of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, any program services of the significant changes in how it conducts, and the significant changes in how it c	vices?	es 🛛 No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	es. as measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$83,876,077. including grants of \$1,635,753.)) (Revenue \$ 1	145,700.)
	SEE SCHEDULE O.		
4b) (Revenue \$	0.)
	MEMBERSHIP: SUPPORT AND FUNDING OF 63 VOLUNTEER LED CHAPTERS AND		
	APPROXIMATELY 361 GROUPS, AND THE DEVELOPMENT OF A BROAD-BASED		
	VOLUNTEER MEMBERSHIP.		
4c) (Revenue \$ 3 , 5	543,287.)
	INFORMATION AND EDUCATION: CALENDAR & ONLINE STORE, SIERRA (THE		
	ORGANIZATION'S MAGAZINE), COMMUNICATIONS GROUP INCLUDES PRINT AND		
	NON-PRINT MEDIA ACTIVITIES AND DIGITAL STRATEGIES (MISSION IS TO ALIGN		
	THE ONLINE ACTIVITIES AND TECHNOLOGICAL INVESTMENTS WITH THE BROADER		
	STRATEGY AND SUCCESS OF THE ORGANIZATION).		
	SIERRA MAGAZINE: PUBLISHED 4 ISSUES PER YEAR WITH AN AVERAGE PRINT RUN		
	IN EXCESS OF 493,000 MAGAZINES.		
	CALENDAR & ONLINE STORE: OFFERED SIERRA CLUB BRANDED MERCHANDISE ABOUT		
	NATURE OR THE ENVIRONMENT FOR SALE DIRECTLY TO THE PUBLIC AND OTHER RESELLERS.		
A -1			
40	Other program services (Describe on Schedule O.)	7 112 000 1	
A ::		7,442,000.)	
40	Total program service expenses 147,162,641.		1 990 (2022)
		Form	(2022)

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Par	t 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)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	Х	I
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? If "Yes," complete Schedule C, Part II	4		
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	х	
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?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C		11c		x
d	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			
a		444	x	
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	21	
I	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	x	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	21	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	x	
	Schedule D, Parts XI and XII	12a	A	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			Ψ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		1
	complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
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SIERRA CLUB

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Pa	rt 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	22		x					
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III								
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</i> "Yes," <i>complete</i>								
24a	Schedule Ja Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the								
_ a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete								
	Schedule K. If "No," go to line 25a	24a		x					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
с	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		<u> </u>					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>					
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? If "Yes," complete Schedule L, Part 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? If "Yes," complete	0.51							
	Schedule L, Part I	25b		X					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x					
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20							
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III								
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,								
	instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If								
	"Yes," complete Schedule L, Part IV	28a		x					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x					
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If								
	"Yes," complete Schedule L, Part IV	28c		X					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x					
04	contributions? If "Yes," complete Schedule M	30		x					
31 22	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31							
32		32		x					
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52							
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and								
	Part V, line 1	34	х						
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х						
	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)? If "Yes," complete Schedule R, Part V, line 2	35b	х	 					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?								
	If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		x					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x						
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	Ĺ					
	Check if Schedule O contains a response or note to any line in this Part V								
		<u></u>	Yes	No					
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 56.	1							
		0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	х						
232004	4 12-13-22	Form	990	(2022)					

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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		r							
		, r		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 1052									
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
3a	· · · · · · · · · · · · · · · · · · ·									
4a		-								
	financial account in a foreign country (such as a bank account, securities account, or other financial account	unt)?	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 Account	ints (FBAR).								
5a			5a		X					
b		ſ	5b		X					
	, o		5c		<u> </u>					
6a		ganization solicit								
	any contributions that were not tax deductible as charitable contributions?		6a	X	<u> </u>					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	° I								
	were not tax deductible?		6b	X	<u> </u>					
7	Organizations that may receive deductible contributions under section 170(c).									
а	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		<u> </u>					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re	quired								
	to file Form 8282?		7c		<u> </u>					
d	If "Yes," indicate the number of Forms 8282 filed during the year70									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	act?	7e		<u> </u>					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
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		<u> </u>					
9	Sponsoring organizations maintaining donor advised funds.									
а	a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?									
10	Section 501(c)(7) organizations. Enter:									
а		a								
b		b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	a								
b										
	amounts due or received from them.)11									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1?	12a		<u> </u>					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12	b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>					
	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	b								
С		c								
14a			14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		<u> </u>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneratio									
	excess parachute payment(s) during the year?		15		X					
	If "Yes," see the 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	ome?	16		X					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activitie	es								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									
232005	5 12-13-22		Form	990	(2022)					

	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	INO I	espon	30
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15		100	110
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	х	
	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?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- <u> </u>		
2	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ũ	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	Ū		
	(This Section & requests information about policies not required by the internal neverifie code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>			
Ū	on Schedule O how this was done	12c	х	
13	Did the exercise time have a unit at the law and a line of	13	Х	
14	Did the organization have a written whistleblower policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iou	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Tou		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filedAL, 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)	availal	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	s offig)	avanai	510
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
13	statements available to the public during the tax year.	a 111 ai 10	JICI	
20	Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	ADRIENNE FRAZIER - (415)977-5500			
	2101 WEBSTER STREET, SUITE 1300, OAKLAND, CA 94612			
0000-		Earm	990	(200)
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	.13 758661 81035 2022.05000 SIERRA CLUB			03

Form 990 (2022)	SIERRA CLUB	94-1153307	Page 7
Part VII Comp	ensation of Officers, Directors, Truste	ees, Key Employees, Highest Compensated	
Emplo	yees, and Independent Contractors		
Check if	Schedule O contains a response or note to any I	ine in this Part VII	X
Section A. Officer	s, Directors, Trustees, Key Employees, and Hig	ghest Compensated Employees	
		ompensation for the calendar year ending with or within the organization's t	,
I ist all of the c	prognization's current officers directors trustees	(whether individuals or organizations) regardless of amount of compensat	tion

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Name and title Average burger Desching burger Deschinger <thdeschinger< th=""></thdeschinger<>	(A)	(B)		(C)		(D)	(E)	(F)			
Hours per veek box. these person is tooline in the intermediated organizations compensation tooline intermediated organizations compensation tooline intermediated organizations amount of other compensation tooline intermediated organizations (1) EVA HERNANDEZ SIMMONS 50.00 X 325,222.0.0.60,348. 60.32,552. (1) EVA HERNANDEZ SIMMONS 50.00 X 325,222.0.0.60,348. 60.32,550. (2) KATINA BERNAND 50.00 X 317,968.032,550. 32,550. (3) ADRIENDE FRAZIER 50.00 X 284,357.033,239. 60.32,550. (4) OP ORCHIGATION OFFICER 50.00 X 258,574.042,500. 64,630. (5) GARY REINECKE 50.00 X 289,207.0655,66. 55,506. (5) GARY REINECKE 50.00 X 264,103.0	Name and title	Average	Position				ne	Reportable	Reportable	Estimated	
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CHIEF ADVANCEMENT OFFICER 0.00 X 289,207. 0. 5,506. (7) DEEPA ALLI 50.00 X 264,303. 0. 19,772. (8) JOANNE SPALDING 50.00 X 264,303. 0. 19,772. (8) JOANNE SPALDING 50.00 X 252,087. 0. 31,210. (9) BYRON RAMOS-GUDIEL 50.00 X 262,995. 0. 20,202. (10) LINA FRANCIS 50.00 X 259,388. 0. 21,564. (11) GABE GONZALES 50.00 X 242,568. 0. 24,454. (12) MICHAEL BOSSE 50.00 X 235,012. 0. 23,925. NATIONAL PROG DIR (THRU 11/14/22) 0.00 X 235,012. 0. 23,925. (14) ARI TRUJILO-WESLER 50.00 X 226,720. 0. 27,552. (15) MICHELE EPSTEIN 50.00 X 226,720. 0. 27,552. (16) ERICA MCKINLEY 50.00 X 226,720. 0. 27,552.		0.00			Х				258,574.	0.	42,500.
(7) DEEPA ALLI 50.00 X 264,303. 0. 19,772. (8) JOANNE SPALDING 50.00 X 252,087. 0. 31,210. (9) BYRON RAMOS-GUDIEL 50.00 X 262,995. 0. 20,202. (10) LINA FRANCIS 0.00 X 259,388. 0. 21,564. (11) GABE GONZALES 50.00 X 242,568. 0. 24,454. (12) MICHAEL BOSSE 50.00 X 235,012. 0. 23,925. (14) ARI TRUJILO-WESLER 50.00 X 235,012. 0. 23,925. (14) ARI TRUJILO-WESLER 50.00 X 228,186. 0. 29,147. (15) MICHELE EPSTEIN 50.00 X 226,720. 0. 27,552. (16) ERICA MCKINLEY 50.00 X 190,164. 0. 13,670.	(6) SALENA JEGEDE	50.00									
CHIEF DIGITAL OFF (THRU 10/7/22) 0.00 X 264,303. 0. 19,772. (8) JOANNE SPALDING 50.00 X 252,087. 0. 31,210. LEGAL DIRECTOR, ELP 0.00 X 252,087. 0. 31,210. (9) BYRON RAMOS-GUDIEL 50.00 X 262,995. 0. 20,202. (10) LINA FRANCIS 50.00 X 259,388. 0. 21,564. (11) GABE GONZALES 50.00 X 242,568. 0. 24,454. (12) MICHAEL BOSSE 50.00 X 217,667. 0. 44,747. (13) HUN TAING 50.00 X 235,012. 0. 23,925. (14) ARI TRUJILLO-WESLER 50.00 X 226,720. 0. 27,552. (15) MICHELLE EFSTEIN 50.00 X 226,720. 0. 27,552. (16) ERICA MCKINLEY 50.00 X 190,164. 0. 13,670. (17) JULIETTE HIRT 50.00 X 190,164. 0. 13,670. <td></td> <td>0.00</td> <td></td> <td></td> <td></td> <td>х</td> <td></td> <td></td> <td>289,207.</td> <td>0.</td> <td>5,506.</td>		0.00				х			289,207.	0.	5,506.
(8) JOANNE SPALDING 50.00 x 252,087. 0. 31,210. (9) BYRON RAMOS-GUDIEL 50.00 x 262,995. 0. 20,202. (10) LINA FRANCIS 50.00 x 259,388. 0. 21,564. (11) GABE GONZALES 50.00 x 2242,568. 0. 24,454. (12) MICHAEL BOSSE 50.00 x 217,667. 0. 44,747. (13) HUN TAING 50.00 x 235,012. 0. 23,925. (14) ART TRUJILLO-WESLER 50.00 x 235,012. 0. 23,925. (14) ART TRUJILLO-WESLER 50.00 x 228,186. 0. 29,147. (15) MICHELLE EPSTEIN 50.00 x 226,720. 0. 27,552. (16) ERICA MCKINLEY 50.00 x 226,720. 0. 27,552. (16) ERICA MCKINLEY 50.00 x 190,164. 0. 13,670. (17) JULIETTE HIRT 50.00 x 189,963. 0. 11,648.		50.00									
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(10) LINA FRANCIS 50.00 x 259,388. 0. 21,564. (11) GABE GONZALES 50.00 x 242,568. 0. 24,454. (12) MICHAEL BOSSE 50.00 x 217,667. 0. 24,454. (13) HUN TAING 50.00 x 217,667. 0. 44,747. (13) HUN TAING 50.00 x 235,012. 0. 23,925. (14) ARI TRUJILLO-WESLER 50.00 x 228,186. 0. 29,147. (15) MICHELLE EPSTEIN 50.00 x 226,720. 0. 27,552. (16) ERICA MCKINLEY 50.00 x 190,164. 0. 13,670. (17) JULIETTE HIRT 50.00 x 189,963. 0. 11,648.											
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(11) GABE GONZALES 50.00 X 242,568. 0. 24,454. (12) MICHAEL BOSSE 50.00 X 217,667. 0. 44,747. (13) HUN TAING 50.00 X 217,667. 0. 44,747. (13) HUN TAING 50.00 X 235,012. 0. 23,925. (14) ARI TRUJILLO-WESLER 50.00 X 228,186. 0. 29,147. (15) MICHELE EPSTEIN 50.00 X 226,720. 0. 27,552. (16) ERICA MCKINLEY 50.00 X 190,164. 0. 13,670. (17) JULIETTE HIRT 50.00 X 189,963. 0. 11,648.											
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(12) MICHAEL BOSSE 50.00 X 217,667. 0. 44,747. (13) HUN TAING 50.00 X 235,012. 0. 23,925. (14) ARI TRUJILLO-WESLER 50.00 X 228,186. 0. 29,147. (15) MICHELLE EPSTEIN 50.00 X 226,720. 0. 27,552. (16) ERICA MCKINLEY 50.00 X 190,164. 0. 13,670. (17) JULIETTE HIRT 50.00 X 189,963. 0. 11,648.		50.00									
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(13) HUN TAING 50.00 X 235,012. 0. 23,925. DIR OF ORGANIZATIONAL EFFECTIVENESS 0.00 X 235,012. 0. 23,925. (14) ARI TRUJILLO-WESLER 50.00 X 228,186. 0. 29,147. DIRECTOR GRASSROOTS POWERBUILDING 0.00 X 228,186. 0. 29,147. (15) MICHELLE EPSTEIN 50.00 X 226,720. 0. 27,552. (16) ERICA MCKINLEY 50.00 X 226,720. 0. 13,670. CHIEF LEGAL OFFICER 0.00 X 190,164. 0. 13,670. (17) JULIETTE HIRT 50.00 X 189,963. 0. 11,648.		50.00									
DIR OF ORGANIZATIONAL EFFECTIVENESS 0.00 X 235,012. 0. 23,925. (14) ARI TRUJILLO-WESLER 50.00 X 228,186. 0. 29,147. DIRECTOR GRASSROOTS POWERBUILDING 0.00 X 228,186. 0. 29,147. (15) MICHELLE EPSTEIN 50.00 X 226,720. 0. 27,552. (16) ERICA MCKINLEY 50.00 X 226,720. 0. 13,670. CHIEF LEGAL OFFICER 0.00 X 190,164. 0. 13,670. (17) JULIETTE HIRT 50.00 X 189,963. 0. 11,648.		0.00				X			217,667.	0.	44,747.
(14) ARI TRUJILLO-WESLER 50.00 x 228,186. 0. 29,147. DIRECTOR GRASSROOTS POWERBUILDING 0.00 x 228,186. 0. 29,147. (15) MICHELLE EPSTEIN 50.00 x 226,720. 0. 27,552. (16) ERICA MCKINLEY 50.00 x 226,720. 0. 27,552. (16) ERICA MCKINLEY 50.00 x 190,164. 0. 13,670. CHIEF LEGAL OFFICER 0.00 X 190,164. 0. 13,670. (17) JULIETTE HIRT 50.00 X 189,963. 0. 11,648.		50.00									
DIRECTOR GRASSROOTS POWERBUILDING 0.00 X 228,186. 0. 29,147. (15) MICHELLE EPSTEIN 50.00 X 226,720. 0. 27,552. DEP CHIEF ADV OFF, DIR RESP FUNDRAIS 0.00 X 226,720. 0. 27,552. (16) ERICA MCKINLEY 50.00 X 190,164. 0. 13,670. CHIEF LEGAL OFFICER 0.00 X 189,963. 0. 11,648.	DIR OF ORGANIZATIONAL EFFECTIVENESS	0.00					X		235,012.	0.	23,925.
(15) MICHELLE EPSTEIN 50.00 X 226,720. 0. 27,552. DEP CHIEF ADV OFF, DIR RESP FUNDRAIS 0.00 X 226,720. 0. 27,552. (16) ERICA MCKINLEY 50.00 X 190,164. 0. 13,670. CHIEF LEGAL OFFICER 0.00 X 190,164. 0. 13,670. (17) JULIETTE HIRT 50.00 X 189,963. 0. 11,648.	(14) ARI TRUJILLO-WESLER	50.00									
DEP CHIEF ADV OFF, DIR RESP FUNDRAIS 0.00 X 226,720. 0. 27,552. (16) ERICA MCKINLEY 50.00 X 190,164. 0. 13,670. CHIEF LEGAL OFFICER 0.00 X 190,164. 0. 13,670. (17) JULIETTE HIRT 50.00 X 189,963. 0. 11,648.	DIRECTOR GRASSROOTS POWERBUILDING	0.00					X		228,186.	0.	29,147.
(16) ERICA MCKINLEY 50.00 X 190,164. 0. CHIEF LEGAL OFFICER 0.00 X 190,164. 0. 13,670. (17) JULIETTE HIRT 50.00 X 189,963. 0. 11,648.	(15) MICHELLE EPSTEIN	50.00									
CHIEF LEGAL OFFICER 0.00 X 190,164. 0. 13,670. (17) JULIETTE HIRT 50.00 X 189,963. 11,648.		0.00				Х			226,720.	0.	27,552.
(17) JULIETTE HIRT 50.00 X 189,963. 0. 11,648.	(16) ERICA MCKINLEY	50.00									
ACTING GENERAL COUN (THRU 6/30/22) 0.00 X 189,963. 0. 11,648.		0.00			Х				190,164.	0.	13,670.
	(17) JULIETTE HIRT	50.00									
	ACTING GENERAL COUN (THRU 6/30/22)	0.00			Х				189,963.	0.	

