

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: SIERRA CLUB
D Employer identification number: 94-1153307
E Telephone number: (415) 977-5500
G Gross receipts \$: 183,513,775.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.SIERRACLUB.ORG
K Form of organization: Corporation
L Year of formation: 1892
M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO EXPLORE, ENJOY, AND PROTECT THE WILD PLACES OF THE EARTH...; 2 Check this box if the organization discontinued its operations...; 3-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature of officer: ADRIENNE FRAZIER, ASSISTANT TREASURER
Date:
Print/Type preparer's name: MAGA E. KISRIV
Preparer's signature:
Date: 11/14/2023
Check if self-employed:
PTIN: P01008919
Firm's name: HOOD & STRONG LLP
Firm's EIN: 94-1254756
Firm's address: 60 SO. MARKET ST, STE 200, SAN JOSE, CA 95113
Phone no. 408.998.8400

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

ADRIENNE FRAZIER

- The books are in the care of ▶ 2101 WEBSTER STREET, SUITE 1300 - OAKLAND, CA 94612

Telephone No. ▶ (415)977-5500

Fax No. ▶ (415)977-5797

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2022 or

▶ tax year beginning _____, and ending _____.

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

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [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? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 83,876,077. including grants of \$ 1,635,753.) (Revenue \$ 145,700.) SEE SCHEDULE O.

4b (Code:) (Expenses \$ 27,148,100. including grants of \$ 0.) (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 (Code:) (Expenses \$ 26,243,970. including grants of \$ 0.) (Revenue \$ 3,543,287.) 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 9,894,494. including grants of \$ 0.) (Revenue \$ 7,442,000.)

4e Total program service expenses 147,162,641.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12a. 'X' marks indicate 'Yes' responses for questions 2, 3, 5, 8, 10, 11a, 11b, 11e, 11f, 12a, 13, 14a, 15, 17, 18, 19, 20a, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 15; 1b Enter the number of voting members included... 14; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, LA, MD, MA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ADRIENNE FRAZIER - (415)977-5500
2101 WEBSTER STREET, SUITE 1300, OAKLAND, CA 94612

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EVA HERNANDEZ-SIMMONS MANAGING DIRECTOR	50.00 0.00			X				325,222.	0.	60,348.
(2) KATRINA BERNARD DEP COUN, LABOR/EMPL (THRU 10/14/22)	50.00 0.00				X			317,968.	0.	32,550.
(3) ADRIENNE FRAZIER ASST TREASURER/CFO	50.00 0.01			X				284,357.	0.	33,239.
(4) HOP HOPKINS DIR OF ORGANIZATIONAL TRANSFORMATION	50.00 0.00					X		257,166.	0.	46,830.
(5) GARY REINECKE INTERIM CHIEF OPERATING OFFICER	50.00 0.00			X				258,574.	0.	42,500.
(6) SALENA JEGEDE CHIEF ADVANCEMENT OFFICER	50.00 0.00				X			289,207.	0.	5,506.
(7) DEEPA ALLI CHIEF DIGITAL OFF (THRU 10/7/22)	50.00 0.00				X			264,303.	0.	19,772.
(8) JOANNE SPALDING LEGAL DIRECTOR, ELP	50.00 0.00					X		252,087.	0.	31,210.
(9) BYRON RAMOS-GUDIEL CHIEF PROGRAM OFFICER	50.00 0.00				X			262,995.	0.	20,202.
(10) LINA FRANCIS CHIEF OF COMMUNICATIONS	50.00 0.00				X			259,388.	0.	21,564.
(11) GABE GONZALES ACTING CHIEF OF STAFF	50.00 0.00					X		242,568.	0.	24,454.
(12) MICHAEL BOSSE NATIONAL PROG DIR (THRU 11/14/22)	50.00 0.00				X			217,667.	0.	44,747.
(13) HUN TAING DIR OF ORGANIZATIONAL EFFECTIVENESS	50.00 0.00					X		235,012.	0.	23,925.
(14) ARI TRUJILLO-WESLER DIRECTOR GRASSROOTS POWERBUILDING	50.00 0.00					X		228,186.	0.	29,147.
(15) MICHELLE EPSTEIN DEP CHIEF ADV OFF, DIR RESP FUNDRAIS	50.00 0.00				X			226,720.	0.	27,552.
(16) ERICA MCKINLEY CHIEF LEGAL OFFICER	50.00 0.00			X				190,164.	0.	13,670.
(17) JULIETTE HIRT ACTING GENERAL COUN (THRU 6/30/22)	50.00 0.00			X				189,963.	0.	11,648.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANNE KENNEY DIR OF FIN ANLYS & BUDGET SYSTEMS	50.00 0.00			X				155,333.	0.	24,143.
(19) KRISTIN MACKLIN ASSISTANT TREASURER/CONTROLLER	50.00 0.00			X				136,979.	0.	7,216.
(20) LOREN BLACKFORD INTERIM EXECUTIVE DIRECTOR	50.00 0.00			X				94,171.	0.	0.
(21) DAN CHU ACTING EXECUTIVE DIR (THRU 9/3/22)	20.00 0.00			X				86,435.	0.	4,484.
(22) RAMON CRUZ PRESIDENT	60.00 0.01	X		X				76,725.	0.	0.
(23) BRIAN GOMEZ VICE PRESIDENT (THRU 5/15/22)	3.00 5.00	X		X				1,200.	0.	0.
(24) JEREMY PATRICK MURPHY VP (THRU 5/15/22)/TREAS (EFF 5/16/22)	30.00 0.01	X		X				0.	0.	0.
(25) MARION KLAUS VICE PRESIDENT (EFF 5/16/22)	30.00 0.01	X		X				0.	0.	0.
(26) ROSS MACFARLANE VP (THRU 5/15/22)/DIRECTOR	25.00 0.01	X		X				0.	0.	0.
1b Subtotal								4,852,390.	0.	524,707.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,852,390.	0.	524,707.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 220

