Form 330
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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



ΑΙ	For th	e 2019 calendar year, or tax year beginning and	ending		
B	Check if applicab	e: C Name of organization		D Employer identific	cation number
	Addre	SIERRA CLUB			
	Name	Doing business as	94-115330	07	
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr	2101 WEBSTER STREET	1300	(415)977-	-5500
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	178,289,421.
	Amer returr	OARLAND, CA 94012		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer: MICHAEL BRONE		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a	list. (see instructions)
		te: WWW.SIERRACLUB.ORG		H(c) Group exemption	
		f organization: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other 🕨	L Year	of formation: 1892 N	State of legal domicile: CA
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities:			
- nc		THE WILD PLACES OF THE EARTH, PRACTICE &			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more		
Š	3				15
کہ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		1033	
ivit	6	Total number of volunteers (estimate if necessary)		10385	
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			251,488.
	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>		0.
		Contributions and swarts (Dart) (III line 1b)	1	Prior Year 29,549,637.	Current Year 143,085,711.
ne	8	Contributions and grants (Part VIII, line 1h)		10,832,446.	10,657,306.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,448,370.	1,381,845.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,847,506.	1,592,467.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		43,677,959.	156,717,329.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,501,023.	1,461,962.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		71,997,300.	79,470,199.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1,589,018.	1,526,310.
ben	b	Total fundraising expenses (Part IX, column (D), line 25) 6 , 238, 6	60.		
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		65,842,151.	67,975,880.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		41,929,492.	150,434,351.
	19	Revenue less expenses. Subtract line 18 from line 12		1,748,467.	6,282,978.
or	5			ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		06,933,363.	120,762,455.
t As:	21	Total liabilities (Part X, line 26)		36,455,472.	39,270,567.
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		70,477,891.	81,491,888.
Pa	art 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			Date					
Sign Signature of oncer Date Here ADRIENNE FRAZIER, ASSISTANT TREASURER								
Type or print name and title								
Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
MAGA E. KISRIEV			self-employed P01008919					
Firm's name 🕒 HOOD & STRONG LL	P		Firm's EIN 🕨 94–1254756					
Firm's address 🖕 275 BATTERY ST,	STE 900							
SAN FRANCISCO, CA 94111 Phone no. 415.781.								
May the IRS discuss this return with the preparer shown above? (see instructions)								
LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2019)					
	ADRIENNE FRAZIER, ASSIS Type or print name and title Print/Type preparer's name MAGA E. KISRIEV Firm's name HOOD & STRONG LL. Firm's address 275 BATTERY ST, SAN FRANCISCO, C. St discuss this return with the preparer shown about	ADRIENNE FRAZIER, ASSISTANT TREASURER Type or print name and title Print/Type preparer's name MAGA E. KISRIEV Firm's name HOOD & STRONG LLP Firm's address 275 BATTERY ST, STE 900 SAN FRANCISCO, CA 94111 BS discuss this return with the preparer shown above? (see instructions)	ADRIENNE FRAZIER, ASSISTANT TREASURER Type or print name and title Print/Type preparer's name MAGA E. KISRIEV Firm's name HOOD & STRONG LLP Firm's address 275 BATTERY ST, STE 900 SAN FRANCISCO, CA 94111 St discuss this return with the preparer shown above? (see instructions)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1 990 (2019) SIERRA CLUB	94-1153307	Page 2
Ра	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O.		
2	Did the organization undertake any significant program services during the year which were not listed on the		v
	prior Form 990 or 990-EZ?	Yes .	<u>A</u> No
	If "Yes," describe these new services on Schedule O.		T7
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, and	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 73,651,627. including grants of \$ 1,461,962.) (Reve	enue \$ 139,9	<u>00.</u>)
	SEE SCHEDULE O.		
	26 472 204		0
4b	(Code:) (Expenses \$ 26, 472, 394. including grants of \$ 0.) (Reve		0.)
	MEMBERSHIP: SUPPORT AND FUNDING OF 63 VOLUNTEER LED CHAP		
	APPROXIMATELY 361 GROUPS, AND THE DEVELOPMENT OF A BROAD)-BASED	
	VOLUNTEER MEMBERSHIP.		
40	(Code:) (Expenses \$24,725,384. including grants of \$0.) (Reve	enue \$ 1,852,42	27.
70	INFORMATION AND EDUCATION: CALENDAR & ONLINE STORE, SIEF		<u> </u>
	ORGANIZATION'S MAGAZINE, COMMUNICATIONS GROUP INCLUDE NO	•	
	CHANNELS AND DIGITAL STRATEGIES (MISSION IS TO ALIGN THE		
	ACTIVITIES AND TECHNOLOGICAL INVESTMENTS WITH THE BROADE	IR STRATEGI ANI	ע
	SUCCESS OF THE CLUB).		
			_
	SIERRA MAGAZINE: PUBLISHED 6 ISSUES PER YEAR WITH AN AVE	RAGE PRINT RU	N
	IN EXCESS OF 620,000 MAGAZINES.		
	CALENDAR & ONLINE STORE: OFFERED SIERRA CLUB BRANDED MER		г
	NATURE OR THE ENVIRONMENT FOR SALE DIRECTLY TO THE PUBLI	C AND OTHER	
	RESELLERS.		
4d	Other program services (Describe on Schedule O.)		
		563,646.)	
4e	Total program service expenses ► 135,875,928.	• · · /	
		Form 99	0 (2010)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<u>_</u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	
120		12a	х	
h	Schedule D, Parts XI and XII	120	- 11	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	114		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
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Form 990 (2019) SIERRA CLUB
Part IV Checklist of Required Schedules