232007 12-13-22

Form 990 (2022)

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Form 990 (2022) SIERRA CLUB 94-1153307 Page 8											
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) (B) (C) (D) (E) (F)											(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	;	Estimated
	hours per	box	box, unless person is both an			is both	n an	compensation	compensatio	on	amount of
	week officer and a director/trustee)				Jr/trus	lee)	from	from related		other	
	(list any hours for	recto						the	organization		compensation
	related	e or di	ee			sated		organization	(W-2/1099-MI		from the
	organizations	rustee	trus		ee	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organization and related
								organizations			
(list any hours for related organizations below line) (list any hours for related organizations below line) (list any hours for related organizations below line) (list any below below line) (list any below below line) (list any below below line) (list any below below below (list any below below below (list any below below below (list any below below below (list any below below below (list any below below (list any below below below <td>er gan naan er te</td>										er gan naan er te	
(18) ANNE KENNEY 50.00 2 2 3 4											
DIR OF FIN ANLYS & BUDGET SYSTEMS	0.00			х				155,333.		Ο.	24,143.
(19) KRISTIN MACKLIN	50.00										
ASSISTANT TREASURER/CONTROLLER	0.00			х				136,979.		٥.	7,216.
(20) LOREN BLACKFORD	50.00										
INTERIM EXECUTIVE DIRECTOR	0.00			х				94,171.		٥.	0.
(21) DAN CHU	20.00							,			
ACTING EXECUTIVE DIR (THRU 9/3/22)	0.00			х				86,435.		٥.	4,484.
(22) RAMON CRUZ	60.00							,			/
PRESIDENT	0.01	х		х				76,725.		٥.	0.
(23) BRIAN GOMEZ	3.00							,			
VICE PRESIDENT (THRU 5/15/22)	5.00	х		х				1,200.		٥.	0.
(24) JEREMY PATRICK MURPHY	30.00										
VP (THRU 5/15/22)/TREAS (EFF 5/16/22	0.01	х		х				0.		٥.	0.
(25) MARION KLAUS	30.00										
VICE PRESIDENT (EFF 5/16/22)	0.01	х		х				0.		٥.	0.
(26) ROSS MACFARLANE	25.00										
VP (THRU 5/15/22)/DIRECTOR	0.01	х		х				0.		٥.	0.
1b Subtotal						-		4,852,390.		0.	524,707.
c Total from continuation sheets to Part VI								0.		0.	0.
<u>d</u> Total (add lines 1b and 1c)								4,852,390.		0.	524,707.
2 Total number of individuals (including but no								ceived more than \$100.	000 of reportable	ı ə	
compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·			220
· · · ·											Yes No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	oyee on		
line 1a? If "Yes," complete Schedule J for su	uch individual		-	-	-		-				3 X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150	-		-						-		4 X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes." com											5 X
Section B. Independent Contractors						011					
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of com	pensat	tion from
the organization. Report compensation for t	he calendar ye	ear e	ndin	ng w	ith c	or wi	thin	the organization's tax y	ear.		
(A)								(B)			(C)
Name and business								Description of s	ervices	С	ompensation
MARKETEAM, LLC, 1200 ABERNATHY RD., N	1.E.,										
STE 400, ATLANTA, GA 30328								MARKETING			2,137,898.
MAIL SERVICES LLC											
PO BOX 9260, DES MOINES, IA 50306-920	2							PRINTING & MAILING			890,867.
SYNAPSE ENERGY ECONOMICS INC., 485											
MASSACHUSETTS AVE STE 3, CAMBRIDGE, MA ECONOMIC TECHNICAL EXPERT 858,572.											
QCSS, INC., 21925 W FIELD PKWY STE 21	QCSS, INC., 21925 W FIELD PKWY STE 210,										
DEER PARK, IL 60010								PRINTING & MAILING			605,185.
COMMUNITY COUNSELLING SERVICE CO LLC											
PO BOX 824885, PHILADELPHIA, PA 19182-4885 CAPITAL CAMPAIGN CONSULTING 602,854.											
2 Total number of independent contractors (in	2 Total number of independent contractors (including but not limited to those listed above) who received more than										
\$100,000 of compensation from the organiz					68	8					
SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2022)											

		nplo	yee			ligh	est (Compensated Employe	, ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(C	heck	all	that	app	ly)	compensation	compensation	amount of
	per week					e e		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	direc.				ed em		(W-2/1099-MISC)	()	organization
	related	tee oi	ustee			ensat				and related
	organizations	al trus	inal tr		lo yee	dwoo				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(22)	line)	ц Ц	lls	θθ	Ke	Ĕ	Foi			
(27) DEBBIE HEATON VP (EFF 5/16/22)	12.00	x		x				0.	0.	0
(28) RITA HARRIS	8.00	^		Λ				0.	0.	0
SECRETARY (THRU 5/15/22)/DIRECTOR	0.01	x		x				0.	0.	0
(29) MEGHAN SAHLI-WELLS	28.00									
SECRETARY (EFF 5/16/22)	5.00	x		х				0.	0.	0
(30) NATALIE LUCAS	1.00								-	
DIRECTOR	0.01	х						0.	0.	0
(31) ANTONIO FULLER	5.00									
DIRECTOR	0.01	х						0.	0.	0
(32) CHAD HANSON	15.00									
DIRECTOR	0.01	х						0.	0.	0
(33) AARON MAIR	10.00									
DIRECTOR	0.01	х						0.	0.	0
(34) CYNTHIA HOYLE	15.00									
DIRECTOR (EFF 5/16/22)	0.01	х						0.	0.	0
(35) CHEYENNE SKYE BRANSCUM	45.00									
DIRECTOR (EFF 5/16/22)	0.01	X						0.	0.	0
(36) MICHAEL DORSEY DIRECTOR (EFF 5/16/22)	6.00	x						0.	0.	0
(37) ALLISON CHIN	15.00	~						0.	0.	0
DIRECTOR (EFF 5/16/22)	0.01	x						0.	0.	0
(38) MIKE O'BRIEN	20.00								••	
TREASURER (THRU 5/15/22)	0.01	x		x				0.	0.	0
(39) DAVID SCOTT	5.00									
DIRECTOR (THRU 5/15/22)	0.01	х						0.	0.	0
(40) OLIVER BERNSTEIN	5.00									
DIRECTOR (THRU 5/15/22)	0.01	х						٥.	0.	0
(41) ROBERT CUTLER	2.00									
ASSISTANT TREASURER	0.00			х				0.	0.	0
	_									
		<u> </u>								
		-								
		1								
		1								
							-			

	990 (2 t VIII		venue					7 Page
		Check if Schedule O c	<u>contains a</u> respo	<u>nse or note to</u> any lin	e in this Part VIII	<u></u>	<u></u>	<u></u> . [
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluc from tax unde sections 512 - 5
ţ	1 a	Federated campaigns	1a					
uno	b	Membership dues	1b	20,328,500.				
Am		Fundraising events		171,880.				
lar		Related organizations						
Sim		Government grants (contri						
er	f	All other contributions, gifts,		132,806,016.				
0 th	~	similar amounts not included						
and Other Similar Amounts	-	Noncash contributions included in I Total. Add lines 1a-1f			153,306,396.			
^{co}				Business Code	,,,			
	2 a	OUTING & LODGING		900099	7,442,000.	7,442,000.		
	b	OTHER PROGRAM SERV	REV	900099	1,888,574.	1,888,574.		
nue	с	PUBLICATION INCOME		541800	697,272.			697,27
eve	d							
Revenue	е							
		All other program service						
	g	Total. Add lines 2a-2f			10,027,846.			
	3	Investment income (includ	0	,	1 350 000		06.014	1 300 0
		other similar amounts)			1,350,800.		-26,914.	1,377,73
	4	Income from investment o	•	•	569,453.			569,45
	5	Royalties	(i) Real		509,455.			505,4
	6 2	Gross rents	6a					
		Less: rental expenses	6b					
		Rental income or (loss)	6c					
		Net rental income or (loss)	· · · ·					
	7 a	Gross amount from sales of	(i) Securit	ies (ii) Other				
		assets other than inventory	7a 16,502,6	63.				
	b	Less: cost or other basis						
		and sales expenses	7b 15,327,3					
	С	Gain or (loss)	7c 1,175,3	00.				
		Net gain or (loss)			1,175,300.			1,175,30
	8 a	Gross income from fundraisin						
		including \$1						
		contributions reported on	,	8a 70,216.				
	h	Part IV, line 18 Less: direct expenses		8 62,245.				
		Net income or (loss) from t			7,971.			7,97
		Gross income from gamin	-					,
		Part IV, line 19	-	9a				
	b	Less: direct expenses		9b				
		Net income or (loss) from		s				
	10 a	Gross sales of inventory, le	ess returns					
		and allowances		10a 1,533,600.				
		Less: cost of goods sold		10b 583,260.				
+	С	Net income or (loss) from	sales of inventor		950,340.	950,340.		
			R.C.	Business Code	145 800	145 800		
Revenue		LITIGATION AWARD FE	ES	541100	145,700.	145,700.		
/eni	b	SUBSCRIPTIONS		900099	7,101.	7,101.		
Be∖	C d							
		All other revenue			152,801.			
1	<u>е</u> 12	Total. Add lines 11a-11d			167,540,907.	10,433,715.	-26,914.	3,827,71
_	14	Total revenue. See instructio	лю		,0_0,007,	,,,,	,	Form 990 (2)

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 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	1,629,253.	1,629,253.		
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	6,500.	6,500.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	4,006,513.	1,458,812.	1,901,580.	646,121.
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	80,184,179.	68,615,262.	4,510,332.	7,058,585.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,106,828.	2,585,893.	236,614.	284,321.
9	Other employee benefits	9,478,558.	7,889,247.	721,881.	867,430.
10	Payroll taxes	6,085,823.	5,065,386.	463,493.	556,944.
11	Fees for services (nonemployees):				
а	Management	0 146 100	5 202 000	0.015.500	
b	Legal	8,146,100.	5,323,000.	2,817,500.	5,600.
	Accounting	634,872.	452 010	634,872.	
	Lobbying	453,019.	453,019.		1 200 222
	Professional fundraising services. See Part IV, line 17	1,208,223. 231,700.		231,700.	1,208,223.
	Investment management fees	231,700.		231,700.	
g	Other. (If line 11g amount exceeds 10% of line 25,	25,943,708.	21,943,630.	817,857.	3,182,221.
10	column (A), amount, list line 11g expenses on Sch 0.)	2,957,100.	2,501,800.	8,700.	446,600.
12 13	Advertising and promotion	8,284,500.	5,803,700.	292,100.	2,188,700.
13 14	Office expenses	1,279,432.	1,225,732.	38,800.	14,900.
14	Royalties	410,100.	408,500.	100.	1,500.
16	Occupancy	5,529,268.	3,835,768.	1,363,200.	330,300.
17	Travel	3,008,400.	2,586,000.	309,100.	113,300.
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	993,300.	807,000.	113,300.	73,000.
23	Insurance	1,367,300.	1,128,200.	182,200.	56,900.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PRINTING & PUBLICATION	9,634,200.	7,928,700.	206,700.	1,498,800.
b	MEMBERSHIP	2,066,881.	2,066,881.		
с	LODGE/OUTING FIELD EXP	1,106,100.	1,106,100.		
d	SIERRA CGS	957,440.	1,017,440.		-60,000.
е	All other expenses	-9,289,229.	1,776,818.	328,399.	-11,394,446.
25	Total functional expenses. Add lines 1 through 24e	169,420,068.	147,162,641.	15,178,428.	7,078,999.
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)				Farma 990 (0000)

Form 990 (2022)

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

X

Form 990 (2022)

12271113 758661 81035

	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	107,419.	8	
9	Prepaid expenses and deferred charges	4,653,200.	9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 19,167,300.			
b	Less: accumulated depreciation 14,114,500.	5,576,500.	10c	
11	Investments - publicly traded securities	29,299,500.	11	
12	Investments - other securities. See Part IV, line 11	18,517,200.	12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	238,481.	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	144,480,269.	16	
17	Accounts payable and accrued expenses	19,085,400.	17	
18	Grants payable		18	
19	Deferred revenue	1,924,599.	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
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	21,909,000.	25	
26	Total liabilities. Add lines 17 through 25	42,918,999.	26	
	Organizations that follow FASB ASC 958, check here			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	51,749,645.	27	
28	Net assets with donor restrictions	49,811,625.	28	
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			

SIERRA CLUB Part X | Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from any current or former officer, director,

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1

2

3

4

(B) End of year

60,833,265.

14,486,800.

2,698,600.

166,636. 4,695,900.

5,052,800. 29,895,800.

14,544,400.

14,726,364.

147,100,565.

22,158,000.

2,239,416.

26,697,000. 51,094,416.

50,015,345.

45,990,804.

29

30

31

32

33

101,561,270.

144,480,269.

(A) Beginning of year

66,688,169.

15,164,700.

4,235,100.

147,100,565. Form 990 (2022)

96,006,149.

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Form 990 (2022)

1

2

3

4

5

Assets

Liabilities

Net Assets or Fund Balances

29

30

31

32

33

Form	990 (2022) SIERRA CLUB	94-1153307	7	Pad	_{ge} 12
	rt XI Reconciliation of Net Assets				<u>, </u>
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	167,	540,	907.
2	Total expenses (must equal Part IX, column (A), line 25)	2	169,	420,	068.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	879,	161.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	101,	561,	270.
5	Net unrealized gains (losses) on investments	5	-13,	393,	000.
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 on Schedule O)	9	9,	717,	040.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	96,	006,	149.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		r		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a		····· -	2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		-	v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				x
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir		a .		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service		
Name of the organization	1	Employer identification numb
	SIERRA CLUB	94-1153307
Organization type (cheo	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 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	
	on is covered by the General Rule or a Special Rule. I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	I Rule. See instructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota any one contributor. Complete Parts I and II. See instructions for determining a contribu	u , , , , , , , , , , , , , , , , , , ,
Special Rules		
sections 509(a) contributor, du	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount or EZ, line 1. Complete Parts I and II.	, and that received from any one

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), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B

(Form 990)