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	X	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MARKETEAM, LLC, 1200 ABERNATHY RD., N.E., STE 400, ATLANTA, GA 30328	MARKETING	2,137,898.
MAIL SERVICES LLC PO BOX 9260, DES MOINES, IA 50306-9202	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 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 (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 68

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	20,328,500.				
	c Fundraising events	1c	171,880.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	132,806,016.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 835,121.				
	h Total. Add lines 1a-1f		153,306,396.				
	Program Service Revenue	2 a OUTING & LODGING	Business Code				
		900099	7,442,000.	7,442,000.			
b OTHER PROGRAM SERV REV		900099	1,888,574.	1,888,574.			
c PUBLICATION INCOME		541800	697,272.			697,272.	
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			10,027,846.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,350,800.		-26,914.	1,377,714.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		569,453.			569,453.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	16,502,663.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	15,327,363.				
	c Gain or (loss)	7c	1,175,300.				
d Net gain or (loss)		1,175,300.			1,175,300.		
8 a Gross income from fundraising events (not including \$ 171,880. of contributions reported on line 1c). See Part IV, line 18	8a		70,216.				
b Less: direct expenses	8b	62,245.					
c Net income or (loss) from fundraising events		7,971.			7,971.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		1,533,600.				
b Less: cost of goods sold	10b	583,260.					
c Net income or (loss) from sales of inventory		950,340.	950,340.				
Miscellaneous Revenue	11 a LITIGATION AWARD FEES	Business Code					
		541100	145,700.	145,700.			
	b SUBSCRIPTIONS	900099	7,101.	7,101.			
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		152,801.					
12 Total revenue. See instructions		167,540,907.	10,433,715.	-26,914.	3,827,710.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	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):				
a Management				
b Legal	8,146,100.	5,323,000.	2,817,500.	5,600.
c Accounting	634,872.		634,872.	
d Lobbying	453,019.	453,019.		
e Professional fundraising services. See Part IV, line 17	1,208,223.			1,208,223.
f Investment management fees	231,700.		231,700.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	25,943,708.	21,943,630.	817,857.	3,182,221.
12 Advertising and promotion	2,957,100.	2,501,800.	8,700.	446,600.
13 Office expenses	8,284,500.	5,803,700.	292,100.	2,188,700.
14 Information technology	1,279,432.	1,225,732.	38,800.	14,900.
15 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 O.)				
a PRINTING & PUBLICATION	9,634,200.	7,928,700.	206,700.	1,498,800.
b MEMBERSHIP	2,066,881.	2,066,881.		
c LODGE/OUTING FIELD EXP	1,106,100.	1,106,100.		
d SIERRA CGS	957,440.	1,017,440.		-60,000.
e 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	66,688,169.	2	60,833,265.
	3 Pledges and grants receivable, net	15,164,700.	3	14,486,800.
	4 Accounts receivable, net	4,235,100.	4	2,698,600.
	5 Loans and other receivables from 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		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	166,636.
	9 Prepaid expenses and deferred charges	4,653,200.	9	4,695,900.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,167,300.		
	b Less: accumulated depreciation	10b 14,114,500.	5,576,500.	10c 5,052,800.
	11 Investments - publicly traded securities	29,299,500.	11	29,895,800.
	12 Investments - other securities. See Part IV, line 11	18,517,200.	12	14,544,400.
	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	14,726,364.
16 Total assets. Add lines 1 through 15 (must equal line 33)	144,480,269.	16	147,100,565.	
Liabilities	17 Accounts payable and accrued expenses	19,085,400.	17	22,158,000.
	18 Grants payable		18	
	19 Deferred revenue	1,924,599.	19	2,239,416.
	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	26,697,000.
	26 Total liabilities. Add lines 17 through 25	42,918,999.	26	51,094,416.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	51,749,645.	27	50,015,345.
	28 Net assets with donor restrictions	49,811,625.	28	45,990,804.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	101,561,270.	32	96,006,149.
33 Total liabilities and net assets/fund balances	144,480,269.	33	147,100,565.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2022