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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete</i>			
		23	x	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5 h		х
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 950	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c		
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Pert V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on form W3, Transmital of Wage and Tax Statements. 2a 1033 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Bott the organization have unrable basines groups income of 51,000 meed during the variant of have an interval on one Schedule O 3a X bit 7 have, "nast filed of from BoS1 for this year? If "Ve' to imp do meed during the variant of have an interval on meed during the variant of have an interval or one schedule or other studenty over, a financial account is provide an explanation on Schedule O 3a X bit 7 ves, "inset file and organization file an interval of an application on schedule or the variant of the schedule organization file an interval of an application on Schedule O 3a X bit 7 ves, "inset file an optication file an interval or application on Schedule O 3a X 3a X bit 7 ves, "inset file an optication file an explore on the variant of the torganization interval on torganization interval on torganization interval on the application and provide an explore on the variant of the comparization interval on the organization interval on the application and provide an explore on the variant of the comparization schedule application interval on the application interval on the comparization interval interval on the comparization interval on the compari		990 (2019) SIERRA CLUB 94-1153	307	P	age 5		
2a Enter the number of employees reported on From W4, Transmittal of Wage and Tax Statements, 2a 10.33 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_AB dee instructions! 3a X a At any time during the calendare busines agroups income of 31, 000 orme a during the war? 3b X b If Yes, 'Insta If fluid a form 900 if for this year, did the organization have an interest in, or a signature or other authority over, a financial account in a forsign country. 4a X b If Yes, 'Insta If fluid a forsign country. Yes, 'Insta If fluid a forsign country. Se instructions for fling requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). Se X B Was the organization a party to organization file and yinter during that any time during that ay year? Se X Did any taxable party notify the organization that it was or is a party to a prohibited tax shear for than contributions? Se X B Yes, 'a full the organization tax is during the year of the organization selection an system satement that such contributions solitot any constraints and year of the organization needware thay a solitothus on organization neaceima party the organization nee	Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
tied for the calendary year ondrig with or within the year covered by this return Lab Lab X Note: If the sum of lines 1 and 2 is greater than 250, you may be required to ex-fie (see instructions) 2a X ab bd the organization have unrelated business gross income of 31,000 or more during the year? 2a X ab T*Ne: That if thed a form 900-T for this year? If 'No' to line 3b, provide an explanation on Schedule on Schedule on the during the year? 4a X bit "Yes," that if thed a form 900-T for this year? If 'No' to line 3b, provide an explanation on Schedule on the during the year? 4a X bit Wes, "that the name of the foreign country V in Vao' to line 3b, provide an explanation on Schedule O 5a X bit Wes, "that the name of the foreign country V in Vao' to line 3b, provide an explanation on Schedule O 5a X cit Wes, 'the the name of the foreign country V 5a X cit Wes, 'the the name of the foreign country V 5a X cit Wes to organization the an end unsult yeas te apptit to a prohibited tas shell transaction at any time during the tax year? 5a X cit Wes' to line 5a or 5b, did the organization that that en ormality greater than \$10,00,00,00, and did the organization solicit any contributions and party to a prohibited tas shell as that en ormality greater than \$10,00,00,00,00,00,00,00,00,00,00,00,00,0				Yes	No		
b If a least one is reported on line 2a, did the organization if all inclusion of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) 2a X 3a Dot the organization have unrelated business gross income of 51,000 or more during the quartery are, dith to organization have anneal presentation on Schedule O 3a X 4a At any time the name of the origin country (such as a bank account, securities account, or other financial account)? 4a X 5b If "Yes," inter the name of the origin country (such as a bank account, securities account, or other financial account)? 5a X 5e was the origin country (such as a bank account, securities account, or other financial account)? 5a X 5e was the origin country (such as a bank account, securities account, or other financial account)? 5a X 5e Was the origin action have annual prose receipts that are normally greater than \$100,000, and did the organization solid. any contributions that was origin the value of the solid or solid any contributions that was origin the value of the solid or solid any contributions that was origin or the value of the solid or solid and services provided to the proof 7a 7a 7 Organization action that, diductible excitation an express statement that such contributions or gifts were not tax diductible? 7a 7a 7a 7a 7a 7a 7a 7a </th <th>2a</th> <th></th> <th></th> <th></th> <th></th>	2a						
Note: If the sum of these 1a and 2a is greater than 250, you may be required to e_fig. (see instructions) Image: Control 1 a foreign and the organization have an interest in, or a signature or other authority over, a financial account in a toreign outry (such as a back account, securities account, or other funchal account); Image: Control 1 a foreign action for this year? Image: Control 1 a foreign action for this year? Image: Control 1 a foreign action for this year? Image: Control 1 a foreign action for this year? Image: Control 1 a foreign action for this year? Image: Control 1 a foreign action for this year? Image: Control 1 a foreign action for this year? Image: Control 1 a foreign action for this year? Image: Control 1 a foreign action for this year? Image: Control 1 a foreign action for this year? Image: Control 1 a foreign action for this year? Image: Control 1 a foreign action for this year? Image: Control 1 a foreign action for this year? Image: Control 1 a foreign action for this year? Image: Control 1 a foreign action for this year? Image: Control 1 a foreign action foreign action foreign action for the sector 174(c). Image: Control 1 a foreign action foreign action foreign action for the sector 174(c). Image: Control 1 a foreign action foreign action foreign action for the value of the good or any control 1 a foreign action foreign a		, , , , ,					
3a Dit the organization have unrelated business gross income of \$1.000 or more during the yar? 3a X bit "Yes", inst field a Form 800-017 to this yes? 3b X constructions for filling requirements for Finc Star (Yes) to line 30, provide an exploration on Schedule O 3b X bit "Yes", inst the name of the foreign country, but has a bank account, or other filling requirements for Finc Star (Finc Yes) 5a X bit "Yes", inst the name of the organization have shole transaction at any time during the tax yes? 5a X bit "Yes", inst the organization parts to a prohibit dat schedit transaction? 5a X cols be to organization parts to a prohibit dat schedit transaction? 5a X cols be to organization parts to a prohibit dat schedit transaction? 5a X cols be to organization parts to a prohibit dat schedit transaction? 5a X cols be to organization approximation include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6b X bit "Yes", indicate the number of forms 8202 field during the year Zd Zd Zd col the organization notify the doro of the value of the goalization field account and party for goalization field account and the field econnization field accountable accountacci Te	b		2b	X			
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10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 11a 11a b Gross income from members or shareholders 11a 11b 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 3 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c 13a 6 Enter the amount of reserves on hand 13c 13a 13a 13a 14a X 13c 13a 13a 13a 13a 15 Is the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the o	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the xyear? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 X	10	Section 501(c)(7) organizations. Enter:					
11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X b If "Yes," see instructions and file Form 4720, Schedule N. 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X							
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Note: See the instructions for additional information the organization must report on Schedule O. Image: Constraint of the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Ima			120				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Image: Comparization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	а		138				
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14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16	~						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			14a		x		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X	-				<u> </u>		
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X							
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		x		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?							
	16	Is the constitution of a set in stitution subject to the section 4000 surjection and investment in sectors 2	16		Х		

Form **990** (2019)

932005 01-20-20

_	990 (2019) SIERRA CLUB	94-1153		Р	age 6
Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through		"No" re	espons	e
	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
C	tion A. Governing Body and Management				
		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a	15	4		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	15	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	ct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
1	Did the organization make any significant changes to its governing documents since the prior Form 990 wa	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho	olders, or			
	persons other than the governing body?		7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the				
а	The governing body?	-	8a	Х	
	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue				
		00000.)		Yes	No
)a	Did the organization have local chapters, branches, or affiliates?		10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter				
~			10b	х	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cor		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." c		12.0		
C			12c	х	
2	in Schedule O how this was done Did the organization have a written whistleblower policy?		13	X	
3			14	X	
4 5	Did the organization have a written document retention and destruction policy?		14	Δ	
5	Did the process for determining compensation of the following persons include a review and approval by in	laependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45.	Х	
	The organization's CEO, Executive Director, or top management official		15a	X	
D	Other officers or key employees of the organization		15b	~	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement v				37
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its p				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizatio				
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure			100	163
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright AL, AR, CA, FL, GA, E				
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	0-T (Section 501(c)(3)	s only)	availa	ble
	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 S	,			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of interest policy, and	d financ	cial	
	statements available to the public during the tax year.				
D	State the name, address, and telephone number of the person who possesses the organization's books an	nd records 🕨			
	ADRIENNE FRAZIER - (415)977-5500				
	2101 WEBSTER STREET, SUITE 1300, OAKLAND, CA 94612				
2006	01-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES		Form	990	(2019
	6				
11	09 758661 81035 2019.05000 SIERRA CLUB	3		81	035

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Form 990 (2019) SIE	ERRA CLUB	94-1153307	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Ind	dependent Contractors							
Check if Schedule O cont	tains a response or note to any line in this Part VII							
Section A. Officers, Directors, Trus	istees, Key Employees, and Highest Compensated	I Employees						
1a Complete this table for all persons	s required to be listed. Report compensation for the o	calendar year ending with or within the organization's ta	ax year.					