	B (Form 990) (2022)			Page 2
Name of o	rganization		Emplo	yer identification number
SIERRA C	LUB		9	4-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution
1		\$	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution
2		\$	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution
3		\$1	0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution
4		_ \$2	0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution
5		\$16	6,667.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution
6		_	9,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2022)			Page 2
Name of o	rganization		Emplo	yer identification number
SIERRA C	LUB		94	4-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
7		\$20,	,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
8_		\$9,	,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
9		\$10,	,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
10		\$40,	,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
11		\$5,	,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
			,535.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2022)		Page 2
Name of or	rganization	Em	ployer identification number
SIERRA C	LUB		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		\$5,150	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ \$	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$45,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_		\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u> 223452 11-15		\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page
Name of or	rganization		Employer identification number
SIERRA C	LUB		94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
19_		\$10	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
		\$5	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributio	(d)
21	Name, address, and ZIP + 4		ns Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
22		\$5	,000. Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
23		\$43	,545. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
24	-22	\$9	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page
Name of or	rganization		Employer identification number
SIERRA C	LUB		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 contributio	(d) Type of contribution
25		\$10	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
26		\$1,125	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributio	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
28		\$950	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
29		\$ 5 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Dns Type of contribution
30		\$125	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	B (Form 990) (2022)		1	Page 2
Name of o	rganization		Emplo	yer identification number
SIERRA C	LUB		9	4-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$5,	<u>,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$6	, <u>435.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
33_		\$100	,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
34_		\$50,	,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
35		\$5	,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
36			,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990) (2022)		Page
Name of or	rganization		Employer identification number
SIERRA C	LUB		94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
37_		\$20	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
38_		\$5	, 600. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributio	(d)
39	Name, address, and ZIP + 4		ns Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
40		\$5	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$24	,240. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
	-22	\$14	,864. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	B (Form 990) (2022)			Page 2
Name of o	rganization		Emplo	yer identification number
SIERRA C	LUB		94	4-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$437,	,996.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
44		\$5,	,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$10,	,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
46		\$5,	,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
47_		\$11,	,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
48			,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990) (2022)		Page 2
Name of or	rganization		Employer identification number
SIERRA C	LUB		94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$6,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
50		\$5,	000. Person X Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contribution	(d)
51	Name, address, and ZIP + 4		Image: system state system Type of contribution 150. Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
52		\$10,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
53		\$6,	236. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
<u>54</u> 223452 11-15		\$10,	960. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	B (Form 990) (2022)			Page 2
Name of o	rganization		Emplo	yer identification number
SIERRA C	LUB		9,	4-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
55		\$10,	.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
56		\$10,	.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
57_		\$11,	,330.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
58_		\$5 <i>,</i>	200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
59		\$5 <i>,</i>	.225.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
60			,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990) (2022)	1	Page 2
Name of or	rganization	Empl	oyer identification number
SIERRA C	LUB		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		\$25,932.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
63	Name, address, and ZIP + 4	\$6,000.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$50,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 66</u> 223452 11-15		\$8,927	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 2
Name of or	rganization	E	mployer identification number
SIERRA C	LUB		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
67		\$5,15	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$5,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
69	Name, address, and ZIP + 4	\$5,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,66	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$5,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15		\$50,00	00. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	B (Form 990) (2022)			Page 2
Name of o	rganization		Emplo	yer identification number
SIERRA C	LUB		94	4-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
73		\$20,	,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
74		\$10,	,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
75		\$10,	,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
76		\$5 <i>,</i>	,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$70,	,005.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
78			,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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	3 (Form 990) (2022)	1	Page 2
Name of o	rganization	Emr	oloyer identification number
SIERRA C	LUB		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		\$55,476.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$58,295.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
81	Name, address, and ZIP + 4	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$14,441.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>84</u> 223452 11-15		\$19,425.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	B (Form 990) (2022)			Page 2
Name of o	rganization		Employe	er identification number
SIERRA C	LUB		94-	-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ıs	(d) Type of contribution
85_		\$38,		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ns	(d) Type of contribution
86		. \$16,		Person X Payroll Image: Complete Part II for monocash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ıs	(d) Type of contribution
87_		. \$ <u>74</u> ,		Person X Payroll Image: Complete Part II for moncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
88		. \$5,		Person X Payroll Image: Complete Part II for moncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ıs	(d) Type of contribution
89		\$10,		Person X Payroll Image: Complete Part II for the contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ıs	(d) Type of contribution
90			322. (Person X Payroll Noncash Complete Part II for noncash contributions.)

	B (Form 990) (2022)		Page
Name of or	rganization	E	mployer identification number
SIERRA C	LUB		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
91		\$97,54	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$36,18	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$8,50	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$17,47	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$112,22	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96	-22	\$22,01	.7. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	B (Form 990) (2022)	т	Page 2
Name of or	rganization	E	mployer identification number
SIERRA C	LUB		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
97		\$20,76	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$10,00	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99	, , , ,	\$11,52	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$87,51	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$141,68	3. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	3 (Form 990) (2022)	Page
Name of o	rganization	Employer identification number
SIERRA C	LUB	94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ 92,500. Person X \$ 92,500. Payroll I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ 16,981. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ 6,242. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ 20,000. \$ 20,000. (Complete Part II for noncash contributions.)

	B (Form 990) (2022)		Page	
Name of or	rganization	Employer identification number		
SIERRA CLUB			94-1153307	
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) Type of contribution	
109		\$1	0,000. Person X 0,000. Payroll Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contribution	
110		\$90	0,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d)	
111			Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) Type of contribution	
112		\$	5,400. Person X 5,400. Noncash Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contribution	
		\$32.	Person X Payroll Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) Type of contribution	
114		\$	5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)	

	3 (Form 990) (2022)		Page
Name of or	rganization	Employer identification number	
SIERRA CLUB			94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$20,0	00. Person X 00. Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
		\$275,0	00. Person X 00. Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$12,2	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$1,000,0	00. Person X 00. Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 5 Type of contribution
		\$15,0	00. Person X 00. Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120	-22	\$10,0	00. Person X 00. Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	B (Form 990) (2022)			Page 2
Name of o	rganization	Employ	yer identification number	
SIERRA CLUB			94	l-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$59,	,798 <u>.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$503,	<u>,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$12,	<u>,673.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$61,	<u>,538.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$379,	,362.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
			,563.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990) (2022)		Page 2
Name of o	rganization	Emp	loyer identification number
SIERRA C	LUB		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
		\$15,067.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$27,345.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
129	Name, address, and ZIP + 4	\$13,837.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$175,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131_		\$20,527.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>132</u> 223452 11-15		\$92,777.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page
Name of or	rganization		Employer identification number
SIERRA C	LUB		94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I is	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
		\$118	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
134		\$20	D,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributio	(d) ons Type of contribution
	Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
136		\$21	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
		\$2,000	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
		\$35	Person X Payroll Image: Complete Part II for noncash contributions.)

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	B (Form 990) (2022)		Page 2
Name of o	rganization	Empl	oyer identification number
SIERRA C	LUB		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
		\$16,771.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$147,019.	PersonXPayroll
(a) No.	(b)	(c) Total contributions	(d)
141	Name, address, and ZIP + 4	\$214,111.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142_		\$62,896.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143_		\$99,129.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>144</u> 223452 11-15		\$5,501.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page
Name of or	rganization		Employer identification number
SIERRA C	LUB		94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I is	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
145		\$18,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
146		\$10,	000. (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contribution	(d)
147	Name, address, and ZIP + 4		IS Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
148_		\$5,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
149_		\$5,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
	-22	\$31,	160. Person X Payroll Payroll Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 2
Name of or	rganization	Er	nployer identification number
SIERRA C	LUB		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
		\$5,00	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$24,62	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$16,91	2. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$48,86	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 156</u> 223452 11-15		\$10,30	2. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	3 (Form 990) (2022)			Page 2
Name of or	rganization		Emplo	yer identification number
SIERRA C	LUB		9,	4-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
157		\$2	<u>35,501.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
		\$3	34,718.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contribu	47,382.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
160		\$2'	78,830.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
161		\$	7,164.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
	-22	\$	36,010.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page
Name of or	rganization		Employer identification number
SIERRA C	LUB		94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) tions Type of contribution
163		\$	5,000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) tions Type of contribution
164_		\$6	i3,508. Person X Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contribut	tions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) tions Type of contribution
166		\$58	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	tions Type of contribution
167		\$14	16,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) tions Type of contribution
168_		\$7	Person X Payroll O Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		-	Page 2
Name of or	rganization		Employer identification	number
SIERRA C	LUB		94-1153307	
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of conti	ribution
169		\$	6,406. (Complete Part I noncash contrib	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of contr	ribution
		\$5	1,291. (Complete Part I noncash contrib	
(a) No.	(b)	(c) Total contribut	(d)	
	Name, address, and ZIP + 4		tions Type of contr 4,236. Person Payroll Noncash (Complete Part I noncash contrib	X I for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of conti	ribution
172		\$18	4,270. (Complete Part I noncash contrib	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of conti	ribution
		\$3	0,000. (Complete Part I noncash contrib	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of conti	ribution
174	-22	\$1	0,464. Complete Part I Noncash (Complete Part I noncash contrib Schedule B (Form	outions.)

	3 (Form 990) (2022)		Page
Name of or	rganization		Employer identification number
SIERRA C	LUB		94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I is	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
175		\$32,	246. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$19,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contribution	Image: system system Type of contribution 000. Person X Payroll Noncash Image: system (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
178_		\$10,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$5,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$14,	500. Person X 500. Payroll Image: Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page
Name of or	rganization		Employer identification number
SIERRA C	LUB		94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
181_		\$10	,000. Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$5	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
			,000. Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
184_		\$5	,150. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$50,	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
186		\$5,	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2022)		Page 2
Name of o	rganization	E	nployer identification number
SIERRA C	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
		\$5,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$8,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$50,00	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 190 </u>		\$10,00	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
191_		\$7,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>192</u> 223452 11-15		\$5,36	6. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page 2
Name of o	rganization	Emp	loyer identification number
SIERRA C	LUB		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
		\$87,873.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
195	Name, address, and ZIP + 4	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	-22	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	3 (Form 990) (2022)			Page 2
Name of or	rganization		Emplo	yer identification number
SIERRA C	LUB		9,	4-1153307
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 contribu	tions	(d) Type of contribution
199		\$	5,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
200		\$	6,800.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
<u> </u>	Name, address, and ZIP + 4	Total contribut	5,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
202		\$	6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
203		\$ 1	LO,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
204		\$1	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	3 (Form 990) (2022)			Page 2
Name of or	rganization		Emplo	yer identification number
SIERRA C	LUB		9.	4-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I is	f additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
205		\$	5,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
206		\$	7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
<u> </u>	Name, address, and ZIP + 4	Total contribu	50,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
208		\$	L1,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
209		\$	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
		\$	15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990) (2022)			Page 2
Name of or	rganization		Employer identification n	umber
SIERRA C	LUB		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 contributi	(d) ons Type of contrib	oution
		\$10	D,000. (Complete Part II from contribut)	or
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contrib	oution
		\$5	5,000. Person X 6,000. Noncash I (Complete Part II from noncash contribut	or
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributi	ons Type of contrib	oution
		\$6	5,200. (Complete Part II fr noncash contribut	or
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contrib	oution
		\$5	5,600. Person X 600. Noncash Complete Part II for noncash contribut	or
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contrib	oution
215		\$70	D,000. (Complete Part II from contribut)	or
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contrib	oution
216		\$	Person X Payroll Payroll Noncash C (Complete Part II front for noncash contribut)	or

	3 (Form 990) (2022)		Page 2
Name of or	rganization	E	mployer identification number
SIERRA C	LUB		94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$12,48	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
219		\$5,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
220		\$6,50	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$12,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
222		\$7,00	10. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Name of or	rganization		Employer identification number
SIERRA C	LUB		94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$9,1	.03. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$5,4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$5,1	.20. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$20,0	D00. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$8,5	540. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
228	· · ·		Person X Payroll Image: Complete Part II for noncash contributions.)

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Name of or	rganization		Employ	er identification number
SIERRA C	LUB		94	-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution
229		\$		PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution
		\$		Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
<u>No.</u> 231	Name, address, and ZIP + 4	Total contribu	5,000.	Type of contribution Person X Payroll Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2">Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution
		\$		PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution
		\$		Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribution
234		\$		Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (202

	B (Form 990) (2022)		Page 2
Name of or	rganization	E	mployer identification number
SIERRA C	LUB		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		\$5,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
236		\$6,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
237		\$6,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
238		\$5,00	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
239_		\$5,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
240		\$5,00	0. Person X Payroll Image: Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page
Name of or	rganization		Employer identification number
SIERRA C	LUB		94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I in	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) Type of contribution
241		\$1	0,100. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contribution
242		\$	6,500. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d)
243			Type of contribution 0,108. Person X 0,000 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contribution
244_		\$	5,000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contribution
245		\$	7,000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contribution
246		\$	7,500. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022

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Name of o	rganization	En	ployer identification number
SIERRA C	LUB		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
247_		\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
248_		\$5,250	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
249		\$6,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$105	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
252		\$30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of or	rganization		Emplo	yer identification number
SIERRA C	LUB		9,	4-1153307
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 contribution	ons	(d) Type of contribution
		\$5	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ons	(d) Type of contribution
254_		\$5	5,169.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio		(d) Type of contribution
255			5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ons	(d) Type of contribution
256		\$5	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
257_		\$5	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
258		\$5	5,160.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Name of or	rganization		Employer identification number
SIERRA C	LUB		94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
259_		\$10	,030. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
260		\$25	, 678 . , 000 . , 0
(a) No.	(b)	(c) Total contributio	(d)
261	Name, address, and ZIP + 4		ns Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
262		\$5	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
263		\$12	,750. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
264		\$750	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page
Name of or	rganization		Employer identification number
SIERRA C	LUB		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 contribut	(d) tions Type of contribution
265		\$2	25,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) tions Type of contribution
266		\$	5,000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	\$1	tions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) tions Type of contribution
268		\$9	Person X Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) tions Type of contribution
269		\$3	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) Type of contribution
270		\$	6,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of or	rganization	En	nployer identification number
SIERRA C	LUB		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
		\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,000	Person X Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$25,000	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
275_		\$15,000	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
276		\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page
Name of or	rganization		Employer identification number
SIERRA C	LUB		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 contribut	(d) ions Type of contribution
		\$2	0,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of contribution
278		\$	5,000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u> 279	Name, address, and ZIP + 4	Total contribut	ions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of contribution
		\$	5,000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of contribution
		\$	5,000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of contribution
		\$1	0,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022

	3 (Form 990) (2022)		Page
Name of or	rganization		Employer identification number
SIERRA C	LUB		94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contribution
283		\$	5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contribution
284_		\$	5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u> 285	Name, address, and ZIP + 4	Total contributi	Type of contribution 5,120. Person X Payroll D Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contribution
286_		\$	5,000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contribution
287_		\$94,05	0,500. Person X 0(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contribution
	-22	\$1	0,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022

	B (Form 990) (2022)	1	Page 2
Name of o	rganization	Emj	ployer identification number
SIERRA C	CLUB		94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289		\$72,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$150,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
293_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
294		\$5,000.	Person X Payroll

	3 (Form 990) (2022)		Page
Name of or	rganization		Employer identification number
SIERRA C	LUB		94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
295		\$6	Ferson X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
296		\$5	i,000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributio	Type of contribution 7,300. 7,300. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
298		\$6	Ferson X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
		\$112	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
300		\$7	7,600. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	B (Form 990) (2022)	1	Page 2
Name of o	rganization	Emp	loyer identification number
SIERRA C	LUB		94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
302		\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
303		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
304		\$12,360.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
305		\$16,570.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
306		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2022)		Page 2
Name of or	rganization		Employer identification number
SIERRA C	LUB		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 contribution	(d) s Type of contribution
307		\$10,0	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
308		\$10,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
309			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
310		\$5,	900. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
311		\$6,	000. Person X Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
312		\$5,	000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 2
Name of or	rganization	Em	ployer identification number
SIERRA C	LUB		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
		\$6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u> <u>315</u>	Name, address, and ZIP + 4	Total contributions \$6,800	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
316		\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
318		\$9,000	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page
Name of or	rganization		Employer identification number
SIERRA C	LUB		94-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
319		\$2!	5,000. Person X Payroll Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
320		\$	5,500. Person X Noncash Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u> <u>321</u>	Name, address, and ZIP + 4	Total contributi	ons Type of contribution 8,000. Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
322		\$	5,014. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
323		\$	5,341. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
324		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022

	B (Form 990) (2022)			Page 2
Name of o	rganization		Emplo	yer identification number
SIERRA C	LUB		9	4-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	(d) Type of contribution
325		\$	9,528.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	(d) Type of contribution
326		\$\$	9,831.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	(d) Type of contribution
327		\$18	3,172.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	(d) Type of contribution
328		\$20	0,609.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	(d) Type of contribution
329		\$38	3,497.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	(d) Type of contribution
330			L,330.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

	B (Form 990) (2022)		Page 2
Name of o	rganization	Emplo	oyer identification number
SIERRA C	LUB	9	4-1153307
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$62,850.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
332		\$421,226.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
333		\$10,105.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
334_		\$60,273.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
335		\$101,685.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule I	B (Form 990) (2022)			Page 3
Name of o	rganization		Employ	ver identification number
SIERRA CLUB			94	-1153307
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is n	eeded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or est (See instruc		(d) Date received
305	10 GOLD COINS	. \$	16,570.	10/01/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or est (See instruc	timate)	(d) Date received
322	30 SH OF JOHNSON & JOHNSON	\$	5,014.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or est (See instruc		(d) Date received
323	37 SH OF TARGET CORP		5,341.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or est (See instruc		(d) Date received
324	419 SH OF GEORGE PUTNAM BALANCED FUND CLASS A	\$	8,284.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or est (See instruc		(d) Date received
325	27 SH OF DOMINO'S PIZZA INC	\$	9,528.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or est (See instruc		(d) Date received
326	115 SH OF SCHWAB 1000 INDEX	. \$	9,831.	12/31/22