Name of the organization

SIERRA CLUB

Employer identification number

94-1153307

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(4) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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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
1	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 166,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 9,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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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
7	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 8,535.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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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	<hr/> <hr/> <hr/>	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 11,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 43,545.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 1,125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 950,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 125,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 6,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 11,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 24,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 14,864.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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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
43	<hr/> <hr/> <hr/>	\$ 437,996.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 6,236.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 10,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	_____ _____ _____	\$ 11,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	_____ _____ _____	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	_____ _____ _____	\$ 5,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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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	<hr/> <hr/> <hr/>	\$ 25,932.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 8,927.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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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	<hr/> <hr/> <hr/>	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 6,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 70,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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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	<hr/> <hr/> <hr/>	\$ 55,476.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 58,295.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 14,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 19,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 38,421.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 16,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 74,419.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 33,322.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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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	<hr/> <hr/> <hr/>	\$ 97,549.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 36,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 17,478.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 112,221.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 22,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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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	<hr/> <hr/> <hr/>	\$ 20,760.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ 11,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ 87,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ 141,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	<hr/> <hr/> <hr/>	\$ 92,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	<hr/> <hr/> <hr/>	\$ 48,486.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	<hr/> <hr/> <hr/>	\$ 99,315.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	<hr/> <hr/> <hr/>	\$ 16,981.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	<hr/> <hr/> <hr/>	\$ 6,242.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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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
109	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<hr/> <hr/> <hr/>	\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	<hr/> <hr/> <hr/>	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<hr/> <hr/> <hr/>	\$ 322,381.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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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
115	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	<hr/> <hr/> <hr/>	\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	<hr/> <hr/> <hr/>	\$ 12,227.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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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
121	<hr/> <hr/> <hr/>	\$ 59,798.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<hr/> <hr/> <hr/>	\$ 503,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	<hr/> <hr/> <hr/>	\$ 12,673.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<hr/> <hr/> <hr/>	\$ 61,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<hr/> <hr/> <hr/>	\$ 379,362.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	<hr/> <hr/> <hr/>	\$ 13,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	<hr/> <hr/> <hr/>	\$ 15,067.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	<hr/> <hr/> <hr/>	\$ 27,345.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	<hr/> <hr/> <hr/>	\$ 13,837.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	<hr/> <hr/> <hr/>	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	<hr/> <hr/> <hr/>	\$ 20,527.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	<hr/> <hr/> <hr/>	\$ 92,777.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	 <hr/> <hr/> <hr/>	\$ 118,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	 <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	 <hr/> <hr/> <hr/>	\$ 31,409.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	 <hr/> <hr/> <hr/>	\$ 21,404.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	 <hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	 <hr/> <hr/> <hr/>	\$ 35,738.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
139	<hr/> <hr/> <hr/>	\$ 16,771.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	<hr/> <hr/> <hr/>	\$ 147,019.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	<hr/> <hr/> <hr/>	\$ 214,111.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	<hr/> <hr/> <hr/>	\$ 62,896.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	<hr/> <hr/> <hr/>	\$ 99,129.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	<hr/> <hr/> <hr/>	\$ 5,501.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
145	<hr/> <hr/> <hr/>	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	<hr/> <hr/> <hr/>	\$ 29,844.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	<hr/> <hr/> <hr/>	\$ 31,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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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
151	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	<hr/> <hr/> <hr/>	\$ 24,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	<hr/> <hr/> <hr/>	\$ 61,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	<hr/> <hr/> <hr/>	\$ 16,912.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	<hr/> <hr/> <hr/>	\$ 48,866.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	<hr/> <hr/> <hr/>	\$ 10,302.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	<hr/> <hr/> <hr/>	\$ 285,501.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	<hr/> <hr/> <hr/>	\$ 34,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	<hr/> <hr/> <hr/>	\$ 47,382.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	<hr/> <hr/> <hr/>	\$ 278,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	<hr/> <hr/> <hr/>	\$ 7,164.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	<hr/> <hr/> <hr/>	\$ 36,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
163	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	<hr/> <hr/> <hr/>	\$ 63,508.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	<hr/> <hr/> <hr/>	\$ 32,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	<hr/> <hr/> <hr/>	\$ 582,056.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	<hr/> <hr/> <hr/>	\$ 146,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	<hr/> <hr/> <hr/>	\$ 70,751.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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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
169	<hr/> <hr/> <hr/>	\$ 6,406.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	<hr/> <hr/> <hr/>	\$ 51,291.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	<hr/> <hr/> <hr/>	\$ 104,236.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	<hr/> <hr/> <hr/>	\$ 184,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	<hr/> <hr/> <hr/>	\$ 10,464.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
175	<hr/> <hr/> <hr/>	\$ 32,246.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	<hr/> <hr/> <hr/>	\$ 19,860.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	<hr/> <hr/> <hr/>	\$ 14,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
181	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	<hr/> <hr/> <hr/>	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
187	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	 <hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	 <hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	 <hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	 <hr/> <hr/> <hr/>	\$ 5,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
193	<hr/> <hr/> <hr/>	\$ 87,873.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	<hr/> <hr/> <hr/>	\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
199	<hr/> <hr/> <hr/>	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	<hr/> <hr/> <hr/>	\$ 6,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	<hr/> <hr/> <hr/>	\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	<hr/> <hr/> <hr/>	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	<hr/> <hr/> <hr/>	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	<hr/> <hr/> <hr/>	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	<hr/> <hr/> <hr/>	\$ 5,594.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	<hr/> <hr/> <hr/>	\$ 12,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
223	<hr/> <hr/> <hr/>	\$ 9,103.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	<hr/> <hr/> <hr/>	\$ 5,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	<hr/> <hr/> <hr/>	\$ 5,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	<hr/> <hr/> <hr/>	\$ 8,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229	<hr/> <hr/> <hr/>	\$ 9,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241	<hr/> <hr/> <hr/>	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243	<hr/> <hr/> <hr/>	\$ 10,108.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248	_____ _____ _____	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250	_____ _____ _____	\$ 21,105.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254	<hr/> <hr/> <hr/>	\$ 5,169.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258	<hr/> <hr/> <hr/>	\$ 5,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259	<hr/> <hr/> <hr/>	\$ 10,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260	<hr/> <hr/> <hr/>	\$ 25,678.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263	<hr/> <hr/> <hr/>	\$ 12,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264	<hr/> <hr/> <hr/>	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
265	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268	<hr/> <hr/> <hr/>	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269	<hr/> <hr/> <hr/>	\$ 33,966.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
271	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
277	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
279	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
280	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
283	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285	<hr/> <hr/> <hr/>	\$ 5,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
286	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287	<hr/> <hr/> <hr/>	\$ 94,050,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
289	<hr/> <hr/> <hr/>	\$ 72,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
293	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
294	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
295	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
296	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
297	<hr/> <hr/> <hr/>	\$ 7,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
298	<hr/> <hr/> <hr/>	\$ 6,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
299	<hr/> <hr/> <hr/>	\$ 112,474.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
300	<hr/> <hr/> <hr/>	\$ 7,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
301	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
302	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
303	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
304	<hr/> <hr/> <hr/>	\$ 12,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
305	<hr/> <hr/> <hr/>	\$ 16,570.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
306	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
307	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
308	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
309	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
310	<hr/> <hr/> <hr/>	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
311	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
312	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
313	 	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
314	 	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
315	 	\$ 6,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
316	 	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
317	 	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
318	 	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
319	 <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
320	 <hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
321	 <hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
322	 <hr/> <hr/> <hr/>	\$ 5,014.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
323	 <hr/> <hr/> <hr/>	\$ 5,341.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
324	 <hr/> <hr/> <hr/>	\$ 8,284.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 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
325	<hr/> <hr/> <hr/>	\$ 9,528.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
326	<hr/> <hr/> <hr/>	\$ 9,831.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
327	<hr/> <hr/> <hr/>	\$ 18,172.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
328	<hr/> <hr/> <hr/>	\$ 20,609.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
329	<hr/> <hr/> <hr/>	\$ 38,497.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
330	<hr/> <hr/> <hr/>	\$ 41,330.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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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
331	_____ _____ _____	\$ 62,850.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
332	_____ _____ _____	\$ 421,226.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
333	_____ _____ _____	\$ 10,105.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
334	_____ _____ _____	\$ 60,273.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
335	_____ _____ _____	\$ 101,685.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
305	10 GOLD COINS _____ _____ _____	\$ 16,570.	10/01/22
322	30 SH OF JOHNSON & JOHNSON _____ _____ _____	\$ 5,014.	12/31/22
323	37 SH OF TARGET CORP _____ _____ _____	\$ 5,341.	12/31/22
324	419 SH OF GEORGE PUTNAM BALANCED FUND CLASS A _____ _____ _____	\$ 8,284.	12/31/22
325	27 SH OF DOMINO'S PIZZA INC _____ _____ _____	\$ 9,528.	12/31/22
326	115 SH OF SCHWAB 1000 INDEX _____ _____ _____	\$ 9,831.	12/31/22