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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. Т

		l	<u>_</u> u			1001	out	1 1 1	í í	(E)
(A)	(B)			رر Pos	C) ition	n		(D)	(E)	(F)
Name and title	Average		(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated amount of			
	hours per week		, unles cer an					compensation from	compensation from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				Ð		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highemp	Former			
(1) LOREN BLACKFORD	25.00									
PRESIDENT	0.01	Х		Х				0.	0.	0.
(2) RAMON CRUZ	12.00									
VICE-PRESIDENT	0.01	Х		Х				0.	0.	0.
(3) SUSANA REYES	12.00									
VICE-PRESIDENT (THRU 5/15/19)	0.01	Х		х				0.	0.	0.
(4) NATALIE LUCAS	10.00									
SECRETARY	0.01	Х		х				0.	0.	0.
(5) DAVID SCOTT	8.00									
TREASURER	0.01	Х		х				0.	0.	0.
(6) DEBBIE HEATON	20.00									
FIFTH OFFICER	0.01	Х		х				0.	0.	0.
(7) MARGRETE STRAND RANGNES	2.00									
SECRETARY (THRU 5/15/19)/DIRECTOR	0.01	Х		Х				0.	0.	0.
(8) ANTONIO FULLER	5.00									
DIRECTOR	0.01	Х						0.	0.	0.
(9) CHAD HANSON	15.00									
DIRECTOR	0.01	Х						0.	0.	0.
(10) JIM DOUGHERTY	8.00									
DIRECTOR	0.01	Х						0.	0.	0.
(11) MIKE O'BRIEN	10.00									
DIRECTOR	0.01	Х						0.	0.	0.
(12) OLIVER BERNSTEIN	6.00									
DIRECTOR	0.01	Х						0.	0.	0.
(13) PETER SARGENT	10.00									
DIRECTOR	0.01	Х						0.	0.	0.
(14) ROBIN MANN	25.00									
DIRECTOR (THRU 5/15/19)	0.01	Х						0.	0.	0.
(15) ROSS MACFARLANE	15.00									
DIRECTOR	0.01	Х						0.	0.	0.
(16) AARON MAIR	10.00									
DIRECTOR	0.01	Х						0.	0.	0.
(17) ANSJE MILLER	8.00									
DIRECTOR	0.01	х						0.	0.	0.
932007 01-20-20										Form 990 (2019)

932007 01-20-20

Form 990 (2019)

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Form 990 (2019) SIERRA CLUB 94-1										1533	307	Page 8
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		((F)
Name and title Av		(do		Pos				Reportable	Reportable		Esti	mated
	hours per	hours per (do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensatio	n	amo	unt of				
	week	offi	cer ar	nd a di	irecto	or/trus [:]	tee)	from	from related	I	ot	ther
	(list any	ector						the	organization	s	compe	ensation
	hours for	or dir				ted		organization	(W-2/1099-MIS	SC)	fror	m the
	related	stee c	ruste			ensa		(W-2/1099-MISC)			•	nization
	organizations	altru:	inal t		loyee	e comp						related
	below	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				organ	izations
	line)	lnd	lns	Offi	Key	Emig	For					
(18) TOM NEFF ASSISTANT TREASURER	5.00			x				0.		0.		0.
	50.00		-					0.		••		0.
(19) MICHAEL BRUNE				37				200 201			۲A	020
EXECUTIVE DIRECTOR	0.00			X				300,201.		0.	50	<u>,930.</u>
(20) JENNIFER TRAHAN	50.00											
CHIEF OPERATING OFFICER	0.01			X				222,671.		0.	41	<u>,559.</u>
(21) LOUIS BARNES	50.00											
CHIEF FINANCIAL EXEC (THRU 12/31/19)	0.00			X				232,255.		0.	30	<u>,167.</u>
(22) HAMILTON LEONG	50.00											
CONTROLLER	0.00			X				192,244.		0.	31	<u>,591.</u>
(23) PHILIP EAGER	50.00											
GENERAL COUNSEL	0.00			Х				170,239.		0.	25	<u>,553.</u>
(24) ADRIENNE FRAZIER	50.00											
DEPUTY CHIEF FINANCIAL EXECUTIVE	0.00			Х				156,835.		0.	17	,092.
(25) JESSE SIMONS	50.00											
NATIONAL PROGRAM DIRECTOR	0.00				х			223,818.		0.	38	,039.
(26) MARY NEMEROV	50.00											<u> </u>
CHIEF ADVANCEMENT OFFICER	0.00				x			230,993.		0.	24	,115.
44 0-44-4-1	-			-				1,729,256.		0.		,046.
c Total from continuation sheets to Part V								1,455,173.		0.		,454.
d Total (add lines 1b and 1c)								3,184,429.		0.		,500.
2 Total number of individuals (including but i									000 of reportable		400	, 5000
	iot innited to th	ose	liste	u au	ove) wri	0 re	ceived more than \$100,	000 of reportable	;		142
compensation from the organization												/es No
										ſ		
3 Did the organization list any former officer			•	•	-		Ŭ	• • •			-	v
line 1a? If "Yes," complete Schedule J for											3	<u> </u>
4 For any individual listed on line 1a, is the s												
and related organizations greater than \$15	,		'								4	x
5 Did any person listed on line 1a receive or	accrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes." con	mplete Schedule	e J f	or si	ıch r	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	ompensated inc	lepe	nde	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	pensat	ion from	ו
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and busines								Description of s	ervices	С	ompens	ation
MARKETEAM, LLC, 600 NORT	HPARK TO	WN	C	EN'	TE:	R						
STE 1600, ATLANTA, GA 30	328							MARKETING		7	,012	,033.
FACEBOOK, INC., 15161 CO	LLECTION	S	CE	NT	ER							
DR., CHICAGO, IL 60693								CONSULTANTS		1	,828	,771.
PALM COAST DATA LLC, PO	BOX 1000		DE	РТ								
996, MEMPHIS, TN 38148-0996						ŀ	IT PROCESSING	G S	1	.519	,409.	
MAIL SERVICES LLC									-		/	
4100 121ST STREET, URBAN		5	03	23			ŀ	PRINTING & MA	ATLING	1	.047	,061.
ALTA RESOURCES, INC.								FULFILLMENT &			, • • /	,
120 N COMMERCIAL STREET,	<u> </u>	TA7	т	51	9 5	6		WAREHOUSE	~	1	020	,016.
									ore than	<u> </u>	,052	,
 2 Total number of independent contractors (\$100,000 of compensation from the organ 	-	ur IIr	me	101	nos 58		rea	abovej who received mo	הכנומו			
SEE PART VII, SECTIO		IN	UA	TI			HE	ETS	l		Form 9	90 (2019)

932008 01-20-20

Form 990 SIERRA CI	94-1153307									
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Co								Compensated Employe		
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	verage		Position				Reportable	Reportable	Estimated
	hours	(cl	heck	eck all that apply) compensation	compensation	amount of				
	per							from	from related	other
	week (list any	tor				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(00-2/1033-10130)	organization
	related	ee or	stee			nsate				and related
	organizations	l trust	al tru		oyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			
	line)	Indi	Inst	Officer	Key	Hig	For			
(27) MICHELLE EPSTEIN	50.00									
DEPUTY CHIEF ADV OFFCR, MEM & DIRECT	0.00				Х			198,084.	0.	37,655.
(28) LINDI VON MUTIUS	50.00									
CHIEF OF STAFF	0.00				Х			177,900.	0.	12,543.
(29) BRUCE HAMILTON	50.00									
SR. DIR, PROG POLICIES & INT GOVERNA	0.00					X		229,932.	0.	33,627.
(30) MAGGIE KASH	50.00									
CHIEF OF COMMUNICATIONS	0.00					X		230,329.	Ο.	24,101.
(31) PATRICK GALLAGHER	50.00									
LEGAL DIRECTOR	0.00					X		210,948.	Ο.	40,379.
(32) MICHAEL BOSSE	50.00									
DEPUTY NATIONAL PROGRAM DIRECTOR	0.00					X		205,435.	0.	31,080.
(33) GLORIA SMITH	50.00									
MANAGING ATTORNEY	0.00					x		202,545.	0.	28,069.
		1								
		1								
		1								
	1	I	I	1		I	I			
								1,455,173.		207,454.