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	B (Form 990) (2022)			Page 3
Name of o	rganization		Employ	er identification number
SIERRA C	LUB		94	-1153307
Part II	Noncash Property (see instructions). Use duplicate copies of Part	I if additional space is neede	ed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
327	867 SH OF FIDELITY PURITAN			
		\$18	3,172.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
328	145 SH OF AMAZON.COM INC.	—		
		\$20) <u>,609.</u>	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
329	227 SH OF APPLE INC.			
		\$38	8,497.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
330	224 SH OF TEXAS INSTRUMENTS	—		
		\$41	. <u>,330.</u>	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
331	144 SH OF DEERE & CO	—		
		\$62	2,850.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
332	SEE STATEMENT 1	-		
		\$418	8,976.	12/31/22

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	B (Form 990) (2022)			Page
Name of o	rganization		Employ	er identification number
SIERRA C	CLUB		94	-1153307
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is neede	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
333	630 SH OF FORD MOTOR CO.			
		\$10	,105.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
334	57 SH OF THERMO FISHER SCIENTIFIC			
		\$30	,273.	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
335	345 SH OF TESLA			
		\$101	<u>,685.</u>	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
223453 11-15	5-22			Schedule B (Form 990) (2022

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ame of or	ganization		Employer identification numbe				
ERRA CI	LUB		94-1153307				
Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea try. For organizations less for the year. (Enter this info. once.)				
a) No.	Use duplicate copies of Part III if additional	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of git					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(a) Transfer of all					
	(e) Transfer of gift						
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		[
-	Transferee's name, address, a 	nd ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u>aiti</u>		 					
-	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
3454 11-15-			Schedule B (Form 990) (20				

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SCH B PG 3	STATEMENT 1

69 SH OF ASML HOLDING NV, 514 SH OF MICROSOFT CORP., 108 SH OF NVIDIA CORP., 298 SH OF SIGNET JEWELERS LTD, 85 SH OF SYNOPSYS INC., 717 SH OF TATA MOTORS LTD, 125 SH OF TESLA, 58 SH OF DYCOM INDUSTRIES INC., 108 SH OF BYD CO. LTD, 377 SH OF CADENCE DESIGN SYS., 169 SH OF ADVANCED MICRODEVICES INC., 700 SH OF UNITED MICROELECTRONICS CORP

	_ U			
Department of the Treasury	Complete if the organization is described below. Attach to Form 990 or Form 99	0-EZ.	Open to	o Public
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection		
If the organization ans	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Camp	aign Activi	ties), then	
 Section 501(c)(3) or 	anizations: Complete Parts I-A and B. Do not complete Part I-C.			
 Section 501(c) (other 	r than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Par	t I-B.		
-	ations: Complete Part I-A only.			
If the organization ans	vered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Act	vities), the	n	
	anizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do r	•		
	anizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B		-	
-	wered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form	1 990-EZ, P	art V, line 3	35c (Proxy
Tax) (See separate inst				
	, or (6) organizations: Complete Part III.			
Name of organization				on number
Part I-A Compl	SIERRA CLUB ete if the organization is exempt under section 501(c) or is a section 52		94-115330	1
		.r organi	2011011.	
	on of the organization's direct and indirect political campaign activities in Part IV.	•	1	E00 220
	activity expenditures			<u>,580,539.</u> 7,509.
3 Volunteer nours for	political campaign activities			7,309.
Part I-B Compl	ete if the organization is exempt under section 501(c)(3).			
1 Enter the amount of	f any excise tax incurred by the organization under section 4955	\$		
2 Enter the amount of	f any excise tax incurred by organization managers under section 4955	\$		
3 If the organization i	ncurred a section 4955 tax, did it file Form 4720 for this year?		Yes	No
4a Was a correction m	ade?		Yes	No No
b If "Yes," describe in				
•	ete if the organization is exempt under section 501(c), except section {			
1 Enter the amount of	irectly expended by the filing organization for section 527 exempt function activities	\$		٥.
	f the filing organization's funds contributed to other organizations for section 527			
exempt function ac	tivities	\$		281,859.
	on expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,			
				281,859.
	zation file Form 1120-POL for this year?		X Yes	No
	ddresses and employer identification number (EIN) of all section 527 political organizations to			
	or each organization listed, enter the amount paid from the filing organization's funds. Also er			
	red that were promptly and directly delivered to a separate political organization, such as a sumittee (PAC). If additional space is needed, provide information in Part IV.	sparate seg	regated fun	uora
pontical action CON	π π π π σ π σ σ π σ			

Political Campaign and Lobbying Activities

(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
NORTH STAR CHAPTER SIERRA CLUH	3			
POLI	SAINT PAUL, MN 55107	02-0566571	28,925.	0.
SIERRA CLUB INDEPENDENT ACTION	OAKLAND, CA 94612	27-2585981	247,934.	0.
FRIENDS OF DAVANTE LEWIS	BATON ROUGE, LA 70802	85-2097468	5,000.	0.

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

Schedule C (Form 990) 2022

OMB No. 1545-0047

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SCHEDULE C

(Form 990)

	SIERRA CLUB				153307	Page 2
Part II-A Complete if the org	anization is e	cempt under sectio	on 501(c)(3) and file	d Form 5768 (el	ection und	er
section 501(h)).						
A Check if the filing organiza	tion belongs to an	affiliated group (and list	in Part IV each affiliated g	group member's nam	ie, address, El	IN,
expenses, and sha	•	• • •				
B Check if the filing organization	tion checked box	A and "limited control" p	rovisions apply.			
Limi	ts on Lobbying Ex	penditures		(a) Filing organization's	(b) Affiliate total	
(The term "expend	ditures" means an	nounts paid or incurred	l.)	totals	lotai	5
1a Total lobbying expenditures to influ	• •					
b Total lobbying expenditures to influ	-	• • • •				
c Total lobbying expenditures (add li						
d Other exempt purpose expenditure		1 1 1				
e Total exempt purpose expenditure		· ·····	th columna			
f Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) of Not over \$500,000	• •	lobbying nontaxable ar				
Over \$500,000 but not over \$1,000		0,000 plus 15% of the ex				
Over \$1,000,000 but not over \$1,000		5,000 plus 10% of the ex				
Over \$1,500,000 but not over \$1,5		5,000 plus 5% of the exc				
Over \$17,000,000		00,000.				
	φ1,0	00,000.				
g Grassroots nontaxable amount (en	ter 25% of line 1f)					
h Subtract line 1g from line 1a. If zer	,					
i Subtract line 1f from line 1c. If zero	-					
j If there is an amount other than ze	•		-			
reporting section 4911 tax for this	0				Yes	No
		Averaging Period Unde				
(Some organizations t	hat made a sectio		t have to complete all of	f the five columns b	elow.	
	Lobbying Ex	penditures During 4-Ye	ear Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) To	otal
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) 2022

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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 e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.			No	Amo		
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:					
а	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
a	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion		
	501(c)(6).			Vaa	Na	
_				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?			X	37	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X	
3 Dar	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	e prior year?	$\frac{3}{100000000000000000000000000000000000$	tion	Х	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (b) Part I		3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al				
а	Current year		2a			
	Carryover from last year					
c	Total					
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
			4			
5	Taxable amount of lobbying and political expenditures. See instructions					
Par			•			
Prov	de 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	A, lines 1 a	nd 2 (See		
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					
PART	I-A, LINE 1:					
SIEF	RA CLUB PROVIDES ADMINISTRATIVE AND FUNDRAISING SUPPORT TO ITS					
SEPA	RATE SEGREGATED FUNDS (SIERRA CLUB POLITICAL COMMITTEE AND SIERRA					
CLUE	VOTER EDUCATION FUND AND STATE POLITICAL ORGANIZATIONS) AND					
	UNICATES WITH ITS MEMBERS AND OTHERS ABOUT CANDIDATES, INCLUDING					
EXPF	ESSLY ADVOCATING FOR THEIR ELECTION OR DEFEAT. AS PERMITTED UNDER					

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FEDERAL AND STATE LAW.

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

NORTH STAR CHAPTER SIERRA CLUB POLITICAL COMMITTEE

153 WINIFRED STREET W SAINT PAUL, MN 55107

SIERRA CLUB INDEPENDENT ACTION

2101 WEBSTER STREET, SUITE 1300 OAKLAND, CA 94612

FRIENDS OF DAVANTE LEWIS

1004 S. 10TH STREET BATON ROUGE, LA 70802

Schedule C (Form 990) 2022

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79 2022.05000 SIERRA CLUB

SCHEDULE [

Department of the Treasury

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.



Internal Revenue Service Name of the organization

Employer identification number

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94	- T T	5330)/

	SIERRA CLUB			94-1153307
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Sin	nilar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held	in donor advised func	ls
	are the organization's property, subject to the organization's	exclusive legal control?		Yes 📃 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gran	t funds can be used o	nly
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	other purpose conferri	ing
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes"	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a histo	prically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contributi	on in the form of a cor	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not	on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ter	minated by the organiz	zation during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	enforcing conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfo	rcing conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(B)	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's fi	nancial statements that	at describes the
Der	organization's accounting for conservation easements. t III Organizations Maintaining Collections of		and an Other C	incley Accete
Par		•	sures, or Other 5	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pub			ice of public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
-				
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2022
232051	09-01-22	0.0		
		80		

2022.05000 SIERRA CLUB

Sche	dule D (Form 990) 2022 SIERRA CLUE							94-115		P	age 2
Par	t III Organizations Maintaining C	ollections of Art	:, Historica	l Trea	asures, or Ot	her S	imilar	Assets	(contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any o	f the fo	ollowing that mak	e signi	ificant u	se of its	-		
	collection items (check all that apply):										
а	X Public exhibition	d	Loan d	or exch	ange program						
b	Scholarly research	е	Other								
с	X Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	how they furt	ther the	e organization's e	exempt	purpos	e in Part I	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization	n's coll	ection?				Yes	X	No
Par	t IV Escrow and Custodial Arrang							Part IV, I	ine 9, or		
	reported an amount on Form 990, Par		_								
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contrib	outions	or other assets r	not incl	uded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo					ability?			Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes"	on For	m 990, Part IV, li	ne 10.					
		(a) Current year	(b) Prior ye	ear	(c) Two years bac	ck (d)	Three ye	ears back	(e) Fou	years	back
1a	Beginning of year balance	43,098,600.	37,048,		33,479,50	0.	28,88	8,800.	31	039,	200.
b	Contributions	1,073,300.	1,348,	100.	1,107,30	0.	1,08	3,300.	1	016,	700.
с	Net investment earnings, gains, and losses	-4,838,400.	6,351,	800.	3,961,90	0.	4,25	57,400.	-1	748,	100.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	1,918,600.	1,650,	000.	1,500,00	0.	75	000.	1	419,	000.
f	Administrative expenses	inistrative expenses									
g	End of year balance	37,414,900.	43,098,	600.	37,048,70	0.	33,47	9,500.	28	888,	800.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, colu	mn (a))	held as:						
а	Board designated or quasi-endowment	.0000	_%								
b	Permanent endowment100	%									
с	Term endowment .0000	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are h	eld and	d administered fo	or the					
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.								
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 1	11a. Se	e Form 990, Par	t X, line	e 10.				
	Description of property	(a) Cost or ot	• •) Cost	or other 🛛 🕻 🕻		umulate	d	(d) Boo	k valu	е
		basis (investm	nent)	basis (depre	ciation				
1a	Land				2,700.						700.
b	Buildings				723,320.		696,8			,	422.
С	Leasehold improvements				448,880.		,905,6		4	543,	
d	Equipment			6,	992,400.	6	,511,9	971.		480,	429.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part λ	K. column (B),	line 10	.)					,	800.
							5	Schedule	D (Forn	n 990)	2022

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SIERRA CLUB

Page 3

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or end-of-year market value PARTNERSHIP INVESTMENTS 13,987,200. END-OF-YEAR MARKET VALUE (A) PRIVATE EQUITY 557,200. END-OF-YEAR MARKET VALUE (B) (C) (D) (E) (F) (G) (H) 14,544,400. Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 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) ADVANCES AND DEPOSITS	242,664.
(2) RIGHT-OF-USE ASSETS	14,483,700.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	14,726,364.
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	20,554,000.
(3)	PENSION LIABILITY	6,143,000.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	26,697,000.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 SIERRA CLUB			94-11	L53307 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statement	s With	Revenue per Re [.]	turn.	3
	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	167,641,600.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-13,393,000.		
b	Donated services and use of facilities	2b	501,300.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	12,992,393.		
е	Add lines 2a through 2d			2e	100,693.
3	Subtract line 2e from line 1			3	167,540,907.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	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	167,540,907.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	its With	Expenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	173,384,700.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	501,300.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	3,463,332.		
е	Add lines 2a through 2d			2e	3,964,632.
3	Subtract line 2e from line 1			3	169,420,068.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	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	169,420,068.
Pai	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additic			; Part X,	line 2; Part XI,
PART	III, LINE 1A:				
THE	CLUB DOES NOT CAPITALIZE DONATED PAINTINGS, PHOTOGRAPHS, AND RA	RE			

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

232054 09-01-22

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

\$59,200 AND \$35,000, RESPECTIVELY, FOR THE YEARS ENDED DECEMBER 31, 2022

AND 2021.

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 11,536,500. SEGREGATED FUND ELIMINATIONS 810,388. RECLASS COST OF GOODS SOLD TO REVENUE 583,260. Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022 SIERRA CLUB Part XIII Supplemental Information (continued)		94-1153307	Page
RECLASS FUNDRAISING EXPENSES TO REVENUE	62,245.		
FOTAL TO SCHEDULE D, PART XI, LINE 2D	12,992,393.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
RECLASS FUNDRAISING REIMBURSEMENTS FROM FOUNDATION	11,536,500.		
SEGREGATED FUND ELIMINATIONS	1,187,427.		
RECLASS COST OF GOODS SOLD TO REVENUE	583,260.		
CHANGE IN VALUE OF PENSION PLAN	-9,906,100.		
RECLASS FUNDRAISING EXPENSES TO REVENUE	62,245.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,463,332.		
		Schedule D (Form	

Schedule D (Form 990) 2022

232055 09-01-22

12271113 758661 81035

232071 10-17		
12271113	758661	81035

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Name of the organization

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

SIERRA CLUB

 Part I
 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

 1
 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

-					
3	Activities per Region.	(The following Part I.	, line 3 table can be du	iplicated if additional s	pace is needed.)

<u> </u>	Activities per riegion. (n	ic following r art		in be duplicated if additional space is fi		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices	agents, and independent contractors	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
		in the region	independent	gram services, investments, grants to	describe specific type	investments
			in the region	recipients located in the region)	of service(s) in the region	in the region
			Ŭ,			
3 a	Subtotal	0	0			٥.
	Total from continuation					
	sheets to Part I	0	0			0.
с	Totals (add lines 3a					
	and 3b)	0	0			0.

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

Schedule F (Form 990) 2022

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No

Employer identification number

94-1153307

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN	SUPPORT OMAR ELMAWI TO TRAVEL FROM NAIROBI, KENYA TO					
		AFRICA	SHARM AL SHEIK, EGYPT	6,500.	WIRE TRANSFER	0.		
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	I recognized as charities by the f or counsel has provided a sect	ion 501(c)(3) equ	vivalency letter	······ • -		1

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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Page 2

Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

88

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Schedule F (Form 990) 2022

94-1153307

Schee	dule F (Form 990) 2022 SIERRA CLUB	94-1153307	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (For	m 990) 2022	SIERRA	CLUB
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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT OMAR ELMAWI TO TRAVEL FROM NAIROBI, KENYA

TO SHARM AL SHEIK, EGYPT TO ATTEND 2022 UN CLIMATE CHANGE CONFERENCE (COP

27).