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
327	867 SH OF FIDELITY PURITAN _____ _____ _____	\$ 18,172.	12/31/22
328	145 SH OF AMAZON.COM INC. _____ _____ _____	\$ 20,609.	12/31/22
329	227 SH OF APPLE INC. _____ _____ _____	\$ 38,497.	12/31/22
330	224 SH OF TEXAS INSTRUMENTS _____ _____ _____	\$ 41,330.	12/31/22
331	144 SH OF DEERE & CO _____ _____ _____	\$ 62,850.	12/31/22
332	SEE STATEMENT 1 _____ _____ _____	\$ 418,976.	12/31/22

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
333	630 SH OF FORD MOTOR CO. _____ _____ _____	\$ 10,105.	12/31/22
334	57 SH OF THERMO FISHER SCIENTIFIC _____ _____ _____	\$ 30,273.	12/31/22
335	345 SH OF TESLA _____ _____ _____	\$ 101,685.	12/31/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization SIERRA CLUB	Employer identification number 94-1153307
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ 1,580,339.
- 3 Volunteer hours for political campaign activities 7,509.

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 0.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 281,859.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 281,859.
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
NORTH STAR CHAPTER SIERRA CLUB 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.

Schedule C (Form 990) 2022

LHA SEE PART IV FOR CONTINUATION

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

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

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

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

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

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

Part IV Supplemental Information

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

PART I-A, LINE 1:

SIERRA CLUB PROVIDES ADMINISTRATIVE AND FUNDRAISING SUPPORT TO ITS

SEPARATE SEGREGATED FUNDS (SIERRA CLUB POLITICAL COMMITTEE AND SIERRA

CLUB VOTER EDUCATION FUND AND STATE POLITICAL ORGANIZATIONS) AND

COMMUNICATES WITH ITS MEMBERS AND OTHERS ABOUT CANDIDATES, INCLUDING

EXPRESSLY ADVOCATING FOR THEIR ELECTION OR DEFEAT, AS PERMITTED UNDER

Part IV Supplemental Information (continued)

FEDERAL AND STATE LAW.

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

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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization SIERRA CLUB Employer identification number 94-1153307

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 2a, 2b regarding art and historical treasures reporting.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	43,098,600.	37,048,700.	33,479,500.	28,888,800.	31,039,200.
b Contributions	1,073,300.	1,348,100.	1,107,300.	1,083,300.	1,016,700.
c Net investment earnings, gains, and losses	-4,838,400.	6,351,800.	3,961,900.	4,257,400.	-1,748,100.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,918,600.	1,650,000.	1,500,000.	750,000.	1,419,000.
f Administrative expenses					
g End of year balance	37,414,900.	43,098,600.	37,048,700.	33,479,500.	28,888,800.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 100 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,700.		2,700.
b Buildings		723,320.	696,898.	26,422.
c Leasehold improvements		11,448,880.	6,905,631.	4,543,249.
d Equipment		6,992,400.	6,511,971.	480,429.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,052,800.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PARTNERSHIP INVESTMENTS	13,987,200.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY	557,200.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	14,544,400.	

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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	167,641,600.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-13,393,000.
b	Donated services and use of facilities	2b	501,300.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	12,992,393.
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	167,540,907.

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

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

1	Total expenses and losses per audited financial statements	1	173,384,700.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	501,300.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	3,463,332.
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	169,420,068.

Part XIII Supplemental Information.