932201 04-01-19

		Check if Schedule O					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclud
_								function revenue	business revenue	from tax unde sections 512 - 5
Ŋ	1 a	Federated campaigns		1a						
		Membership dues				25,721,100.				
	с	Fundraising events		1c		144,353.				
		Related organizations								
	е	Government grants (contr	ibuti	ons) 1e						
ō	f	All other contributions, gifts,	grant	ts, and						
Ð		similar amounts not included	abov	/e 1 f		117,220,258.				
	g	Noncash contributions included in	lines 1	1a-1f 1g	\$	339,401.				
7	h	Total. Add lines 1a-1f				▶	143,085,711.			
						Business Code				
	2 a	OUTING & LODGING				900099	9,563,646.			
D	b	OTHER PROGRAM SERVIO	CER	REVENUE		900099	676,214.	676,214.		
aniiaau	с	PUBLICATION INCOME				541800	417,446.		250,812.	166,6
22	d									
	е									
	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f				>	10,657,306.			
	3	Investment income (includ	ding	dividends,	ntere	est, and				
		other similar amounts)				►	1,149,200.		676.	1,148,5
	4	Income from investment of								
	5	Royalties	. <u></u>			►	646,583.			646,5
				(i) Rea	ıl	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss))			►				
	7 a	Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a	20,732,	264.	1,260.				
	b	Less: cost or other basis								
		and sales expenses	7b	20,500,	619.	260.				
	с	Gain or (loss)	7c	231,	645.	1,000.				
		Net gain or (loss)			<u>.</u>		232,645.			232,6
	8 a	Gross income from fundraisi	ng ev	ents (not						
		including \$								
		contributions reported on								
		Part IV, line 18			8a	180,486.				
	b	Less: direct expenses			8b	133,269.				
	с	Net income or (loss) from	fund	raising eve	nts		47,217.			47,2
	9 a	Gross income from gamin	g ac	tivities. See	•					
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			s					
		Gross sales of inventory, I	-	-						
		and allowances			10a	1,678,513.				
	b	Less: cost of goods sold				937,944.				
		Net income or (loss) from			-	>	740,569.	740,569.		
T						Business Code				
	11 a	LITIGATION AWARD FE	ES			541100	139,900.	139,900.		
nue		SUBSCRIPTIONS				900099	18,198.	18,198.		
2 A C	c						,	, , ,		
revenue		All other revenue								
		Total. Add lines 11a-11d					158,098.			

Form 990 (2019) SIERRA CLUB
Part VIII Statement of Revenue

	Check if Schedule O contains a respor				<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,461,962.	1,461,962.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,427,084.	889,701.	909,286.	628,097.
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	63,339,213.	56,405,898.	2,030,467.	4,902,848.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		1,381,965.	70,907.	133,406.
9	Other employee benefits	i	6,336,613.	325,122.	611,696.
10	Payroll taxes	4,844,193.	4,220,261.	216,535.	407,397.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	5,906,800.	5,622,100.	245,300.	39,400.
с	Accounting	358,909.		358,909.	
d	Lobbying	798,691.	798,691.		
е	5	1,526,310.			1,526,310.
f	Investment management fees	144,900.		144,900.	
g	Other. (If line 11g amount exceeds 10% of line 25,		01 000 001	1 21 1 426	0 (10 004
	column (A) amount, list line 11g expenses on Sch 0.)		21,983,271.	1,317,436.	2,613,874.
12	Advertising and promotion	3,900,500.		3,300.	967,400.
13	Office expenses	8,784,100.		167,400.	2,134,200. 18,200.
14	Information technology	1,103,986. 321,600.		21,000.	10,200.
15	Royalties	5,623,314.	3,993,414.	1,270,400.	359,500.
16		8,042,600.	7,255,800.	504,500.	282,300.
17	Travel	0,042,000.	1,233,000.	504,500.	202,300.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
20	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,337,400.	1,081,500.	154,600.	101,300.
23	Insurance	927,800.	569,000.	329,300.	29,500.
24	Other expenses. Itemize expenses not covered		,		•
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRINTING & PUBLICATIÓN	7,981,700.	6,519,200.	130,700.	1,331,800.
b	LODGE & OUTING FIELD EX	1,835,000.	1,835,000.		
с	MEMBERSHIP	1,030,707.	1,030,707.		
d	SIERRA CGS	758,756.	758,756.		
е	All other expenses	-6,795,464.	2,933,403.	119,701.	-9,848,568.
25	Total functional expenses. Add lines 1 through 24e	150,434,351.	135,875,928.	8,319,763.	6,238,660.
26	$\ensuremath{\textbf{Joint costs}}$. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Farma 990 (0010)

SIERRA CLUB 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

932010 01-20-20

X

94-1153307 Page 11

	<u>1 990 (</u> rt X	2019) SIERRA CLUB Balance Sheet		94-	1153307 Page 11
Гa					
		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	-
	2	Savings and temporary cash investments	53,500,521.	2	56,409,734.
	3	Pledges and grants receivable, net	10,734,200.	3	12,760,400.
	4	Accounts receivable, net	4,824,300.	4	7,106,600.
	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	
S	7	Notes and loans receivable, net	40,000.	7	0.
Assets	8	Inventories for sale or use	109,700.	8	117,200.
As	9	Prepaid expenses and deferred charges	3,853,600.	9	4,927,700.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 16,338,100.			
	b	Less: accumulated depreciation 10b 11,062,100.	6,152,000.	10c	5,276,000.
	11	Investments - publicly traded securities	16,080,542.	11	19,478,721.
	12	Investments - other securities. See Part IV, line 11	11,288,200.	12	14,389,500.
	13	Investments - program-related. See Part IV, line 11	147,300.	13	72,900.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	203,000.	15	223,700.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	106,933,363.	16	120,762,455.
	17	Accounts payable and accrued expenses	16,286,592.	17	17,053,727.
	18	Grants payable		18	
	19	Deferred revenue	1,827,780.	19	1,638,840.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab.		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	18,341,100.	25	20,578,000.
	26	of Schedule D Total liabilities. Add lines 17 through 25	36,455,472.	25 26	39,270,567.
	20	Organizations that follow FASB ASC 958, check here \blacktriangleright X	50,455,472.	20	55,270,507.
Se		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	38,655,678.	27	43,385,479.
3ala	28	Net assets with donor restrictions	31,822,213.	28	38,106,409.
ΒP		Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
ç	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	70,477,891.	32	81,491,888.
	33	Total liabilities and net assets/fund balances	106,933,363.	33	120,762,455.