232075 10-17-22

12271113 758661 81035

			_					
SCHEDULE G		ntal Information Regarding						DMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, or if	the	2022
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information			Inspection
Name of the organization	SIERRA CLU	D					pioyer ide 4–115330	ntification number
Part I Fundrais								
	complete this par	Complete if the organization answer t.	ered * Y	es" or	1 Form 990, Part IV, I	Ine 17. Fo	rm 990-EZ	Thers are not
1 Indicate whether th	e organization rais	ed funds through any of the followi	ng activ	vities. (Check all that apply.			
a 🔟 Mail solicitat	tions	e X Solicita	ation of	non-g	overnment grants			
	email solicitations			-	nment grants			
c X Phone solici		g X Specia	l fundra	aising	events			
d 🛛 In-person so								
•		or oral agreement with any individua		Ũ		tees, or		
		art VII) or entity in connection with p			•		X Yes	
	•	viduals or entities (fundraisers) pursu	uant to	agreer	ments under which the	ne fundrais	ser is to be	9
compensated at le	east \$5,000 by the	organization.						
			(iii)	Did		(v) Amo	unt paid	
(i) Name and addres		(ii) Activity	fùndi	raiser ustody	(iv) Gross receipts	to (or ret	ained by)	(vi) Amount paid to (or retained by)
or entity (fund	draiser)		or cor	ntrol of utions?	from activity		raiser n col. (i)	organization
MARKETEAM - 600 NO	ВШН РАВК		Yes	No			.,	
TOWN CENTER STE. 4		DIRECT MAIL	100	x	11,253,785.	2 3	08,824.	8,944,961.
SD&A TELESERVICES,					,	_,_	,	-,,
, 5757 W. CENTURY BL		TELEMARKETING		x	1,859,306.	2	92,831.	1,566,475.
TELEFUND, INC 2					, , .		/	
WASHINGTON ST., SU		TELEMARKETING		x	1,055,505.	1	.65,822.	889,683.
GORDON & SCHWENKME								
20300 S. VERMONT A	VE, SUITE	TELEMARKETING		x	264,447.	1	74,457.	89,990.
DIGITAL MEDIA SOLU	TIONS LLC -							
4800 140TH AVE. N.	SUITE 101,	DIGITAL FUNDRAISING		x	114,623.	3	33,171.	-218,548.
		1	_					
<u>Total</u>			<u></u>		14,547,666.	,	275,105.	11,272,561.
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is exem	pt from re	gistration
AL, AK, AZ, AR, CA, CO,	CT,FL,GA,HI,I	L, IN, KS, KY, LA, ME, MD, MA, MI, I	MN,MS	мо,м	T,NV,NH			
NJ, NM, NY, NC, ND, OH,	OK, OR, PA, PR, R	I,SC,TN,UT,VA,WA,WV,WI,DE,	ID,IA	, NE , S	D,TX,VT			

WY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

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.

Τ		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GUARDIANS OF	ANNUAL AWARD		(add col. (a) through
		NATURE BENEFIT	CEREMONY	11	col. (c)
		(event type)	(event type)	(total number)	coi. (c))
	Gross receipts	64,675.	49,290.	128,131.	242,096.
2	Less: Contributions	57,460.	10,044.	104,376.	171,880
3	Gross income (line 1 minus line 2)	7,215.	39,246.	23,755.	70,216.
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	2,626.	1,965.	14,035.	18,626
6 7	Food and beverages	4,796.	12,085.	11,907.	28,788
8	Entertainment	0.	500.	570.	1,070.
9	Other direct expenses	5,978.	280.	7,503.	13,761.
10	Direct expense summary. Add lines 4 throug	h 9 in column (d)			62,245.
111	Net income summary. Subtract line 10 from I	line 3. column (d)			7,971

\$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1 Gross revenue				
s	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
rect E>	4 Rent/facility costs				
Ö	5 Other direct expenses				
	6 Volunteer labor	└── Yes %	└── Yes %	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 th				
	8 Net gaming income summary. Subtract	line 7 from line 1, column (d)			
	Enter the state(s) in which the organization of a Is the organization licensed to conduct gam b If "No," explain:	ing activities in each of these	states?		Yes No
	a Were any of the organization's gaming licens b If "Yes," explain:			year?	Yes No

232082 10-27-22

Sch	edule G (Form 990) 2022	SIERRA CLUB	94-1153	307	F	age 3
11 12	Is the organization a grantor, bene	ming activities with nonmembers? ficiary or trustee of a trust, or a member of a partnership or other entity formed		_ Yes	_	No
13	to administer charitable gaming? Indicate the percentage of gaming	activity conducted in:	L	_ Yes	s [_	_ No
а	The organization's facility	· · · · · · · · · · · · · · · · · · ·	1:	Ba		%
				Bb		%
14	Enter the name and address of the Name	e person who prepares the organization's gaming/special events books and records:				
	Address					
15a	Does the organization have a cont	ract with a third party from whom the organization receives gaming revenue?	C	Ye	s [No
h	If "Ves." enter the amount of gami	ng revenue received by the organization \$ and the amou	nt			
	of gaming revenue retained by the					
с	If "Yes," enter name and address					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employee Independent contractor				
17	Mandatory distributions:					
а	Is the organization required under	state law to make charitable distributions from the gaming proceeds to	_	_	_	_
				Ye		No
b		required under state law to be distributed to other exempt organizations or spent in the	ne			
Pa		es during the tax year \$ mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar applicable. Also provide any additional information. See instructions.	nd Part III,	lines (9, 9b,	10b,
SCH	EDULE G, PART I, LINE 2B,	LIST OF TEN HIGHEST PAID FUNDRAISERS:				
(I)	NAME OF FUNDRAISER: MARKE	TEAM				
(I)	ADDRESS OF FUNDRAISER:					
600	NORTH PARK TOWN CENTER ST	E. 400, 1200 ABERNATHY RD., N.E., ATLANTA, GA				
(I)	NAME OF FUNDRAISER: SD&A	TELESERVICES, INC.				
	ADDRESS OF FUNDRAISER:					
	7 W. CENTURY BLVD., SUITE				_	
23208	3 10-27-22	93 93	chedule	G (For	m 990) 2022

93 2022.05000 SIERRA CLUB SIERRA CLUB

(I) NAME OF FUNDRAISER: TELEFUND, INC.

(I) ADDRESS OF FUNDRAISER: 294 WASHINGTON ST., SUITE 501, BOSTON, MA 02108

(I) NAME OF FUNDRAISER: GORDON & SCHWENKMEYER, INC.

(I) ADDRESS OF FUNDRAISER:

20300 S. VERMONT AVE, SUITE 210, TORRANCE, CA 90502

(I) NAME OF FUNDRAISER: DIGITAL MEDIA SOLUTIONS LLC

(I) ADDRESS OF FUNDRAISER:

4800 140TH AVE. N. SUITE 101, CLEARWATER, FL 33762

Schedule G (Form 990)

232084 04-01-22

94 2022.05000 SIERRA CLUB

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organizatio	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to your ire	Attach to Form a.gov/Form990 for		ation		Open to Public Inspection
Name of the organization	SIERRA CLUB		GO LO WWW.II'S		the latest morna			Employer identification number 94-1153307
Part I General Inform	nation on Grants a	nd Assistance						
criteria used to award	the grants or assis	tance?	amount of the grants			v		on X Yes No
	her Assistance to I	Domestic Organiz	oring the use of grant zations and Domestic be duplicated if additi	Governments. C	complete if the orga	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and addres or governr		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ASPEN INSTITUTE, INC 2300 N. STREET N.W. WASHINGTON, DC 20037	STE. 700	84-0399006	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
THE DESCENDANTS PROJ 5593 HIGHWAY 18 VACHERIE, LA 70090	ECT	85-3094098	501(C)(3)	5,750.	0.			ENVIRONMENTAL SUPPORT
COMMUNITY INITIATIVE 1000 BROADWAY, SUITE OAKLAND, CA 94607		94-3255070	501(C)(3)	11,000.	0.			ENVIRONMENTAL SUPPORT
RISE TO THRIVE 5732 45TH AVE HYATTSVILLE, MD 2078	1	88-2460925		225,000.	0.			ENVIRONMENTAL SUPPORT
HEALTHY GULF PO BOX 2245, NEW ORLEANS, LA 7017	6	72-1447742	501(C)(3)	37,000.	0.			ENVIRONMENTAL SUPPORT
BLACK TO THE LAND CO 15454 CURSE ST DETROIT, MI 48227	ALITION	85-1248993	501(C)(3)	30,000.	0.			ENVIRONMENTAL SUPPORT
			ganizations listed in the	e line 1 table				45.
3 Enter total number of LHA For Paperwork Rec								5. Schedule I (Form 990) 2022

Schedule I (Form 990) SIERRA CLUB

94-1153307 Page 1

Part II Continuation of Grants and Other A							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMBIO PR INC.							
PO BOX 260025							
SAN JUAN, PR 00926	66-0841866	501(C)(3)	30,000.	0.			ENVIRONMENTAL SUPPORT
MICAH 6:8 MISSION							
624 W. VERDINE							
SULPHUR, LA 70663	85-3549698	501(C)(3)	29,500.	0.			ENVIRONMENTAL SUPPORT
SOCIAL & ENVIRONMENTAL							
ENTREPRENEURS - 23523 CALABASAS RD							
STE. A - CALABASAS, CA 91302	95-4116679	501(C)(3)	21,500.	0.			ENVIRONMENTAL SUPPORT
EARTH ISLAND INSTITUTE							
2150 ALLSTON WAY, STE. 460							
BERKELEY, CA 94704	94-2889684	501(C)(3)	21,000.	0.			ENVIRONMENTAL SUPPORT
FLORIDA RISING TOGETHER							
200 E. ROBINSON ST							
ORLANDO, FL 32801	45-3956785	501(C)(3)	20,000.	0.			ENVIRONMENTAL SUPPORT
LAWYER'S COMMITTEE FOR CIVIL							
RIGHTS UNDER LAW - 1500 K ST NW,							
SUITE 900 - WASHINGTON, DC 20005	52-0799246	501(C)(3)	20,000.	0.			ENVIRONMENTAL SUPPORT
RAINFOREST ACTION NETWORK							
425 BUSH ST, #300							
SAN FRANCISCO, CA 94108	94-3045180	501(C)(3)	20,000.	0.			ENVIRONMENTAL SUPPORT
TEXAS CAMPAIGN FOR THE ENVIRONMENT							
FUND - 3903 SOUTH CONGRESS AVE -							
AUSTIN, TX 78704	74-2808805	501(C)(3)	20,000.	0.			ENVIRONMENTAL SUPPORT
	.1 200000			.			
ALASKA WILDERNESS LEAGUE							
122 C ST NW, SUITE 240							
WASHINGTON, DC 20001	52-1814742	501(C)(3)	15,000.	Ο.			ENVIRONMENTAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	94-1153307 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREATH IS LYFE							
204 KELLY LN							
DESOTO, TX 75115	81-4898688	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
CARRIZO COMECRUDO TRIBE OF TEXAS							
1250 ROEMER LN, UNIT C							
FLORESVILLE, TX 78114	75-2830923	501(C)(3)	17,500.	0.			ENVIRONMENTAL SUPPORT
,,				- •			
COMING CLEAN							
28 VERNON ST, STE. 434							
BRATTLEBORO, VT 05301	04-3429794	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
GUARDIAN REVIVAL							
PO BOX 607							
STORMVILLE, NY 12582	84-3585765	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
SE'SI'LE							
PO BOX 28850	05 2254005	E01(0)(2)	15 000	0.			
BELLINGHAM, WA 98228	85-3254085	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
CHILDREN OF THE SETTING SUN							
PRODUCTIONS - 1111 W. HOLLY ST,							
SUITE B - BELLINGHAM, WA 98225	47-5005550	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
EASTIE FARMS							
213 WEBSTER ST, UNIT 2							
EAST BOSTON, MA 02128	47-5540982	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
ECO.LOGIC							
1005 FOX CHASE LN, ST.							
CHARLES, IL 60174	84-4557693	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
LOUISIANA BUCKET BRIGADE							
3416 B CANAL ST							
NEW ORLEANS, LA 70119	72-1488935	501(0)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
NEW ORDEANS, DA /UIIS	/2-1400935		1 10,000.	υ.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990) SIERRA CLUB

94-1153307 Page 1

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.)	94-1155507 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTDOOR AFRO							
2323 BROADWAY							
OAKLAND, CA 94612	47-3094045	501(C)(4)	10,000.	0.			ENVIRONMENTAL SUPPORT
PORT ARTHUR COMMUNITY ACTION NETWORK - PO BOX 1033 - PORT	02 2004025	E01(0)(2)	10.000				
ARTHUR, TX 77641	83-2604825	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
RENEWABLE ENERGY WILDLIFE INSTITUTE – 700 12TH ST NW STE. 700 – WASHINGTON, DC 20005	26-1587829	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
UNIVERSITY OF UTAH							
201 S. PRESIDENT'S CIRCLE, ROOM 210							
SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
BRIDGING THE GAP IN VIRGINIA							
2507 5TH AVE							
RICHMOND, VA 23222	90-0453604	501(C)(3)	9,500.	0.			ENVIRONMENTAL SUPPORT
CONCERNED CITIZENS OF CHARLES CITY COUNTY - PO BOX 177 - PROVIDENCE							
FORGE, VA 23140	85-2779200	501(C)(3)	9,500.	0.			ENVIRONMENTAL SUPPORT
NATURE FOR ALL							
201 W. GARVEY, STE. 102-503	02 1965959	501(0)(2)	0 = 0.0	_			
MONTEREY PARK, CA 91754	83-1265253		8,500.	0.			ENVIRONMENTAL SUPPORT
WEST END CIVIC ASSOCIATION							
PO BOX 370115							
WEST HARTFORD, CT 06137	23-7426505	501(C)(3)	8,250.	٥.			ENVIRONMENTAL SUPPORT
J. GORDON COMMUNITY DEVELOPMENT							
CORP 2726 FOREST AVE - KANSAS	40.1500000	F01(0)(2)		_			
CITY, MO 64109	42-1590883	DUT(C)(3)	8,000.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990) SIERRA CLUB 94-1153307 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCCIDENTAL ARTS & ECOLOGY CENTER 15290 COLEMAN VALLEY RD							
DCCIDENTAL, CA 95465	68-0359676	501(C)(3)	7,500.	0.			ENVIRONMENTAL SUPPORT
SOUL TRAK OUTDOORS 2628 SHERIDAN RD SE, 101 WASHINGTON, DC 20020	83-2506329	501(C)(3)	7,500.	0.			ENVIRONMENTAL SUPPORT
AUDUBON NATURALIST SOCIETY 8940 JONES MILL RD CHEVY CHASE, MD 20815	53-0233715	501(C)(3)	6,000.	0.			ENVIRONMENTAL SUPPORT
EARTHWORKS 1612 K ST NW, SUITE 904							
WASHINGTON, DC 20006	52-1557765	501(C)(3)	6,000.	0.			ENVIRONMENTAL SUPPORT
RMI 1901 HARRISON ST, #200							
OAKLAND, CA 94612	74-2244146	501(C)(3)	6,000.	0.			ENVIRONMENTAL SUPPORT
WE ACT FOR ENVIRONMENTAL JUSTICE 1854 AMSTERDAM AVE, 2ND FLOOR NEW YORK, NY 10031	13-3800068	501(C)(4)	6,000.	0.			ENVIRONMENTAL SUPPORT
EMERALD CITIES COLLABORATIVE 1140 CONNECTICUT AVENUE NW, SUITE S	9						
WASHINGTON, DC 20036	27-0920269	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
GREEN BUILDING UNITED 2401 WALNUT ST, STE 103							
PHILADELPHIA, PA 19103	33-1010961	501(C)(3)	21,000.	0.			ENVIRONMENTAL SUPPORT
IDAHO CONSERVATION LEAGUE 710 N 6TH S.							
BOISE, ID 83702	82-6042478	501(C)(3)	10,000.	٥.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990) SIERRA CLUB 94-1153307 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINO OUTDOORS FRESNO							
1000 BROADWAY STE 480							
DAKLAND, CA 94607	94-3255070	501(C)(3)	6,500.	0.			ENVIRONMENTAL SUPPORT
MINNESOTA COUNCIL OF CHURCHES							
122 W FRANKLIN AVE							
MINNEAPOLIS, MN 55404	41-0693871	501(C)(3)	8,010.	0.			ENVIRONMENTAL SUPPORT
NO ON MEASURE C							
504 VAN NESS AVE							
FRESNO, CA 93721	88-3799500	501(C)(4)	12,500.	0.			ENVIRONMENTAL SUPPORT
OPERATION BETTER BLOCK INC							
301 N. HOMEWOOD AVE							
PITTSBURGH, PA 15208	23-7157433	501(C)(3)	15,000.	Ο.			ENVIRONMENTAL SUPPORT
,,			,	- •			
PARADISE RIDGE DEFENSE COALITION							
PO BOX 8804							
MOSCOW, ID 83843	05-0561984	501(C)(3)	12,000.	0.			ENVIRONMENTAL SUPPORT
REBUILDING TOGETHER PITTSBURGH							
7800 SUSQUEHANNA ST							
PITTSBURGH, PA 15208	25-1696634	501(C)(3)	35,029.	Ο.			ENVIRONMENTAL SUPPORT
TAKE ACTION MN							
705 RAYMOND AVE, STE 100				_			
SAINT PAUL, MN 55114	41-1635130	501(C)(3)	7,500.	0.			ENVIRONMENTAL SUPPORT
VV ENVIRONMENTAL COUNCIL							
PO BOX 1007							
CHARLESTON, WV 25324-1007	55-0728622	501(C)(4)	18,000.	Ο.			ENVIRONMENTAL SUPPORT

232102 10-31-22

101

GRANTED LOCALLY IN THE FIELD. OUR GRANT AGREEMENTS REQUIRE THAT THE GRANTEE

EITHER PROVIDE DOCUMENTATION OF WORK AND RELATED GRANT EXPENSES OR AGREE TO

PROJECT MANAGERS WORK WITH FIELD STAFF TO MONITOR THE USE OF FUNDS THAT ARE

BE AUDITED.

art III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	-
(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.