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

PART III, LINE 1A:

THE CLUB DOES NOT CAPITALIZE DONATED PAINTINGS, PHOTOGRAPHS, AND RARE

BOOKS, AS THESE ITEMS ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, OR

RESEARCH IN FURTHERANCE OF PUBLIC SERVICE AND ARE PROTECTED AND CARED FOR

BY THE CLUB THROUGHOUT THE LIFE OF THE ASSETS. AUDITED FINANCIAL

STATEMENTS, FOOTNOTE 1.

PART III, LINE 4:

THE SIERRA CLUB'S FINE ART AND LIBRARY COLLECTIONS SERVE AS REFERENCE

MATERIALS FOR CLUB STAFF, MEMBERS, AND PUBLIC RESEARCHERS. THEY PROVIDE AN

EDUCATIONAL RESOURCE ABOUT THE HISTORY OF THE SIERRA CLUB AS WELL AS

ENVIRONMENTAL AND MOUNTAINEERING HISTORY, AND CURRENT ENVIRONMENTAL

Part XIII Supplemental Information (continued)

TOPICS.

PART V, LINE 4:

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

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

RECLASS FUNDRAISING EXPENSES TO REVENUE 62,245.

TOTAL 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 F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2022

Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

SIERRA CLUB

94-1153307

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? Yes No

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 duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
3 a Subtotal	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

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 AFRICA	SUPPORT OMAR ELMAWI TO TRAVEL FROM NAIROBI, KENYA TO SHARM AL SHEIK, EGYPT	6,500.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **0**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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.

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)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "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)* 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 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 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 No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," 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 No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "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 No

Schedule F (Form 990) 2022

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).

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization SIERRA CLUB	Employer identification number 94-1153307
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MARKETEAM - 600 NORTH PARK TOWN CENTER STE. 400, 1200 SD&A TELESERVICES, INC. - 5757 W. CENTURY BLVD., SUITE	DIRECT MAIL		X	11,253,785.	2,308,824.	8,944,961.
TELEFUND, INC. - 294 WASHINGTON ST., SUITE 501, GORDON & SCHWENKMEYER, INC. - 20300 S. VERMONT AVE, SUITE	TELEMARKETING		X	1,859,306.	292,831.	1,566,475.
DIGITAL MEDIA SOLUTIONS LLC - 4800 140TH AVE. N. SUITE 101,	TELEMARKETING		X	1,055,505.	165,822.	889,683.
	TELEMARKETING		X	264,447.	174,457.	89,990.
	DIGITAL FUNDRAISING		X	114,623.	333,171.	-218,548.
Total				14,547,666.	3,275,105.	11,272,561.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NV, NH
 NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, TN, UT, VA, WA, WV, WI, DE, ID, IA, NE, SD, TX, VT
 WY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GUARDIANS OF NATURE BENEFIT (event type)	ANNUAL AWARD CEREMONY (event type)	11 (total number)		
Revenue	1	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.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	2,626.	1,965.	14,035.	18,626.
	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 through 9 in column (d)				62,245.
11	Net income summary. Subtract line 10 from line 3, column (d)				7,971.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

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

(I) NAME OF FUNDRAISER: MARKETTEAM

(I) ADDRESS OF FUNDRAISER:

600 NORTH PARK TOWN CENTER STE. 400, 1200 ABERNATHY RD., N.E., ATLANTA, GA

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

(I) ADDRESS OF FUNDRAISER:

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

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: TELEFUND, INC.

(I) ADDRESS OF FUNDRAISER: 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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

SIERRA CLUB

Employer identification number

94-1153307

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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. STE. 700 WASHINGTON, DC 20037	84-0399006	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
THE DESCENDANTS PROJECT 5593 HIGHWAY 18 VACHERIE, LA 70090	85-3094098	501(C)(3)	5,750.	0.			ENVIRONMENTAL SUPPORT
COMMUNITY INITIATIVES 1000 BROADWAY, SUITE 480 OAKLAND, CA 94607	94-3255070	501(C)(3)	11,000.	0.			ENVIRONMENTAL SUPPORT
RISE TO THRIVE 5732 45TH AVE HYATTSVILLE, MD 20781	88-2460925		225,000.	0.			ENVIRONMENTAL SUPPORT
HEALTHY GULF PO BOX 2245, NEW ORLEANS, LA 70176	72-1447742	501(C)(3)	37,000.	0.			ENVIRONMENTAL SUPPORT
BLACK TO THE LAND COALITION 15454 CURSE ST DETROIT, MI 48227	85-1248993	501(C)(3)	30,000.	0.			ENVIRONMENTAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 45.

3 Enter total number of other organizations listed in the line 1 table 5.

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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
MICAHA 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
ALASKA WILDERNESS LEAGUE 122 C ST NW, SUITE 240 WASHINGTON, DC 20001	52-1814742	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 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(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 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 MONTEREY PARK, CA 91754	83-1265253	501(C)(3)	8,500.	0.			ENVIRONMENTAL SUPPORT
WEST END CIVIC ASSOCIATION PO BOX 370115 WEST HARTFORD, CT 06137	23-7426505	501(C)(3)	8,250.	0.			ENVIRONMENTAL SUPPORT
J. GORDON COMMUNITY DEVELOPMENT CORP. - 2726 FOREST AVE - KANSAS CITY, MO 64109	42-1590883	501(C)(3)	8,000.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 OCCIDENTAL, 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 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.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 OAKLAND, 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 801 N. HOMEWOOD AVE PITTSBURGH, PA 15208	23-7157433	501(C)(3)	15,000.	0.			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.	0.			ENVIRONMENTAL SUPPORT
TAKE ACTION MN 705 RAYMOND AVE, STE 100 SAINT PAUL, MN 55114	41-1635130	501(C)(3)	7,500.	0.			ENVIRONMENTAL SUPPORT
WV ENVIRONMENTAL COUNCIL PO BOX 1007 CHARLESTON, WV 25324-1007	55-0728622	501(C)(4)	18,000.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SIERRA CLUB

Employer identification number

94-1153307

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

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

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

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

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

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

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **SIERRA CLUB** Employer identification number: **94-1153307**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	49	818,551.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	1	16,570.	FAIR MARKET VALUE
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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 O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SIERRA CLUB

Employer identification number

94-1153307

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

THE EARTH'S ECOSYSTEMS & RESOURCES, EDUCATE & ENLIST HUMANITY TO

PROTECT AND RESTORE THE QUALITY OF THE NATURAL & HUMAN ENVIRONMENT, USE

ALL LAWFUL MEANS TO CARRY OUT THESE OBJECTIVES.