Form 990 (2019)

	990 (2019) SIERRA CLUB	94-	<u>1153</u>	307	Pag	_{ge} 12	
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,71			
2	Total expenses (must equal Part IX, column (A), line 25)	2	150	,434	1, 3	<u>51.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		,282			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,47'			
5	Net unrealized gains (losses) on investments	5	6	,402	2,4	<u>55.</u>	
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	-1	,671	1,4:	<u>36.</u>	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	81	,493	1,8	88.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				x	
2a	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?			2b	X	 	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it				
	Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000	L	

Form **990** (2019)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

9	4	_	1	1	5	3	3	0	7
2	-		т.	т.	J	J	9	v	'

Filers of:	Section:
Form 990 or 990-EZ	\fbox{X} 501(c)(4) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 for an *exclusively* set is charitable, etc., burpose. 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 for an *exclusively* set is the set of the parts unless to the set of the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the year for an *exclusively* set 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 for an *exclusively* set of the parts unless the **form any form any**

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2019)
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Name of organization

Employer identification number

SIERRA CLUB

94-1153307

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$140,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

SIERRA CLUB

94-1153307

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$ 27,684.	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,531.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		\$9,494.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,336.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$12,542.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$10,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Name of organization

SIERRA CLUB

94-1153307

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$10,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$5,696.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$ <u></u> 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> 923452 11-06-		\$9,201.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Name of organization

SIERRA CLUB

94-1153307

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u> </u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ <u>15,478.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25_		\$24,006.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$11,330.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ <u>10,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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SIERRA CLUB Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 31 X Person Payroll 8,032. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 32 X Person Payroll 9,684. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 36 X Person Payroll 5,500. Noncash \$ (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) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 X Person Payroll 6,233. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 38 X Person Payroll 40,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 39 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 40 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 42 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$7,140.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>46</u>		\$7,352.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>47</u>		\$264,107.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>48</u> 923452 11-06-		\$5,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$37,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$12,360.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$7,500.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$7,500.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c) Totol contributions	(d) Turne of contribution
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
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SIERRA CLUB Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 55 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 56 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 57 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 58 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 59 X Person Payroll X 49,928. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 60 X Person Payroll 10,000. Noncash \$ (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) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 61 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 62 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 63 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 64 X Person Payroll Noncash 5,500. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 65 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 66 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 67 </u>		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$6,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>69</u>		\$180,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70_		\$ <u>17,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>74</u>		\$18,059.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>75</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76_		\$ <u>1,151,296.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$16,667.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>78</u> 923452 11-06-		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 79 X Person Payroll 5,349. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 80 X Person Payroll 119,058. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 81 X Person Payroll 150,153. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 82 X Person Payroll 15,575. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 83 X Person Payroll 8,515. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 84 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
85		\$ <u>128,557.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$31,586.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b)	(c) Total contributions	(d) Type of contribution
<u> </u>	Name, address, and ZIP + 4	\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>91</u>		\$3,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$16,894.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$33,899.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$662,681.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a)	(b)	(c)	(d)
<u>98</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99	, , , , , , , , , , , , , , , , ,	\$30,622.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$5,581.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$31,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>102</u> 923452 11-06-		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$83,023.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$100,008.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_106		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$137,572.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$29,070.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
109		\$40,815. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
110		\$20,429. \$\$Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
111		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
_112		\$8,849. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
114		\$ 20,000. \$ 20,000. 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)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$14,103.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116	, , , , , , , , , , , , , , , , ,	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_117		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_118		\$60,690.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$23,280.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>120</u> 923452 11-06-		\$258,473.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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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		\$7,506.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$40,613.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123		\$30,054.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_124		\$89,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$54,278.	Person X Payroll Noncash (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. (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 127 X Person Payroll 124,149. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 128 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 129 X Person Payroll 170,902. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 130 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 131 X Person Payroll 10,300. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 132 X Person Payroll 12,855. Noncash \$ (Complete Part II for noncash contributions.) 923452 11-06-19

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 133 X Person Payroll 5,638. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 134 X Person Payroll 16,081. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 135 X Person Payroll 300,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 136 X Person Payroll 294,013. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 137 X Person Payroll 5,180. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 138 X Person Payroll 6,500. Noncash \$ (Complete Part II for noncash contributions.) 923452 11-06-19

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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	
<u>139</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
140		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>141</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
142		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>143</u>		\$50,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u> 144 </u>		\$ <u>65,000.</u>	Person X Payroll Noncash (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. (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 145 X Person Payroll 35,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 146 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 147 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 148 X Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 149 X Person Payroll 6,206. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 150 X Person Payroll 6,008. Noncash \$ (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_151		\$7,820.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>153</u>		\$8,265.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>154</u>		\$ <u>15,300.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>156</u> 923452 11-06-		\$ <u>6,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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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		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
158		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>159</u>		\$10,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
160		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
161		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>162</u> 923452 11-06		\$10,025.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)	

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 163 X Person Payroll 9,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 164 X Person Payroll 7,300. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 165 X Person Payroll 12,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 166 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 167 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 168 X Person Payroll 8,000. Noncash \$ (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	
<u>169</u>		\$14,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>170</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
171		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
172		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
173		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>174</u> 923452 11-06		\$9,687.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)	

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176		\$6,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
177		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
178		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
179		\$5,370.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>180</u> 923452 11-06-		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
182		\$6,058.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
184_		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
185		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
186		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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Name of organization

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Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
188		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>189</u>		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>190</u>		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>191</u>		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>192</u> 923452 11-06		\$8,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>193</u>		- _ \$5,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
194		- \$ <u>6,737.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>195</u>		- _ \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>196</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>197</u>		- \$ <u>307,840.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>198</u> 923452 11-06-		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 199 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 200 Person Payroll 25,673. Noncash X (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 201 Person Payroll 25,018. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 202 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 203 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 204 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 923452 11-06-19

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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		\$37,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
206		\$11,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
207		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
208		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
209		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
210		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
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(d)

Type of contribution

Person Payroll

Noncash

Person Payroll

Noncash

Person

Payroll

Noncash

(Complete Part II for

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

X

X

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5,475.

5,700.

9,618.