Schedule I (Form 990) 2022

PART I, LINE 2:

94-1153307

Page 2

SCHEDULE J (Form 990)		Compensation Information	L	OMB No. 1545-0047				
		For certain Officers, Directors, Trustees, Key Employees, and Highest		2022				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZUZZ				
	tment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection				
	ne of the organization	Employer id	nployer identification number					
	C C	SIERRA CLUB	94-11	53307				
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate 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.						
	First-class or c	i i i i i i i i i i i i i i i i i i i						
	Travel for com							
		ation and gross-up payments						
	Discretionary s	spending account Personal services (such as maid, chauffer	ir, chef)					
h	If any of the bayes	on line to are checked, did the exception follow a written policy recording powerst or						
a		on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
-		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati						
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract							
	Independent c	ompensation consultant X Compensation survey or study						
	X Form 990 of of	ther organizations X Approval by the board or compensation of	ommittee					
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	-						
	Receive a severanc			X	v			
	Participate in or rec				X X			
С	Participate in or rec		<u>4c</u>					
	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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
-	contingent on the re							
а	-			5a		x		
		ation?				х		
		r 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the n	et earnings of:						
а	The organization?			6a		X		
b	Any related organiz	ation?		6b		X		
		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		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		-		v		
~			8		X			
9		id the organization also follow the rebuttable presumption procedure described in 153.4958-6(c)?		9				
	Regulations section		. <u>9</u> le J (Forr	n 0001	2022			
LNA		eduction Act Notice, see the Instructions for Form 990.	Schedu	ie o (ron		, 2022		

232111 10-18-22

94-1153307

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.

	(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) EVA HERNANDEZ-SIMMONS		325,222.	Ο.	0.	36,363.	23,985.	385,570.	0.
MANAGING DIRECTOR	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(2) KATRINA BERNARD	(i)	317,968.	Ο.	0.	14,247.	18,303.	350,518.	0.
DEP COUN, LABOR/EMPL (THRU 10/14/22)	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(3) ADRIENNE FRAZIER	(i)	284,357.	Ο.	0.	29,995.	3,244.	317,596.	0.
ASST TREASURER/CFO	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(4) HOP HOPKINS	(i)	257,166.	Ο.	0.	21,210.	25,620.	303,996.	0.
DIR OF ORGANIZATIONAL TRANSFORMATION	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(5) GARY REINECKE	(i)	258,574.	Ο.	0.	29,950.	12,550.	301,074.	0.
INTERIM CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	٥.	٥.	0.
(6) SALENA JEGEDE	(i)	289,207.	0.	0.	2,914.	2,592.	294,713.	0.
CHIEF ADVANCEMENT OFFICER		0.	0.	0.	0.	٥.	٥.	0.
(7) DEEPA ALLI		264,303.	0.	0.	8,086.	11,686.	284,075.	0.
CHIEF DIGITAL OFF (THRU 10/7/22)		0.	0.	0.	0.	٥.	٥.	0.
(8) JOANNE SPALDING	(i)	252,087.	0.	0.	6,828.	24,382.	283,297.	0.
LEGAL DIRECTOR, ELP	(ii)	0.	0.	0.	0.	0.	٥.	0.
(9) BYRON RAMOS-GUDIEL		262,995.	0.	0.	17,888.	2,314.	283,197.	0.
CHIEF PROGRAM OFFICER		0.	0.	0.	0.	0.	٥.	0.
(10) LINA FRANCIS		259,388.	0.	0.	8,841.	12,723.	280,952.	0.
CHIEF OF COMMUNICATIONS		0.	0.	0.	0.	0.	٥.	0.
(11) GABE GONZALES	(i)	242,568.	0.	0.	21,280.	3,174.	267,022.	0.
ACTING CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MICHAEL BOSSE	(i)	217,667.	0.	0.	25,921.	18,826.	262,414.	0.
NATIONAL PROG DIR (THRU 11/14/22)	(ii)	0.	0.	0.	0.	٥.	0.	0.
(13) HUN TAING	(i)	235,012.	0.	0.	11,860.	12,065.	258,937.	0.
DIR OF ORGANIZATIONAL EFFECTIVENESS	(ii)	0.	0.	0.	0.	٥.	٥.	0.
(14) ARI TRUJILLO-WESLER	(i)	228,186.	0.	0.	8,439.	20,708.	257,333.	0.
DIRECTOR GRASSROOTS POWERBUILDING		Ο.	Ο.	0.	0.	0.	0.	0.
(15) MICHELLE EPSTEIN		226,720.	Ο.	0.	6,849.	20,703.	254,272.	0.
DEP CHIEF ADV OFF, DIR RESP FUNDRAIS		0.	Ο.	0.	0.	0.	٥.	0.
DEP CHIEF ADV OFF, DIR RESP FUNDRAIS (16) ERICA MCKINLEY		190,164.	Ο.	0.	0.	13,670.	203,834.	0.
CHIEF LEGAL OFFICER		0.	0.	0.	0.	0.	0.	0.

94-1153307

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(17) JULIETTE HIRT		131,446.	0.	58,517.	10,630.	1,018.	201,611.	٥.
ACTING GENERAL COUN (THRU 6/30/22)		0.	0.	0.	0.	0.	0.	0.
(18) ANNE KENNEY	(i)	155,333.	0.	0.	12,959.	11,184.	179,476.	0.
DIR OF FIN ANLYS & BUDGET SYSTEMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) DAN CHU	(i)	86,435.	0.	0.	0.	4,484.	90,919.	0.
ACTING EXECUTIVE DIR (THRU 9/3/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

JULIETTE HIRT, ASSISTANT SECRETARY, RECEIVED A \$58,517 SEVERANCE PAYMENT.

SCHEDULE J, PART II:

SIERRA CLUB ENTERED INTO A RESOURCE SHARING AGREEMENT WITH SIERRA CLUB

FOUNDATION, AN UNRELATED ORGANIZATION, EFFECTIVE AUGUST 13, 2021.

ACCORDING TO THE AGREEMENT DAN CHU, ACTING EXECUTIVE DIRECTOR, SHARED

HIS TIME BETWEEN THE CLUB AND THE FOUNDATION. SIERRA CLUB REIMBURSED

THE FOUNDATION FOR ITS SHARE OF PERSONNEL COSTS AND OVERHEAD COSTS PAID

BY THE FOUNDATION ON A QUARTERLY OR MORE FREQUENT BASIS. DURING

CALENDAR YEAR 2022, \$90,919 OF DAN CHU'S COMPENSATION REPORTED ON PART

VII AND SCHEDULE J OF THIS FORM 990 WAS FOR SERVICES PERFORMED FOR

SIERRA CLUB.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

22

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

Employer identification number 94-1153307

20

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			•
		applicable	items contributed	Form 990, Part VIII, line 1g	TIONCASH CONTINUO	tion an	Iounta	2
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	Х	49	818,551.	FAIR MARKET VALU	Ξ		
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	X	1	16,570.	FAIR MARKET VALU	8		
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 organiz	-					•	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29		<u> </u>	0	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t		ntribution, and whi	ch isn't required to be used t	for			v
	exempt purposes for the entire holding period?					30a		X
	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			•	· · ·			x	
L.	contributions?					32a	Δ	
		olumo (o) fo	rotupo of propert	for which column (a) is the	lind			
33	If the organization didn't report an amount in co	Jumm (C) 10	a type of property	nor which column (a) is chec	ikeu,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

232141 09-09-22

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):

THIS COLUMN REFLECTS THE NUMBER OF DONATIONS.

SCHEDULE M, LINE 32B:

THE SIERRA CLUB MAY RETAIN QUALIFIED BROKERS FOR THE SALE OF PROPERTY

RECEIVED BY THE ORGANIZATION AS GIFTS.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ
Name of the organization	*	Employer identification number 94-1153307
		24-1122201
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE EARTH'S ECOSYS	TEMS & RESOURCES, EDUCATE & ENLIST HUMANITY TO	
PROTECT AND RESTOR	E THE QUALITY OF THE NATURAL & HUMAN ENVIRONMENT, USE	
ALL LAWFUL MEANS T	O CARRY OUT THESE OBJECTIVES.	
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
AT THE SIERRA CLUB	, WE BELIEVE IN THE POWER OF TOGETHERNESS. TOGETHER,	
WE REMAIN COMMITTE	D TO THE FIGHT FOR A HEALTHY CLIMATE BUILT ON A	
FOUNDATION OF ENVI	RONMENTAL, RACIAL, ECONOMIC, AND GENDER JUSTICE - A	
FUTURE WHERE ALL P	EOPLE BENEFIT FROM A HEALTHY, THRIVING PLANET AND A	
DIRECT CONNECTION	TO NATURE. AS THE CLIMATE CRISIS AND DEEPLY	
ENTRENCHED SYSTEMI	C RACISM ALL FUEL INEQUITY, WE WILL CONTINUE TO FIGHT	
FOR A BOLD, TRANSF	ORMATIONAL AGENDA THAT RECOGNIZES THE	
INTERCONNECTEDNESS	BETWEEN OUR PLANET, OUR HUMANITY, AND OUR DEMOCRACY.	
BY RECOGNIZING THA	T OUR DESTINIES ARE TIED, WE CONTINUE TO NAME THAT	
ALL THINGS ARE FUN	DAMENTALLY CONNECTED, AND THE OVERLAP BETWEEN	
ECOLOGY, RACE, GEN	DER, AND REPRESENTATIVE GOVERNMENT WILL MOVE TO	
EITHER ADVANCE OUR	COLLECTIVE HUMANITY OR TO OPPRESS IT.	
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
LIVING OUR VALUES:		
THE SIERRA CLUB IS	A 130-YEAR-OLD ORGANIZATION THAT HAS EVOLVED GREATLY	
OVER TIME; CURRENT	LY, WE'RE IN THE MIDST OF SIGNIFICANT ORGANIZATIONAL	
CHANGE. TO ACCOMPL	ISH OUR MISSION, WE STRIVE TO CENTER OUR VALUES AND	
BUILD POWER TOGETH	ER. OUR TRANSFORMATION IS GROUNDED IN THE BELIEF THAT	
THE ONLY WAY TO AC	HIEVE OUR VISION OF A HEALTHY ENVIRONMENT FOR ALL IS	
LHA For Paperwork Re 232211 10-28-22	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

Name of the organization SIERA CUOB SIERA SIGNICA SIGNIC	Schedule O (Form 990) 2022	Page 2
CLIMATE JUSTICE IS RACIAL JUSTICE. THIS YEAR WE LAUNCHED OUR CORE VALUES TO CREATE A SERVE OF SHARED FURPOSE, WE'RE FOLLOWING THROUGH ON RECOMMENDATIONS IN THE RESTORATIVE ACCOUNTABILITY PROCESS TO ENSURE THAT WE'RE A HEALTHY AND INCLUSIVE ORGANIZATION, AND OUR VISIORARY 2030 STRATEGIC FRAMEWORK LAYS OUT OUR PLAN TO ADDRESS THE CLIMATE AND EXTINCTION CRISES. WE ARE IN A DEFINING ERA FOR OUR PLANET AND THE SIEREA CLUB IS READY TO SEIZE THE MOMENT. WE WILL CONTINUE TO RAMF UP LOBEVING EFFORTS, ENGAGE OUR GRASEROOTS BASE, AND PROTECT OUR DEMOCRACY. AS THE MOST ENDURING AND INFLUENTIAL GRASEROOTS ENVIRONMENTAL ORGANIZATION IN THE UNITED STATES, WE HAVE SPENT DECADES ADVOCATING FOR FOLICIES TO STOP THE CLIMATE CRISIS, OUR GRASEROOTS BASE IS HIGHLY ENGAGED, THEY SHOWED UP IN THE 10'S OF THOUSANDS TO HELP ELECT FRESIDENT BIDEN, AND THEIR ENERGY HARN'T LET UP, OUR VOLUNTEERS AND STAFF HAVE LONG-LASTING RELATIONERIFY WITH LOCAL PARTNERS, FRONTLINE GROUPS, AND ELECTED OFFICIALS, FOWERING OUR PUSH FOR BOLD LEGISLATION SUCH AS THE INFLATION REDUCTION ACT. AS A SUL(2)(4) GRANIZATION, WE'RE ABLE TO ENGAGE IN LOBEVING ACTIVITIES AND ENDORSE CANDIDATE CAMPAIGNS THROUGH AFFILIATED POLITICAL ACTION COMMITTEES (PACS). THE SIERRA CLUB FOUNDATION, OUR INDEFENDENT FISCAL SPONDOR, GRANTE OUS FLATER ALUE FOUNDATION, OUR INDEFENDENT FISCAL SPONDOR, GRANTE OUS FORFT. THE ABLE TO ENGAGE IN LOBEVING ACTIVITIES AND ENDORSE CANDIDATE CAMPAIGNS THROUGH AFFILIATED POLITICAL ACTION COMMITTEES (PACS). THE SIERRA CLUB FOUNDATION, OUR INDEFENDENT FISCAL SPONDOR, GRANTE OS FLEXIBLE 501(C)(3) FUNDING FOR OUR MOST IMPACTIVE CAMPAIGNS TO FROTECT WILDLANDS, SHIFT THE ENERGY SECTOR, AND SUPPORT ENVIRONMENTAL JUSTICE. ALL THESE FACTORS COMBINED GIVE THE SIERRA CLUB DEEP RESERVES OF FOWER THAT WE USE TO MOVE		
VALUES TO CREATE A SENSE OF SHARED PURPOSE, WE'RE FOLLOWING THROUGH ON RECOMMENDATIONS IN THE RESTORATIVE ACCOUNTABILITY PROCESS TO ENSURE THAT WE'RE A HEALTHY AND INCLUSIVE ORGANIZATION. AND OUR VISIONARY 2030 STEATEGIC FRAMEWORK LAYS OUT OUR PLAN TO ADDRESS THE CLIMATE AND ENTINCTION CRISES. WE ARE IN A DEFINING ERA FOR OUR PLANET AND THE SIERRA CLUE IS READY TO SHIZE THE WOMENT, WE WILL CONTINUE TO RAMP UP LOBEYING EFFORTS, ENANGE OUR GRASSROOTS BASE, AND PROTECT OUR DEMOCRACY. AS THE MOST ENDURING AND INFLUENTIAL GRASSROOTS ENVIRONMENTAL ORGANIZATION IN THE UNITED STATES, WE HAVE SFENT DECLADES ADVOCATING FOR FOLICIES TO STOP THE CLIMATE CRISIS, OUR GRASSROOTS BASE IS HIGHLY ENGAGED, THEY SHOWED UP IN THE 10'S OF THOUSANDS TO HELF ELECT PRESIDENT BIDEN, AND THEIR ENERGY HASN'T LET UP, OUR VOLUNTEERS AND STAFF HAVE LONG-LASTING RELATIONSHIPS WITH LOCAL PARTNERS, FRONTLINE GROUPS, AND ELECTED OFFICIALS, POWERING OUR PUSH FOR BOLD LEDISLATION SUCH AS THE INFLATION REDICTION ACT, AS A 501(c)(4) ORGANIZATION, WE'RE ABLE TO ENGAGE IN LOBEVING ACTIVITIES AND ENDORSE CANDIDATE CAMPAIGNS THEOUGH AFFILIATED POLITICAL ACTION COMMITTEES (FACS). THE SIERRA CLUB FOUNDATION, OUR INDERSTING OUR PUSH FOR BOLD LEDISLATION, WE'RE ABLE TO ENGAGE IN LOBEVING ACTIVITIES AND ENDORSE CANDIDATE CAMPAIGNS THEOUGH AFFILIATED POLITICAL ACTION COMMITTEES (FACS). THE SIERRA CLUB FOUNDATION, OUR INDEPENDENT FISCAL SPONSON, GRANTS US FLEXIBLE TO INCOMPATION FOR OUR MOST IMFACTIVUL CAMPAIGNS TO PROTECT WILLIANDS, SHIFT THE ENERGY SECTOR, AND SUPPORT ENVIRONMENTAL JUSTICE. ALL THESE FACTORS COMBINED QUIVE THE SIERRA CLUB DEEP RESERVES OF POWER THAT WE USE TO MOVE	TO BECOME A MORE EQUITABLE AND JUST ORGANIZATION THAT UNDERSTANDS THAT	
RECOMMENDATIONS IN THE RESTORATIVE ACCOUNTABILITY PROCESS TO ENSURE THAT WE'RE A HEALTHY AND INCLUSIVE ORGANIZATION. AND OUR VISIONARY 2030 STRATEGIC FRAMEWORK LAYS OUT OUR PLAN TO ADDRESS THE CLIMATE AND EXTINCTION CRISES. WE ARE IN A DEFINING ERA FOR OUR PLANET AND THE SIERRA CLUB IS READY TO SEIZE THE MOMENT. WE WILL CONTINUE TO RAMP UP LOBEVING EFFORTS, ENGAGE OUR GRASSROOTS BASE, AND FROTECT OUR DEMOCRACY. AS THE NOST ENDURING AND INFLUENTIAL GRASSROOTS ENVIRONMENTAL ORGANIZATION IN THE UNITED STATES, WE HAVE SPENT DECADES ADVOCATING FOR FOLICIES TO STOP THE CLIMATE CRISIS. OUR GRASSROOTS BASE IS HIGHLY ENGAGED, THEY SHOWED UP IN THE 10'S OF THOUSANDS TO HELP ELECT PRESIDENT BIDEN, AND THEIR ENERGY HASN'T LET UP, OUR VOLUNTEERS AND STAFF HAVE LONG-LASTING RELATIONSHIPS WITH LOCAL PARTNERS, FRONTLINE GROUPS, AND ELECTED OFFICIALS, POWERING OUR PUEN FOR BOLD LEGISLATION SUCH AS THE INFLATION RELATIONSHIPS WITH DECADE CANDIDATE CAMPAIGNS THROUGH AFFILIATED POLITICAL ACTIVITIES AND ENDORGE CANDIDATE CAMPAIGNS THROUGH AFFILIATED POLITICAL ACTIVITIES AND ENDORGE CANDIDATE CAMPAIGNS THROUGH AFFILIATED POLITICAL ACTIVITIES AND ENDORGE UN SILVE SHIFT THE ENERGY INDUCTION ACTIVITIES AND ENDORGE CANDIDATE CAMPAIGNS THROUGH AFFILIATED POLITICAL ACTIVIC COMPAIGNS TO FLORECT WILLIANDS, SHIFT THE ENERGY SECTOR, AND SUPPORT ENVIRONMENTAL JUSTICE. ALL THESE PACTORS COMSINED GIVE THE SIERRA CLUB DEEP RESERVES OF POWER THAT WE USE TO MOVE	CLIMATE JUSTICE IS RACIAL JUSTICE. THIS YEAR WE LAUNCHED OUR CORE	
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POLICIES THAT PRIORITIZE PEOPLE AND THE PLANET.	GIVE THE SIERRA CLUB DEEP RESERVES OF POWER THAT WE USE TO MOVE	
	POLICIES THAT PRIORITIZE PEOPLE AND THE PLANET.	