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

AT THE SIERRA CLUB, WE BELIEVE IN THE POWER OF TOGETHERNESS. TOGETHER,

WE REMAIN COMMITTED TO THE FIGHT FOR A HEALTHY CLIMATE BUILT ON A

FOUNDATION OF ENVIRONMENTAL, RACIAL, ECONOMIC, AND GENDER JUSTICE - A

FUTURE WHERE ALL PEOPLE BENEFIT FROM A HEALTHY, THRIVING PLANET AND A

DIRECT CONNECTION TO NATURE. AS THE CLIMATE CRISIS AND DEEPLY

ENTRENCHED SYSTEMIC RACISM ALL FUEL INEQUITY, WE WILL CONTINUE TO FIGHT

FOR A BOLD, TRANSFORMATIONAL AGENDA THAT RECOGNIZES THE

INTERCONNECTEDNESS BETWEEN OUR PLANET, OUR HUMANITY, AND OUR DEMOCRACY.

BY RECOGNIZING THAT OUR DESTINIES ARE TIED, WE CONTINUE TO NAME THAT

ALL THINGS ARE FUNDAMENTALLY CONNECTED, AND THE OVERLAP BETWEEN

ECOLOGY, RACE, GENDER, 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; CURRENTLY, WE'RE IN THE MIDST OF SIGNIFICANT ORGANIZATIONAL

CHANGE. TO ACCOMPLISH OUR MISSION, WE STRIVE TO CENTER OUR VALUES AND

BUILD POWER TOGETHER. OUR TRANSFORMATION IS GROUNDED IN THE BELIEF THAT

THE ONLY WAY TO ACHIEVE OUR VISION OF A HEALTHY ENVIRONMENT FOR ALL IS

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

Schedule O (Form 990) 2022

Name of the organization SIERRA CLUB	Employer identification number 94-1153307
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TO BECOME A MORE EQUITABLE AND JUST ORGANIZATION THAT UNDERSTANDS THAT CLIMATE JUSTICE IS RACIAL JUSTICE. THIS YEAR WE LAUNCHED OUR CORE 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 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 LOBBYING EFFORTS, ENGAGE OUR GRASSROOTS BASE, AND PROTECT OUR DEMOCRACY. AS THE MOST ENDURING AND INFLUENTIAL GRASSROOTS ENVIRONMENTAL ORGANIZATION IN THE UNITED STATES, WE HAVE SPENT DECADES ADVOCATING FOR POLICIES 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 PUSH FOR BOLD LEGISLATION SUCH AS THE INFLATION REDUCTION ACT. AS A 501(C)(4) ORGANIZATION, WE'RE ABLE TO ENGAGE IN LOBBYING ACTIVITIES AND ENDORSE CANDIDATE CAMPAIGNS THROUGH AFFILIATED POLITICAL ACTION COMMITTEES (PACS). THE SIERRA CLUB FOUNDATION, OUR INDEPENDENT FISCAL SPONSOR, GRANTS US FLEXIBLE 501(C)(3) FUNDING FOR OUR MOST IMPACTFUL CAMPAIGNS TO PROTECT WILDLANDS, SHIFT THE ENERGY SECTOR, AND SUPPORT ENVIRONMENTAL JUSTICE. ALL THESE FACTORS COMBINED GIVE THE SIERRA CLUB DEEP RESERVES OF POWER THAT WE USE TO MOVE POLICIES THAT PRIORITIZE PEOPLE AND THE PLANET.

CHAPTER STRONG:

Name of the organization SIERRA CLUB	Employer identification number 94-1153307
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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.

Name of the organization SIERRA CLUB	Employer identification number 94-1153307
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- 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

Name of the organization SIERRA CLUB	Employer identification number 94-1153307
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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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"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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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

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WITH THE FINANCE DEPARTMENT AND TAX PREPARERS TO REVIEW THE 990. THE DRAFT

IS THEN SENT TO THE BOARD OF DIRECTORS PRIOR TO FILING.

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

BOARD OF DIRECTORS AND OTHER SENIOR VOLUNTEERS MUST COMPLETE AND SIGN A

WRITTEN DISCLOSURE FORM ANNUALLY. FOR EMPLOYEES (CURRENT AND FORMER) PLUS

INDEPENDENT CONTRACTORS ARE RESPONSIBLE FOR DISCLOSING ANY POTENTIAL

CONFLICTS OF INTEREST RELATED TO THEIR CLUB ACTIVITIES. THE POLICY IS

INCLUDED IN THE EMPLOYEE HANDBOOK. IN-HOUSE LEGAL COUNSEL WILL INVESTIGATE

COMPLAINTS OF VIOLATIONS. WHEN A POTENTIAL CONFLICT IS DISCLOSED BY AN

EMPLOYEE, THE HUMAN RESOURCES DEPARTMENT MAKES A DETERMINATION REGARDING

THE APPROPRIATE ACTION IN ORDER TO COMPLY WITH THE CLUB'S POLICIES.