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		-	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
214		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
215		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
216		\$9,000.	Person X Payroll Noncash (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		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_218		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
219		\$5,156.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
220		\$5,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
221		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
222		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
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X

X

X

X

X

X

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 223 Person Payroll 7,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 224 Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 225 Person Payroll 10,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 226 Person Payroll Noncash 10,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 227 Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 228 Person Payroll 20,000. Noncash \$ (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		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
230		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_231		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
232		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
233		\$5,080.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_234		\$10,900.	Person X Payroll Noncash (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		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
236		\$6,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
237		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_238		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
239		\$12,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_240		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
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(a) No. 241	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241			
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
242		\$5,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
243		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
244		\$10,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
245		\$50,425.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>246</u> 923452 11-06-		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

81035__1

Name of organization

Employer identification number

SIERRA CLUB

94-1153307

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
247		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
248		\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
249		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
250		\$10,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
251		\$86,829.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>252</u> 923452 11-06		\$\$4,555.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)	

Name of organization

Employer identification number

(d)

Type of contribution

Person Payroll

Noncash

X

X

X

X

X

X

94-1153307

SIERRA CLUB Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 253 5,741. \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 254 12,360. \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** No. 255 5,600. \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** No. 256 5,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 257 6,740. (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 258 5,000. \$

(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Person Payroll

Noncash

923452 11-06-19

Name of organization

SIERRA CLUB

Employer identification number

94-1153307

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_259		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
260		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
261		\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
262		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_263		\$10,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>264</u> 923452 11-06-		\$ 79,517,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

SIERRA CLUB

94-1153307

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
265		\$399,617.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
266		\$72,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
267		\$6,724.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
268		\$197,677.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
269		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
923452 11-06	-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)	

	rganization		Emplo	Page ver identification number
STERR	A CLUB		94	-1153307
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	Il if additional space is pood		1155507
(a)	Noncasi i roperty (see instructions). Use duplicate copies of Part		eu.	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
7	136 SHARES APPLE INC.	_		
		\$27,6	684.	_12/31/19_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
8	5 SHARES GOOGLE INC.	_		
		\$5,!	531.	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
9	7 SHARES ALPHABET INC. CLASS C	_		
		\$9,4	494.	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
10	400 SHARES NORTON LIFELOCK	_		
		\$10,3	336.	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
59	819 SHARES BANK OF AMERICA CORP.	_		
		\$22,2	244.	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
197	450 SHARES BOEING COMPANY	_		
923453 11-06-		\$\$\$		<u>12/31/19</u> 990, 990-EZ, or 990-PF) (2019)

60 2019.05000 SIERRA CLUB

dulo B (E 990 990.EZ or 990.PF) (2019)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Name of organization

Employer identification number

94-1153307

SIERRA CLUB

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
	2 SHARES TOTAL SYSTEM SERVICES, 103.6 SHARES EBSCO DUSTRIES		
		\$25,673.	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
201	2 SHARES EBSCO INDUSTRIES		
		\$25,018.	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>219</u>	SHARES HOME DEPOT		
		\$5,156.	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>245</u>) SHARES AMERICAN EXPRESS, 305 SHARES MICROSOFT CORP.		
		\$50,425.	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-06-19		\$	990, 990-EZ, or 990-PF) (2

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ame of ore	ganization		Employer identification number		
TERRA	CLUB		94-1153307		
Part III	Exclusively religious, charitable, etc., contributor	(a) through (e) and the following line ent s, charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yea		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-		(e) Transfer of gift			
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
a) No. from					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address,		Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I		(c) ccc ci giit			
	(e) Transfer of gift				
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
3454 11-06-	19		Schedule B (Form 990, 990-EZ, or 990-PF) (20		

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SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Nar	ne of organization	Employer	identification number
	SIERRA CLUB	94	4-1153307
Pá	art I-A Complete if the organization is exempt under section 501(c) or is a section 52	?7 organi	zation.
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.		
2	Political campaign activity expenditures	▶\$	581,489.
3			5,029.
Pa	art 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
4	a Was a correction made?		Yes No
	b If "Yes," describe in Part IV.		
Pa	art I-C Complete if the organization is exempt under section 501(c), except section 5	501(c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	. ► \$	298,646.
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527		
	exempt function activities	▶\$	8,500.
3			
	line 17b	▶\$	307,146.
4	Did the filing organization file Form 1120-POL for this year?		X Yes No
5			filing organization
	made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also er	iter the amc	ount of political

contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
THE SIERRA CLUB				
VOTER EDUCATION FUN	OAKLAND, CA 94612	94-3244759	0.	249,887.
MISSISSIPPI SIERRA				
CLUB PAC	JACKSON, MS 39202	45-4833193	8,500.	0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.LHASEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019					L153307 Page 2
Part II-A Complete if the organ	nization is exe	mpt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
expenses, and share o	of excess lobbying	expenditures).	n Part IV each affiliated	group member's nam	e, address, EIN,
Limits	on Lobbying Expe	and "limited control" pro enditures unts paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influer	ice public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influer	ice a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines	s 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	add lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter t	he amount from th	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (l) is: The lo	bbying nontaxable am	nount is:		
Not over \$500,000	20% o ⁻	f the amount on line 1e			
Over \$500,000 but not over \$1,000,0	00 \$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000 \$225,0	00 plus 5% of the exce	ess 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 c					
i Subtract line 1f from line 1c. If zero or					
j If there is an amount other than zero					
reporting section 4911 tax for this year	-	· •			Yes No
		veraging Period Under	• •	6 Ale a finne a a lumana le	
(Some organizations that		rate instructions for li		t the five columns b	elow.
	· · ·	enditures During 4-Ye			
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

	Schedule C (Form	990 or 990-EZ) 2019	SIERRA	CLUE
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Schedule C (Form 990 or 990-EZ) 2019 SIERRA CLUB 94-1153307 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
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 L	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
с Ь	Media advertisements? Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	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)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				Х	
Fai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al				
а	Current year		2a			
b	Carryover from last year		2b			
с	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 exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	t IV Supplemental Information					
instru	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT I-A, LINE 1:	list); Part II-	A, lines 1 a	nd 2 (see		
SII	ERRA CLUB PROVIDES ADMINISTRATIVE AND FUNDRAISING SU	PPORT	το ιτ	S		
SEI	PARATE SEGREGATED FUNDS (SIERRA CLUB POLITICAL COMMI	TTEE A	AND SI	ERRA		
CLU	JB VOTER EDUCATION FUND AND STATE POLITICAL ORGANIZA	TIONS	AND			
<u>C01</u>	MUNICATES WITH ITS MEMBERS AND OTHERS ABOUT CANDIDA	TES, 1	INCLUD	ING		
EXI	PRESSLY ADVOCATING FOR THEIR ELECTION OR DEFEAT, AS			NDER 990 or 990	EZ) 2010	
		Schedu		220 01 220	- 62) 20 19	

932043 11-26-19

FEDERAL AND STATE LAW.

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

THE SIERRA CLUB VOTER EDUCATION FUND

2101 WEBSTER STREET, SUITE 1300 OAKLAND, CA 94612

MISSISSIPPI SIERRA CLUB PAC

921 N. CONGRESS STREET JACKSON, MS 39202

Schedule C (Form 990 or 990-EZ) 2019

932044 11-26-19

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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)	
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► 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. Go to