CHAPTER STRONG:

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109 2022.05000 SIERRA CLUB

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Name of the organization SIERRA CLUB	Employer identification number 94-1153307
THE HEART OF SIERRA CLUB'S ENDURING STRENGTH ARISES FROM OUR NETWORK OF	
63 CHAPTERS. THE EFFECTIVENESS OF OUR CHAPTERS LIES IN THEIR AUTHENTIC	_
LOCAL RELATIONSHIPS IN COMMUNITIES NATIONWIDE.	
MOUNTAIN VALLEY PIPELINE:	
OUR SUCCESS IN DELAYING THE MOUNTAIN VALLEY PIPELINE, YET AGAIN, IS AN	
EXCELLENT EXAMPLE ILLUSTRATING THE ROLE OF CHAPTERS AND GRASSROOTS IN	
STOPPING DANGEROUS PIPELINES, PROTECTING LAND, WATER AND WILDLIFE, AND	
KEEPING COMMUNITIES HEALTHY AND STRONG.	
AT THE CENTER OF SIERRA CLUB'S PLAN TO ADDRESS CLIMATE CHANGE IS OUR	
DECADES-LONG COMMITMENT TO PROTECTING CRITICAL WILDLANDS AND WATERS. AT	
THE NATIONAL AND CHAPTER LEVEL, WE PARTNER WITH MANY FRONTLINE	
COMMUNITIES AND TRIBAL NATIONS TO ENSURE OUR WORK IMPACTS THE PEOPLE	
AND ECOSYSTEMS THAT NEED IT MOST. AFTER YEARS OF ADVOCACY FROM THE	
SIERRA CLUB, TRIBAL PARTNERS, AND OTHER CONSERVATION GROUPS, PRESIDENT	
BIDEN DESIGNATED THE CAMP HALE-CONTINENTAL DIVIDE NATIONAL MONUMENT,	
ENCOMPASSING 53,804 ACRES OF NEWLY PROTECTED LAND; AND HE RESTORED	
FEDERAL PROTECTIONS TO PORTIONS OF GRAND STAIRCASE-ESCALANTE, BEARS	
EARS, AND NORTHEAST CANYONS AND SEAMOUNTS NATIONAL MONUMENT. IN	
CALIFORNIA, OUR CHAPTERS, GRASSROOTS VOLUNTEERS, AND PARTNER GROUPS	
FINALIZED AN AMBITIOUS PLAN TO PROTECT 30 PERCENT OF LANDS AND WATERS	
BY 2030 TO COUNTER CATASTROPHIC BIODIVERSITY LOSS. AND WE CHAMPIONED	
TRIBAL NATIONS AND THE FEDERAL GOVERNMENT TO CO-MANAGE BEAR'S EARS	
MONUMENT CHARTING THE COURSE FOR MORE CHANGE IN THE FUTURE.	
WE ADDED 53,804 ACRES OF NEWLY PROTECTED LAND TOWARD OUR GOAL OF 100	

MILLION ACRES BY 2028.

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Page 2

Name of the organization SIERRA CLUB	Employer identification numbe 94-1153307
STERRA CLUB	94-1155507
- SUMMARY OF CHAPTERS ENGAGED IN 30X30: CA 30X30	
- MONUMENT WINS: CAMP HALE RELEASE / SIERRA ARTICLE	
- TRIBAL CO-MANAGEMENT	
- SPECIES PROTECTION: ESA, WOLVES (POSITIVE/NEGATIVE SPIN)- BUILDING	
ACTIVISM IN STATES	
- CONGLOMERATE MESA K2GOLD	
- 2030 LANDSCAPES BLOG SERIES	
ACT FOR JUSTICE:	
OUR ROBUST POLICY, ADVOCACY, AND LEGAL TEAM ENABLE US TO BUILD POWER,	
POWER AND RESTORE ACCOUNTABILITY TO OUR DEMOCRACY AND ECONOMIC SYSTEM	
SO THAT DECISION-MAKERS ADDRESS THE CLIMATE CRISIS, PROTECT ECOSYSTEMS,	
AND DISMANTLE SYSTEMIC RACISM. THIS YEAR OUR ENVIRONMENTAL LAW PROGRAM	
(ELP) RACKED UP MANY IMPRESSIVE VICTORIES. IN ONE OF MANY NOTABLE	
CASES, THE BEYOND COAL CAMPAIGN, GRAND CANYON CHAPTER, ELP, AND	
RESIDENTS FROM RANDOLPH, AZ, FOUGHT FOR OVER A YEAR TO HALT THE	
EXPANSION OF THE COOLIDGE GENERATING STATION, AN 820-MEGAWATT GAS-POWER	
PLANT. THE COMMITTEE NOTED THAT TESTIMONY FROM BLACK RESIDENTS IN	
RANDOLPH, WHO HAS LONG STRUGGLED WITH POOR AIR QUALITY, SWAYED THEIR	
DECISION - PROVING THAT JUSTICE PREVAILS WHEN WE CENTER LOCAL VOICES.	
OUTDOORS FOR ALL:	
WE'RE WORKING TO REDUCE THE NATURE-EQUITY GAP AND MAKE THE OUTDOORS	
ACCESSIBLE AND WELCOMING FOR ALL. IN SEPTEMBER, THE WHITE HOUSE SIGNED	
A MEMORANDUM TO STRENGTHEN AND SUPPORT LOCALLY-LED CONSERVATION	
PROJECTS AND EXPAND ACCESS TO GREEN SPACES. ADDITIONALLY, OUR ADVOCACY	
LED TO THE BIDEN ADMINISTRATION COMMITTED TO EXPAND EQUITABLE ACCESS TO	
NATURE AND DEVELOP AN OUTDOOR RECREATION TASK FORCE AT THE DEPARTMENT	

NATURE AND DEVELOP AN OUTDOOR RECREATION TASK FORCE AT THE DEPARTMENT

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Schedule O (Form 990) 2022

Name of the organization

SIERRA CLUB

94-1153307

OF VETERAN AFFAIRS.

TRANSFORM OUR ENERGY SYSTEM:

THIS YEAR WE'RE HEARTENED BY A STRING OF VICTORIES THAT WILL AID IN THE

TRANSITION AWAY FROM FOSSIL FUELS AND SHIFT INVESTMENTS INTO CLEAN

ENERGY. DUE TO OUR TIRELESS WORK, WE'VE RETIRED COAL PLANTS (363 TO

DATE), STOPPED GAS PLANTS, AND PRIORITIZED PEOPLE OVER PIPELINES.

SIERRA CLUB AND OUR PARTNERS STOPPED MANCHIN'S POLLUTER SIDE DEAL,

SIGNIFICANTLY REDUCED THE IMPACT OF TRUCKING AND DIESEL DEATH ZONES,

AND CONTINUE TO DELAY THE MOUNTAIN VALLEY PIPELINE AT EVERY TURN. IN A

BIG WIN IN OUR FIGHT TO STOP GAS EXPANSION, CALIFORNIA BECAME THE FIRST

STATE TO END GAS LINE SUBSIDIES FOR NEW BUILDINGS.

TOGETHER WITH OUR MEMBERS AND PARTNERS, WE'LL CONTINUE TO ORGANIZE AT

EVERY LEVEL TO BUILD POWER FOR SUSTAINABLE WINS THAT ADVANCE A 100

PERCENT CLEAN ENERGY GRID AND CREATE HEALTHY AND SAFE COMMUNITIES WHERE

EVERYONE THRIVES.

TOGETHER WITH OUR PARTNERS, WE BLOCKED OR DELAYED OVER \$200 BILLION OF

OIL AND GAS INFRASTRUCTURE. WE STOPPED THE BUILDOUT OF FRACKED GAS

EXPORT FACILITIES, FILING DOZENS OF LEGAL ACTIONS AND ORGANIZING

COMMUNITIES ACROSS TEXAS AND LOUISIANA. WE HELD THE LINE IN STOPPING

THE DANGEROUS MOUNTAIN VALLEY PIPELINE, AND ARE DOING GROUNDBREAKING

WORK HOLDING THE OIL AND GAS INDUSTRY ACCOUNTABLE FOR THE FAILURE TO

PLUG OIL AND GAS WELLS FROM LOS ANGELES TO APPALACHIA.

INFLATION REDUCTION ACT:

IN 2022, WE TOOK HUGE LEAPS TOWARDS TRANSFORMING OUR POWER SECTOR,

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Schedule O (Form 990) 2022

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Name of the organization SIERRA CLUB	Employer identification number 94-1153307
"ELECTRIFYING EVERYTHING," BLOCKING NEW MARKETS FOR GAS, AND ENDING THE	
ERA OF FOSSIL FUELS. THE INFLATION REDUCTION ACT LAUNCHED \$369 BILLION	
IN INVESTMENTS IN CLEAN ENERGY, ELECTRIC VEHICLES, HEALTHY HOME	
RETROFITS, AND DIRECT SUPPORT FOR ENVIRONMENTAL JUSTICE COMMUNITIES,	
AND IMPLEMENTATION WORK IS WELL UNDERWAY. NEW JERSEY BECAME THE 8TH	
COMPLETELY COAL-FREE STATE; WASHINGTON BEAT CALIFORNIA TO BECOME THE	
FIRST STATE WITH AN ALL-ELECTRIC BUILDING CODE FOR NEW RESIDENTIAL AND	
COMMERCIAL BUILDINGS; AND NEW YORK BECAME THE FIRST STATE TO REQUIRE	
ALL-ELECTRIC SCHOOL BUSES.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
OUTDOOR ACTIVITIES: SIERRA CLUB OUTINGS THROUGH LOCAL ENTITIES	
(CHAPTER, GROUP, SECTION), EXTENDED DOMESTIC AND INTERNATIONAL TOURS	
AND TREKS (NATIONAL OUTINGS) AND OUTINGS HOSTED BY SIERRA CLUB	
CAMPAIGNS DESIGNED TO CONNECT PEOPLE TO ENVIRONMENTAL ISSUES AND/OR	
PLACES. THE INSPIRING CONNECTIONS OUTDOORS PROGRAM INCLUDED 470 TRIPS	
WITH 1,702 YOUTH AND ADULT PARTICIPANTS; THE NATIONAL OUTINGS PROGRAM	
RAN 216 DOMESTIC TRIPS AND 56 INTERNATIONAL TRIPS WITH 2,894	
PARTICIPANTS; LOCAL CHAPTERS AND GROUPS ORGANIZED ABOUT 4,273 OUTINGS	
WITH APPROXIMATELY 50,000 PARTICIPANTS. THE MILITARY OUTDOORS PROGRAM	
NUMBERS ARE INCLUDED IN THE LOCAL OUTINGS.	
CHAPTER ALLOCATIONS: TO SUPPORT ACTIVITIES OF LOCAL CHAPTERS.	
EXPENSES \$ 9,894,494. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,442,000.	
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,

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Name of the organization SIERRA CLUB	Employer identification number 94-1153307
LIFE, AND SUCH OTHER SPECIAL CLASSES AS THE BOARD OF DIRECTORS MAY	
ESTABLISH.	
FORM 990, PART VI, SECTION A, LINE 7A:	
BYLAW 4.8: ALL ACTIONS REQUIRING A VOTE OF THE MEMBERSHIP SHALL BE DECIDED	
BY WRITTEN BALLOTS AS PROVIDED FOR IN BYLAW 5, SECTION 2, 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 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. SR 4.8.1 VOTING BY MEMBERS: 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 PARAGRAPH 4.8 AND 5.6 AND	
STANDING RULES 4.2.1. EACH SUCH INDIVIDUAL MEMBER SHALL BE SENT ONE BALLOT;	
JOINT MEMBERSHIPS SHALL RECEIVE TWO BALLOTS.	
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	