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

COMPENSATION OF DIRECTORS, IF ANY, IS REVIEWED AND APPROVED BY THE BOARD OF

DIRECTORS UTILIZING EXTERNAL DATA FROM LIKE ORGANIZATIONS, THE RATIONALE

FOR WHICH IS DOCUMENTED. THE EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED

BY THE BOARD OF DIRECTORS AFTER AN EVALUATION OF PERFORMANCE AND INTERVIEWS

WITH APPROPRIATE PARTIES. COMPENSATION IS BASED ON EXTERNAL DATA FROM LIKE

ORGANIZATIONS. A DOCUMENTED PERFORMANCE EVALUATION IS MAINTAINED. EXECUTIVE

DIRECTOR SALARY IS DETERMINED BY THE BOARD EXECUTIVE COMMITTEE. THE

COMMITTEE REVIEWS THE SALARIES AND YEARLY INCREASES. IT ALSO ESTABLISHES

BUDGETED INCREASE RATE FOR ALL MANAGEMENT PERSONNEL. THE COMMITTEE HAS

COMPARATIVE SALARY DATA AVAILABLE FROM HUMAN RESOURCES DEPARTMENT. ANNUAL

PERFORMANCE REVIEWS ARE CONDUCTED AND DOCUMENTED. WITH RESPECT TO ALL

OFFICERS AND KEY EMPLOYEES, THE HUMAN RESOURCES DEPARTMENT CONDUCTS A

SALARY PRACTICES. THIS INCLUDES THE EXECUTIVE DIRECTOR'S SALARY. SALARIES

FOR OFFICERS AND KEY EMPLOYEES OTHER THAN THE EXECUTIVE DIRECTOR ARE

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DETERMINED ACCORDING TO THE CLUB'S ESTABLISHED PROCEDURE AND GUIDELINES FOR ANNUAL MERIT RAISES, AS ADMINISTERED BY THE HUMAN RESOURCES DEPARTMENT, AND APPROVED BY THE BOARD OF DIRECTORS. DEPARTMENT LEADERSHIP, THE EXECUTIVE DIRECTOR, AND THE DIRECTOR OF HUMAN RESOURCES MUST APPROVE SPECIFIC RAISES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, LA, MD, MA, MN, MS, NH, NJ, NY, NC, OK, OR, PA, RI, SC, TN, UT
VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S ARTICLES OF INCORPORATION, BYLAWS, AND STANDING RULES (WHICH CONTAINS THE CONFLICT OF INTEREST POLICY) ARE AVAILABLE ON ITS PUBLIC WEBSITE WWW.SIERRACLUB.ORG. PORTIONS OF THE AUDITED FINANCIAL STATEMENTS ALONG WITH A LINK TO THE FULL AUDITED FINANCIAL STATEMENTS ARE PUBLISHED IN SIERRA MAGAZINE (NOV.-DEC. ISSUE).

FORM 990, PART VII, SECTION A, LINE 1A:
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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

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FEES & CONCESSIONS:

PROGRAM SERVICE EXPENSES	14,015,843.
MANAGEMENT AND GENERAL EXPENSES	522,381.
FUNDRAISING EXPENSES	2,032,548.
TOTAL EXPENSES	16,570,772.

STAFF TRAINING/SEARCH:

PROGRAM SERVICE EXPENSES	740,555.
MANAGEMENT AND GENERAL EXPENSES	27,602.
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.
TOTAL 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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p align="center">SIERRA CLUB</p>	Employer identification number <p align="center">94-1153307</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SIERRA CLUB GEORGIA PAC - 45-4845025 743 E. COLLEGE AVENUE, SUITE B DECATUR, GA 30030	POLITICAL ORGANIZATION	GEORGIA	527		SIERRA CLUB	X	
SIERRA CLUB ARIZONA PAC - 71-0939731 514 W. ROOSEVELT STREET PHOENIX, AZ 85003	POLITICAL ORGANIZATION	ARIZONA	527		SIERRA CLUB	X	
VOTE SIERRA CLUB OF HAWAII - 36-4899162 PO BOX 2577 HONOLULU, HI 96803-0000	POLITICAL ORGANIZATION	HAWAII	527		SIERRA CLUB	X	
SIERRA CLUB, IL CHAPTER PAC - 30-0390974 70 E. LAKE STREET, SUITE 1500 CHICAGO, IL 60601	POLITICAL ORGANIZATION	ILLINOIS	527		SIERRA CLUB	X	
WI SIERRA CLUB EDUCATION COMMITTEE - 32-1409689, 754 WILLIAMSON STREET, MADISON, WI 53703	POLITICAL ORGANIZATION	WISCONSIN	527		SIERRA CLUB	X	
KANSAS SIERRA CLUB PAC - 80-0479870 9844 GEORGIA AVENUE KANSAS CITY, KS 66109	POLITICAL ORGANIZATION	KANSAS	527		SIERRA CLUB	X	
SIERRA CLUB POLITICAL COMMITTEE OF TEXAS - 26-1626567, 615 WILLOW STREET, SAN ANTONIO, TX 78202	POLITICAL ORGANIZATION	TEXAS	527		SIERRA CLUB	X	
SIERRA CLUB POLITICAL COMMITTEE - MARYLAND CHAPTER PAC - 56-2672579, 4413 RIDGE STREET, CHEVY CHASE, MD 20815	POLITICAL ORGANIZATION	MARYLAND	527		SIERRA CLUB	X	
MICHIGAN SIERRA PAC - 22-3935178 109 E. GRAND RIVER AVENUE LANSING, MI 48906	POLITICAL ORGANIZATION	MICHIGAN	527		SIERRA CLUB	X	
MICHIGAN SIERRA CLUB INDEPENDENT ACTION PAC - 83-1295775, 109 E. GRAND RIVER AVENUE, LANSING, MI 48906	POLITICAL ORGANIZATION	MICHIGAN	527		SIERRA CLUB	X	
MISSISSIPPI SIERRA CLUB PAC - 45-4833193 921 N. CONGRESS STREET JACKSON, MS 39202	POLITICAL ORGANIZATION	MISSISSIPPI	527		SIERRA CLUB	X	
SIERRA NH PAC - 01-0630051 40 NORTH MAIN STREET, 2ND FLOOR CONCORD, NH 03301	POLITICAL ORGANIZATION	NEW HAMPSHIRE	527		SIERRA CLUB	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
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	X	
OHIO SIERRA CLUB POLITICAL COMMITTEE - 34-1664332, 131 N. HIGH STREET, SUITE 605, COLUMBUS, OH 43215	POLITICAL ORGANIZATION	OHIO	527		SIERRA CLUB	X	
OREGON SIERRA CLUB PAC - 01-0931836 1821 SE ANKENY STREET PORTLAND, OR 97214	POLITICAL ORGANIZATION	OREGON	527		SIERRA CLUB	X	
RIO GRANDE CHAPTER OF SIERRA CLUB PAC - 81-1100693, 1807 SECOND STREET, UNIT 45, SANTA FE, NM 87505	POLITICAL ORGANIZATION	NEW MEXICO	527		SIERRA CLUB	X	
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 - 36-5011489, 824 SOUTH 400 WEST, SUITE B112, SALT LAKE CITY, UT 84101	POLITICAL ORGANIZATION	UTAH	527		SIERRA CLUB	X	
VIRGINIA CHAPTER SIERRA CLUB POLITICAL ACTION COMMITTEE - 51-0647000, 422 E. FRANKLIN ST., STE 302, RICHMOND, VA 23219	POLITICAL ORGANIZATION	VIRGINIA	527		SIERRA CLUB	X	
SIERRA CLUB PAC WA STATE - 01-0872312 180 NICKERSON STREET SEATTLE, WA 98109	POLITICAL ORGANIZATION	WASHINGTON	527		SIERRA CLUB	X	
SIERRA CLUB HEALTHY COMMUNITIES PAC - 37-1525718, 180 NICKERSON STREET, SEATTLE, WA 98109	POLITICAL ORGANIZATION	WASHINGTON	527		SIERRA CLUB	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CALIFORNIA SIERRA CLUB PAC - 82-2778208 3250 WILSHIRE BLVD. STE. 1106 LOS ANGELES, CA 90010-1513	POLITICAL ORGANIZATION	CALIFORNIA	527		SIERRA CLUB	X	
NEW JERSEY SIERRA CLUB PAC - 82-2008648 P.O. BOX 269 GARWOOD, NJ 07027	POLITICAL ORGANIZATION	NEW JERSEY	527		SIERRA CLUB	X	
SIERRA CLUB FLORIDA PAC - 82-1980202 220 LAKEVIEW DR. #305 WESTON, FL 33326	POLITICAL ORGANIZATION	FLORIDA	527		SIERRA CLUB	X	
PENNSYLVANIA SIERRA CLUB PAC - 82-0934859 225 MARKET ST., STE. 501 HARRISBURG, PA 17101-2126	POLITICAL ORGANIZATION	PENNSYLVANIA	527		SIERRA CLUB	X	
SIERRA CLUB POLITICAL COMMITTEE NE CHAPTER - 82-2828193, PO BOX 4664, OMAHA, NE 68104-0664	POLITICAL ORGANIZATION	NEBRASKA	527		SIERRA CLUB	X	
SIERRA CLUB NEW YORK POLITICAL COMMITTEE - 83-1103288, 744 BROADWAY, ALBANY, NY 12207	POLITICAL ORGANIZATION	NEW YORK	527		SIERRA CLUB	X	
SIERRA CLUB MISSOURI CHAPTER POLITICAL COMMITTEE - 30-1067095, 2818 SUTTON BLVD., MAPLEWOOD, MO 63143-3010	POLITICAL ORGANIZATION	MISSOURI	527		SIERRA CLUB	X	
SIERRA CLUB OKLAHOMA CHAPTER POLITICAL ACTION COMMITTEE - 82-4873738, 600 NW 23RD STREET, SUITE 204, OKLAHOMA CITY, OK 73103	POLITICAL ORGANIZATION	OKLAHOMA	527		SIERRA CLUB	X	
WEST VIRGINIA SIERRA CLUB PAC - 83-1805393 518 MARYLAND AVE. FAIRMONT, WV 26554	POLITICAL ORGANIZATION	WEST VIRGINIA	527		SIERRA CLUB	X	
SIERRA CLUB VERMONT CHAPTER PAC - 81-3880603 145 BLUE HERON LANE N. HERO, VT 05474	POLITICAL ORGANIZATION	VERMONT	527		SIERRA CLUB	X	
TENNESSEE SIERRA CLUB POLITICAL COMMITTEE - 85-0756815, 500 PARAGON MILLS RD., #G2, NASHVILLE, TN 37211-3734	POLITICAL ORGANIZATION	TENNESSEE	527		SIERRA CLUB	X	
KENTUCKY SIERRA CLUB PAC - 86-3337792 1321 ELIZABETH ST. BOWLING GREEN, KY 42104	POLITICAL ORGANIZATION	KENTUCKY	527		SIERRA CLUB	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SIERRA CLUB 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	X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- 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)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j	X	
1k		X
1l	X	
1m		X
1n		X
1o		X
1p		X
1q		X
1r	X	
1s	X	

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	