Nam	e of the organization SIERRA CLUB					Employer identification number 94-1153307
Pa		d Funds or Oth	er Si	imilar Fund	s or Ac	
I a					3 01 AU	Complete li trie
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor ad	dviso	d funds	· · ·	(b) Funds and other accounts
	Total number at and of year				· · ·	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3 ⊿	Aggregate value of grants from (during year)				<u> </u>	
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in		to ho	ld in donor odu	l	10
5						
6	are the organization's property, subject to the organization's Did the organization inform all grantees, donors, and donor a					
U	for charitable purposes and not for the benefit of the donor o					
	impermissible private benefit?	,		, , ,		
Pa		nanization answered	l "Yes	s" on Form 990	Part IV.	line 7.
1	Purpose(s) of conservation easements held by the organization				, · u. · · · ,	
•	Preservation of land for public use (for example, recrea		[]. []	Preservation	of a histo	prically important land area
	Protection of natural habitat	lien er eddedlien,		7		fied historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation co	ntribu	ution in the forr	n of a cor	nservation easement on the last
	day of the tax year.					Held at the End of the Tax Year
а						2a
						2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)			2c
	Number of conservation easements included in (c) acquired a					
	listed in the National Register					2d
3	Number of conservation easements modified, transferred, rel					zation during the tax
	year ►					
4	Number of states where property subject to conservation eas	sement is located 🕨			_	
5	Does the organization have a written policy regarding the per	iodic monitoring, ins	spect	ion, handling o	f	
	violations, and enforcement of the conservation easements it	holds?				Yes 🔛 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	ns, an	d enforcing co	nservatio	n easements during the year
	▶					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	nd enf	forcing conserv	ation eas	sements during the year
_	► \$					
8	Does each conservation easement reported on line 2(d) abov					
•	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation			•		
	balance sheet, and include, if applicable, the text of the footr	note to the organizat	ion's	financial stater	nents tha	at describes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical	Trea	asures. or C	ther S	imilar Assets.
	Complete if the organization answered "Yes" on Form			,		
1a	If the organization elected, as permitted under FASB ASC 95			enue statement	and bala	ance sheet works
	of art, historical treasures, or other similar assets held for put					
	service, provide in Part XIII the text of the footnote to its finar					
b	If the organization elected, as permitted under FASB ASC 95					e sheet works of
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					▶ \$
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1					▶ \$
b	Assets included in Form 990, Part X					▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.				Schedule D (Form 990) 2019

932051 10-02-19

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2019.05000	SIERRA	CLUB

Sche	dule D (Form 990) 2019 SIERRA	CLUB					94-11	5330'	7 ра	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or C	Other S	Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that m	ake sigr	nificant u	use of its		,	
	collection items (check all that apply):									
а	X Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с	X Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's	s exemp	ot purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	sures, or other s	similar a	ssets				
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's co	llection?				Yes	X	No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Ye	es" on F	orm 990), Part IV, I	ine 9, or		
10	Is the organization an agent, trustee, custodia		any for contribution	e or other accet	s not ind	cludod				
Ia			•					Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a	and complete the fell	owing table:				∟			
U			owing table.					Amoun		
•	Reginning balance					1c		Amoun		
	Beginning balance Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.				-			_]
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	orm 990, Part IV	, line 10).				
		(a) Current year	(b) Prior year	(c) Two years t			/ears back	(e) Four	years	back
1a	Beginning of year balance	28,888,800.	31,039,200.	28,027,2	100.	26,3	03,700.	27	015,	000.
b	Contributions	1,083,300.	1,016,700.	1,289,4	400.	7	91,800.		746,	600.
с	Net investment earnings, gains, and losses	4,257,400.	-1,748,100.	3,077,	700.	1,9	31,600.	=	-217,	900.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	750,000.	1,419,000.	1,355,0	000.	1,0	00,000.	1	240,	000.
f	Administrative expenses									
g	End of year balance	33,479,500.	28,888,800.	31,039,2	200.	28,0	27,100.	26	303,	700.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	.00	_%							
b	Permanent endowment 100.00	%								
с	Term endowment .00	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered	for the	organiza	ation	r		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or of	• •	or other	• •	cumulate	ed	(d) Boo	k value	Э
		basis (investm	Dasis	(other)	aepr	reciation			<u>, , , , , , , , , , , , , , , , , , , </u>	0
	Land			2,700.		72 /	70		$\frac{2}{2}, \frac{7}{2}$	
	Buildings			3,320.		73,4			9,84	
	Leasehold improvements			3,580.		$\frac{99,4}{90,1}$		$\frac{4,50}{710}$		
	Equipment		6,70	8,500.	5,90	89,18		/ 1 .	9,32	40.
	Other		, ,					5,27	5 01	20
Iota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	<u>K. column (B), line 1</u>	UC.)	<u></u>					
							Schedule	rorn) ש	ເສສບ)	2019

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	14,383,700.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY	5,800.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 12.)	14,389,500.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED LEASE LIABILITY	4,389,600.
(3) PENSION LIABILITY	16,188,400.
(4)	
(5)	

(7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

►

20,578,000.

14431109 758661 81035

(6)

Schedule D (Form 990) 2019 SIERRA CLUB			94-	1153307 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statement	s Wit	h Revenue per Re	turn.	
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	175,550,500.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	6,402,455.		
b Donated services and use of facilities	2b	40,200.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	12,391,516.		
e Add lines 2a through 2d			2e	18,834,171.
3 Subtract line 2e from line 1			3	156,716,329.
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	1,000.		
c Add lines 4a and 4b			4c	1,000.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				156,717,329.
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	164,113,200.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	40,200.		
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d	13,639,649.		
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	150,433,351.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
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			
	4a 4b	1,000.		
a Investment expenses not included on Form 990, Part VIII, line 7b	4b		4c	1,000.
 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 	4b			1,000. 150,434,351.

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

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Schedule D (Form 990) 2019

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 \$200 AND \$222,600, RESPECTIVELY, FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018.

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
 10,023,000.

 SEGREGATED FUND ELIMINATIONS
 1,297,303.

 RECLASS COST OF GOODS SOLD TO REVENUE
 937,944.

 Schedule D (Form 990) 2019

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Schedule D (Form 990) 2019 SIERRA CLUB	94-1153307 Page 5
Part XIII Supplemental Information (continued)	
RECLASS FUNDRAISING EXPENSES TO REVENUE	133,269.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	12,391,516.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RECLASS GAIN ON DISPOSAL OF ASSETS TO REVENUE	1,000.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RECLASS FUNDRAISING REIMBURSEMENTS FROM FOUNDATION	10,023,000.
SEGREGATED FUND ELIMINATIONS	929,136.
RECLASS COST OF GOODS SOLD TO REVENUE	937,944.
RECLASS FUNDRAISING EXPENSES TO REVENUE	133,269.
PENSION RELATED CHARGES	1,616,300.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	13,639,649.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
RECLASS GAIN ON DISPOSAL OF ASSETS TO REVENUE	1,000.

Schedule D (Form 990) 2019

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$19				r 19,	or if the	2019
Department of the Treasury		Attach to Form 990	or Fo	r m 99 0	0-EZ.			Open to Public
Internal Revenue Service	► Go	o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization	n						Employer ide	ntification number
	SIERRA	CLUB					94-1153	307
	complete this par	 Complete if the organization answe t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
· · ·	· · ·	ed funds through any of the followin	a activ	vities. (Check all that apply.			
a X Mail solicitat	-		-		overnment grants			
	email solicitations			-	nment grants			
c X Phone solici		g X Special						
37		g <u>s</u> opecial	Turiure	lising t	events			
			(:	1	George diversions to a			
•		or oral agreement with any individual		Ũ		tees,		
• • •		art VII) or entity in connection with p			-		X Yes	
		viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fur	ndraiser is to be)
compensated at le	east \$5,000 by the	organization.						
			(:::)			60	Amount paid	
(i) Name and addres	s of individual		(iii) fundr	aiser	(iv) Gross receipts		or retained by)	(vi) Amount paid
or entity (fund	draiser)	(ii) Activity	have c or cor	ustody ntrol of	from activity	· · ·	fundraiser	to (or retained by) organization
			contrib	utions?	-	lis	ted in col. (i)	organization
MARKETEAM - 1050 C	ROWN POINTE		Yes	No				
PKWY, SUITE 1850, 2	ATLANTA, GA	DIRECT MAIL		x	14,289,186.		1,333,879.	12,955,307.
SD&A TELESERVICES,	INC							
5757 W. CENTURY BL	VD. SUITE	TELEMARKETING		x	2,216,338.		678,494.	1,537,844.
TELEFUND, INC 1					, , , -		,	
STREET, SUITE 100,		TELEMARKETING		x	1,830,424.		502,438.	1,327,986.
INFOCISION MANAGEM					1,000,121.		302,130.	1,027,000.
CORPORATION - 325		TELEMARKETING		x	25,804.		42,205.	-16,401.
	DIKINGDIDE	TEDEMARKETING			23,004.		42,205.	10,401.
				<u> </u>				
				<u> </u>				
				1				
		•	-					
Total					18,361,752.		2,557,016.	15,804,736.
	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions		it is a		, ,
or licensing.					e. nas seen notilieu	100		gioration