TREASURER. AFTER REVIEW, A COPY IS SENT TO THE AUDIT COMMITTEE WHO MEETS

232212 10-28-22

12271113 758661 81035

Schedule O (Form 990) 2022

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Page 2

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	S (CURRENT AND FORMER) PLUS	
INDEPENDENT CONTRACTORS ARE RESPONSIBLE FOR DI	SCLOSING ANY POTENTIAL	
CONFLICTS OF INTEREST RELATED TO THEIR CLUB AC	TIVITIES. THE POLICY IS	
INCLUDED IN THE EMPLOYEE HANDBOOK. IN-HOUSE LEG	GAL COUNSEL WILL INVESTIGATE	
COMPLAINTS OF VIOLATIONS. WHEN A POTENTIAL CON	FLICT IS DISCLOSED BY AN	
EMPLOYEE, THE HUMAN RESOURCES DEPARTMENT MAKES	A DETERMINATION REGARDING	
THE APPROPRIATE ACTION IN ORDER TO COMPLY WITH		
FORM 990, PART VI, SECTION B, LINE 15:		
COMPENSATION OF DIRECTORS, IF ANY, IS REVIEWED		
DIRECTORS UTILIZING EXTERNAL DATA FROM LIKE OR	GANIZATIONS, THE RATIONALE	
FOR WHICH IS DOCUMENTED. THE EXECUTIVE DIRECTOR	R COMPENSATION IS DETERMINED	
BY THE BOARD OF DIRECTORS AFTER AN EVALUATION (OF PERFORMANCE AND INTERVIEWS	
WITH APPROPRIATE PARTIES. COMPENSATION IS BASE	D ON EXTERNAL DATA FROM LIKE	
ORGANIZATIONS. A DOCUMENTED PERFORMANCE EVALUA	TION IS MAINTAINED. EXECUTIVE	
DIRECTOR SALARY IS DETERMINED BY THE BOARD EXEC	CUTIVE COMMITTEE. THE	
COMMITTEE REVIEWS THE SALARIES AND YEARLY INCR	EASES. IT ALSO ESTABLISHES	
BUDGETED INCREASE RATE FOR ALL MANAGEMENT PERS	ONNEL. THE COMMITTEE HAS	
COMPARATIVE SALARY DATA AVAILABLE FROM HUMAN R	ESOURCES DEPARTMENT. ANNUAL	
PERFORMANCE REVIEWS ARE CONDUCTED AND DOCUMENT	ED. WITH RESPECT TO ALL	
OFFICERS AND KEY EMPLOYEES, THE HUMAN RESOURCES	S DEPARTMENT CONDUCTS A	
SALARY PRACTICES. THIS INCLUDES THE EXECUTIVE 1	DIRECTOR'S SALARY. SALARIES	
FOR OFFICERS AND KEY EMPLOYEES OTHER THAN THE	EXECUTIVE DIRECTOR ARE	
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SIERRA CLUB

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 IX, 1 32212 10-28-22	INE 11G, OTHER FEES:	116	Schedule O (Form 990) 202
SIERRA CLUB.			
/II AND SCHEDULE J (OF THIS FORM 990 WAS FO	DR SERVICES PERFORMED FOR	
CALENDAR YEAR 2022,	\$90,919 OF DAN CHU'S (COMPENSATION REPORTED ON PART	
BY THE FOUNDATION OF	I A QUARTERLY OR MORE I	FREQUENT BASIS. DURING	
THE FOUNDATION FOR 3	TS SHARE OF PERSONNEL	COSTS AND OVERHEAD COSTS PAID	
HIS TIME BETWEEN TH	E CLUB AND THE FOUNDAT.	ION. SIERRA CLUB REIMBURSED	
ACCORDING TO THE AG	REEMENT DAN CHU, ACTINO	G EXECUTIVE DIRECTOR, SHARED	
FOUNDATION, AN UNRE	ATED ORGANIZATION, EFI	FECTIVE AUGUST 13, 2021.	
SIERRA CLUB ENTERED		NG AGREEMENT WITH SIERRA CLUB	
FORM 990, PART VII,	SECTION A, LINE 1A:		
PUBLISHED IN SIERRA	MAGAZINE (NOVDEC. I	SSUE).	
		AUDITED FINANCIAL STATEMENTS ARE	
PUBLIC WEBSITE WWW.	SIERRACLUB.ORG. PORTION	NS OF THE AUDITED FINANCIAL	
(WHICH CONTAINS THE	CONFLICT OF INTEREST H	POLICY) ARE AVAILABLE ON ITS	
THE ORGANIZATION'S 2	ARTICLES OF INCORPORAT	ION, BYLAWS, AND STANDING RULES	
FORM 990, PART VI, S	SECTION C, LINE 19:		
/A,WV,WI			
	, KS, KY, LA, MD, MA, MN, MS	, NH , NJ , NY , NC , OK , OR , PA , RI , SC , TN , UT	
FORM 990, PART VI, 1	LINE 17, LIST OF STATES	5 RECEIVING COPY OF FORM 990:	

Page 2 Employer identification number

94-1153307

DETERMINED ACCORDING TO THE CLUB'S ESTABLISHED PROCEDURE AND GUIDELINES FOR

SIERRA CLUB

ANNUAL MERIT RAISES, AS ADMINISTERED BY THE HUMAN RESOURCES DEPARTMENT, AND

APPROVED BY THE BOARD OF DIRECTORS. DEPARTMENT LEADERSHIP. THE EXECUTIVE

Schedule O (Form 990) 2022

Name of the organization

Schedule O (Form 990) 2022 Name of the organization		Page Employer identification number 94-1153307
SIERRA CLUB		94-1153307
PROGRAM SERVICE EXPENSES	14,015,843.	
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES		
TOTAL EXPENSES	16,570,772.	
STAFF TRAINING/SEARCH:		
PROGRAM SERVICE EXPENSES	740,555.	
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES	107,394.	
TOTAL EXPENSES	875,551.	
CONSULTANTS:		
PROGRAM SERVICE EXPENSES	7,187,232.	
MANAGEMENT AND GENERAL EXPENSES	267,874.	
FUNDRAISING EXPENSES	1,042,279.	
TOTAL EXPENSES	8,497,385.	
FOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G,	COL A 25,943,708.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
SEGREGATED FUND ELIMINATIONS	-189,060.	
CHANGE IN VALUE OF PENSION PLAN	9,906,100.	
TOTAL TO FORM 990, PART XI, LINE 9	9,717,040.	
232212 10-28-22		Schedule O (Form 990) 202
71113 758661 81035	117 2022.05000 SIERRA CLU	

12271113 758661 81035

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.

Name of the organization

SIERRA CLUB

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
	-				
	-				
	-				

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 Part II 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	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		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	х	
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) 2022



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94-1153307

Inspection

(Form 990)



Open to Public Employer identification number

(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	Section 5 contr organiz	olled
SIERRA CLUB GEORGIA PAC - 45-4845025						Tes	NU
743 E. COLLEGE AVENUE, SUITE B	-						
DECATUR, GA 30030	POLITICAL ORGANIZATION	GEORGIA	527		SIERRA CLUB	х	
SIERRA CLUB ARIZONA PAC - 71-0939731							
514 W. ROOSEVELT STREET							
PHOENIX, AZ 85003	POLITICAL ORGANIZATION	ARIZONA	527		SIERRA CLUB	х	
VOTE SIERRA CLUB OF HAWAII - 36-4899162							
PO BOX 2577							
HONOLULU, HI 96803-0000	POLITICAL ORGANIZATION	HAWAII	527		SIERRA CLUB	х	
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	х	
KANSAS SIERRA CLUB PAC - 80-0479870							
9844 GEORGIA AVENUE							
KANSAS CITY, KS 66109	POLITICAL ORGANIZATION	KANSAS	527		SIERRA CLUB	х	
SIERRA CLUB POLITICAL COMMITTEE OF TEXAS -							
26-1626567, 615 WILLOW STREET, SAN ANTONIO,							
TX 78202	POLITICAL ORGANIZATION	TEXAS	527		SIERRA CLUB	х	
SIERRA CLUB POLITICAL COMMITTEE - MARYLAND							
CHAPTER PAC - 56-2672579, 4413 RIDGE STREET,							
CHEVY CHASE, MD 20815	POLITICAL ORGANIZATION	MARYLAND	527		SIERRA CLUB	х	
MICHIGAN SIERRA PAC - 22-3935178							
109 E. GRAND RIVER AVENUE							
LANSING, MI 48906	POLITICAL ORGANIZATION	MICHIGAN	527		SIERRA CLUB	х	
MICHIGAN SIERRA CLUB INDEPENDENT ACTION PAC							
- 83-1295775, 109 E. GRAND RIVER AVENUE,							
LANSING, MI 48906	POLITICAL ORGANIZATION	MICHIGAN	527		SIERRA CLUB	х	
MISSISSIPPI SIERRA CLUB PAC - 45-4833193							
921 N. CONGRESS STREET							
JACKSON, MS 39202	POLITICAL ORGANIZATION	MISSISSIPPI	527		SIERRA CLUB	х	
SIERRA NH PAC - 01-0630051							
40 NORTH MAIN STREET, 2ND FLOOR]						
CONCORD, NH 03301	POLITICAL ORGANIZATION	NEW HAMPSHIRE	527		SIERRA CLUB	х	

(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	(f) Direct controlling entity	Section 5 contr organiz	olled
				501(c)(3))		Yes	No
NC SIERRA CLUB PAC - 81-3666208	_						
19 W. HARGETT STREET, SUITE 210	_						
RALEIGH, NC 27601	POLITICAL ORGANIZATION	NORTH CAROLINA	527		SIERRA CLUB	X	
NORTH STAR CHAPTER SIERRA CLUB POLITICAL	_						
COMMITTEE - 02-0566571, 153 WINIFRED STREET	_						
W, SAINT PAUL, MN 55107	POLITICAL ORGANIZATION	MINNESOTA	527		SIERRA CLUB	Х	
OHIO SIERRA CLUB POLITICAL COMMITTEE -							
34-1664332, 131 N. HIGH STREET, SUITE 605,							
COLUMBUS, OH 43215	POLITICAL ORGANIZATION	онто	527		SIERRA CLUB	х	
OREGON SIERRA CLUB PAC - 01-0931836							
1821 SE ANKENY STREET							
PORTLAND, OR 97214	POLITICAL ORGANIZATION	OREGON	527		SIERRA CLUB	х	
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	х	
RIO GRANDE SIERRA CLUB HEALTHY COMMUNITIES -							
85-0725977, 2215 LEAD AVE., SE, ALBUQUERQUE,	-						
NM 87106	POLITICAL ORGANIZATION	NEW MEXICO	527		SIERRA CLUB	x	
SIERRA CLUB SMALL DONOR COMMITTEE -							
82-4800273, 1536 WYNKOOP STREET, SUITE 200,	-						
DENVER, CO 80202	POLITICAL ORGANIZATION	COLORADO	527		SIERRA CLUB	x	
SIERRA CLUB S.F. BAY CHAPTER CAMPAIGNS							
CANDIDATE PAC - 84-4941732, 312 CLAY STREET,	-						
SUITE 300, OAKLAND, CA 94607	POLITICAL ORGANIZATION	CALIFORNIA	527		SIERRA CLUB	x	
UTAH SIERRA CLUB POLITICAL COMMITTEE -							
	-						
SALT LAKE CITY, UT 84101	POLITICAL ORGANIZATION	UTAH	527		SIERRA CLUB	x	
VIRGINIA CHAPTER SIERRA CLUB POLITICAL							
ACTION COMMITTEE - 51-0647000, 422 E.	1						
FRANKLIN ST., STE 302, RICHMOND, VA 23219	POLITICAL ORGANIZATION	VIRGINIA	527		SIERRA CLUB	x	
SIERRA CLUB PAC WA STATE - 01-0872312						+ *	
180 NICKERSON STREET	4						
SEATTLE, WA 98109	POLITICAL ORGANIZATION	WASHINGTON	527		SIERRA CLUB	x	
SIERRA CLUB HEALTHY COMMUNITIES PAC -							
37-1525718, 180 NICKERSON STREET, SEATTLE,							
WA 98109		MACHINGTON	527		SIERRA CLUB	x	
WA JOLUJ	POLITICAL ORGANIZATION	WASHINGTON	527		DIEKKA CLOB	Δ	

(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	(f) Direct controlling entity	Section for contract organized and the section of t	olled
				501(c)(3))		Yes	No
CALIFORNIA SIERRA CLUB PAC - 82-2778208	-						
3250 WILSHIRE BLVD. STE. 1106			527			x	
LOS ANGELES, CA 90010-1513 NEW JERSEY SIERRA CLUB PAC - 82-2008648	POLITICAL ORGANIZATION	CALIFORNIA	527		SIERRA CLUB		
	-						
P.O. BOX 269 GARWOOD, NJ 07027	POLITICAL ORGANIZATION	NEW JERSEY	527		SIERRA CLUB	x	
SIERRA CLUB FLORIDA PAC - 82-1980202	POLITICAL ORGANIZATION	NEW JERSEI	527		SIERRA CLUB		
220 LAKEVIEW DR. #305	-						
WESTON, FL 33326		FLORIDA	527		SIERRA CLUB	x	
PENNSYLVANIA SIERRA CLUB PAC - 82-0934859	POLITICAL ORGANIZATION	FLORIDA	527		SIERRA CLUB	^	
	-						
225 MARKET ST., STE. 501	POLITICAL ORGANIZATION	PENNSYLVANIA	527		SIERRA CLUB	x	
HARRISBURG, PA 17101-2126	POLITICAL ORGANIZATION	PENNSYLVANIA	527		SIERRA CLUB		
SIERRA CLUB POLITICAL COMMITTEE NE CHAPTER -	-						
82-2828193, PO BOX 4664, OMAHA, NE			F 0 7			77	
68104-0664	POLITICAL ORGANIZATION	NEBRASKA	527		SIERRA CLUB	X	
SIERRA CLUB NEW YORK POLITICAL COMMITTEE -	-						
		NEW YORK	527		SIERRA CLUB	x	
83-1103288, 744 BROADWAY, ALBANY, NY 12207 SIERRA CLUB MISSOURI CHAPTER POLITICAL	POLITICAL ORGANIZATION	NEW IORK	527		SIERRA CLUB	^	
COMMITTEE - 30-1067095, 2818 SUTTON BLVD.	-						
· · · · · · · · · · · · · · · · · · ·		MTGGOUDT	5.0.7		GTEDDA GLUD	v	
MAPLEWOOD, MO 63143-3010	POLITICAL ORGANIZATION	MISSOURI	527		SIERRA CLUB	X	
SIERRA CLUB OKLAHOMA CHAPTER POLITICAL	-						
ACTION COMMITTEE - 82-4873738, 600 NW 23RD			5.0.7				
STREET, SUITE 204, OKLAHOMA CITY, OK 73103	POLITICAL ORGANIZATION	OKLAHOMA	527		SIERRA CLUB	X	
WEST VIRGINIA SIERRA CLUB PAC - 83-1805393	-						
518 MARYLAND AVE.			5.0.7				
FAIRMONT, WV 26554	POLITICAL ORGANIZATION	WEST VIRGINIA	527		SIERRA CLUB	X	
SIERRA CLUB VERMONT CHAPTER PAC - 81-3880603	-						
145 BLUE HERON LANE	4						
N. HERO, VT 05474	POLITICAL ORGANIZATION	VERMONT	527		SIERRA CLUB	X	
TENNESSEE SIERRA CLUB POLITICAL COMMITTEE -	4						
85-0756815, 500 PARAGON MILLS RD., #G2,	4						
NASHVILLE, TN 37211-3734	POLITICAL ORGANIZATION	TENNESSEE	527		SIERRA CLUB	X	
KENTUCKY SIERRA CLUB PAC - 86-3337792	4						
1321 ELIZABETH ST.	4						
BOWLING GREEN, KY 42104	POLITICAL ORGANIZATION	KENTUCKY	527		SIERRA CLUB	Х	

(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	(f) Direct controlling entity	contr organiz	zation?
				501(c)(3))		Yes	No
SIERRA CLUB MASSACHUSETTS IEPAC - 85-1961327	_						
50 FEDERAL ST. FLOOR 3	_						
BOSTON, MA 02110	POLITICAL ORGANIZATION	MASSACHUSETTS	527		SIERRA CLUB	x	
SIERRA CLUB S.F. BAY CHAPTER CAMPAIGNS SLATE							
MAILER - 26-2505161, 312 CLAY STREET, SUITE							
300, OAKLAND, CA 94607	POLITICAL ORGANIZATION	CALIFORNIA	527		SIERRA CLUB	Х	
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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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box 20 of Schedule	Gener mana partn	^{il or} Percent ^{ing} owners	age ship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
										+		
	-											
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	1											
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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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
		country)		01 11000		400010		Yes	No
									<u> </u>
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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		Σ
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
Purchase of assets from related organization(s)	1 h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>	X	+
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)	1r	x	
Conter transfer of cash or property from related organization(s)		X	Τ

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SIERRA CLUB INDEPENDENT ACTION	R	247,934.	FAIR MARKET VALUE
(2) SIERRA CLUB INDEPENDENT ACTION	J	209,217.	FAIR MARKET VALUE
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

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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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera	or Perc	entage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	. 501(org	c)(3) s.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	_{r?} own	nership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes N	10	
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											\square		

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