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2019

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Schedule G (Form 990 or 990 EZ) 2019 SIERRA CLUB

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.

		oss income on Form 990-	(b) Event #2	(c) Other events	
					(d) Total events
			ADVENTURE	1 🗖	(add col. (a) through
		GUARDIANS OF		17	col. (c))
e		(event type)	(event type)	(total number)	
	Gross receipts	69,275.	35,953.	219,611.	324,839.
2	2 Less: Contributions	250.	24,113.	119,990.	144,353
3	Gross income (line 1 minus line 2)	69,025.	11,840.	99,621.	180,486
4	Cash prizes				
5	Noncash prizes				
6 beuses	Rent/facility costs	2,637.	5,200.	20,040.	27,877
Direct Expenses	' Food and beverages	5,911.	416.	34,622.	40,949.
ا ^ت 8 ا	B Entertainment		1,000. 3,277.	10,972.	<u>11,972</u> 52,471
9			3,277.	45,629.	52,471
10					133,269
1	1 Net income summary. Subtract line 10 from I			•	47,217
art	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or re	eported more than	
Τ	\$13,000 0H F0HH 990-EZ, IIIIe 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Hevenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
D					
2 1	Gross revenue				
ഹ് 2	2 Cash prizes				
	Noncash prizes				
	Rent/facility costs				
-1					
5	Other direct expenses				
5		Yes%	└── Yes % └── No	└── Yes % └── No	
	Volunteer labor	No		No	
6	Volunteer labor Direct expense summary. Add lines 2 through	No	No	□ No ►	
6	Volunteer labor Direct expense summary. Add lines 2 through	No	No	□ No ►	
6 7 8	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	h 5 in column (d)	No	□ No ►	
6 7 8 8	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 nter the state(s) in which the organization condu	No No for column (d) from line 1, column (d)	No	No►	
6 7 8 9 El a Is	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization condu	No No Trom line 1, column (d) Ucts gaming activities:	No	No►	YesN
6 7 8 8 a Is	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 nter the state(s) in which the organization condu	No No Trom line 1, column (d) Ucts gaming activities:	No	No►	YesN
6 7 8 8 8 8 8 9 8	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct the organization licensed to conduct gaming ad "No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No	
6 7 8 a Is b If a W	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct the organization licensed to conduct gaming an "No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No	

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Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 SIERRA CLUB	94-115330	7 Page 3
11			
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:		
â	The organization's facility	<u>13a</u>	%
k	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:	
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	ount	
	of gaming revenue retained by the third party $ ightarrow$ \$		
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		
	Mandatory distributions:		
6	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	
L	retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent i		No
L	organization's own exempt activities during the tax year > \$		
Pa	In the second se	; and Part III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	· ·	
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS:	
<u></u>			
 / T			
(1) NAME OF FUNDRAISER: MARKETEAM		
(I) ADDRESS OF FUNDRAISER:		
10	50 CROWN POINTE PKWY, SUITE 1850, ATLANTA, GA 30338		
 (T			
(1) NAME OF FUNDRAISER: SD&A TELESERVICES, INC.		
<u>(I</u>	,		
	57 W. CENTURY BLVD., SUITE 300, LOS ANGELES, CA 90045	C (Earm 000 ar 0	0-EZ 2010
9320	83 09-11-19 Schedule 75	e G (Form 990 or 99	JU-EZJ 2019

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2019.05000 SIERRA CLUB

(I) NAME OF FUNDRAISER: TELEFUND, INC.

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

(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORPORATION

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

Schedule G (Form 990 or 990-EZ)

932084 04-01-19

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SCHEDULE I	G	arants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, ar	nd Individual	s in the Ŭni ⁻	ted States		2019
Department of the Treasury	Compi	ete if the organizatio	Attach to Form		t IV, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.ii	rs.gov/Form990 fo		ation.		Inspection
Name of the organization	UB						Employer identification number 94-1153307
Part I General Information on Grants and	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I	-				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
recipient that received more than \$					(f) Method of	1	1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF THE VIRGIN							
ISLANDS - PO BOX 380 - ST. THOMAS,	66 0470702	F01(0)(2)	47 002	0			
VI 00804	66-0470703	501(C)(3)	47,983.	0.			ENVIRONMENTAL SUPPORT
HOUSE OF CONSERVATION & ENERGY							
PO BOX 8042							
LUQUILLO, PR 00773	66-0914753	501(C)(3)	44,000.	0.			ENVIRONMENTAL SUPPORT
EL PUENTE							
211 S. 4TH ST							
BROOKLYN, NY 11211	11-2614265	501(C)(3)	25,000.	0.			ENVIRONMENTAL SUPPORT
STUDENT CONSERVATION ASSOCIATION 4245 N. FAIRFAX DR, SUITE 825							
ARLINGTON, VA 22203	91-0880684	501(C)(3)	22,059.	0.			ENVIRONMENTAL SUPPORT
GREENLATINOS 801 PENNSYLVANIA AVE NW #1010							
WASHINGTON, DC 20004	26-3386082	501(C)(3)	22,000.	0.			ENVIRONMENTAL SUPPORT
MOVEMENT STRATEGY CENTER 436 14TH ST, 5TH FLOOR OAKLAND, CA 94612	20-1037643	501(C)(3)	35,000.	0.			ENVIRONMENTAL SUPPORT
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in th	e line 1 table				▶ _ 54.
3 Enter total number of other organizations	listed in the line 1	I table					▶ 9.

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

SIERRA CLUB Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ALPHA COMMUNITY DEVELOPMENT							
PO BOX 3288							
FLORENCE, SC 29505	47-3582552	501(C)(3)	22,000.	0.			ENVIRONMENTAL SUPPORT
UNIVERSITY OF UTAH							
L471 EAST FEDERAL WAY							
SALT LAKE CITY, UT 84102	87-6000525	501(C)(3)	19,900.	0.			ENVIRONMENTAL SUPPORT
CALIFORNIA CLEAN ENERGY FUND							
INNOVATIONS - 436 14TH ST, SUITE	26-1339988	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
1220 - OAKLAND, CA 94612	20-133388	DOT(C)(3)	15,000.	U.			ENVIRONMENTAL SUPPORT
WOMEN'S VOICES FOR THE EARTH							
114 W. PINE ST							
MISSOULA, MT 59802	81-0501011	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
TIDES CENTER							
PO BOX 29198	94-3213100	F(1/C)(2)	15 000	0.			ENVIRONMENTAL SUPPORT
SAN FRANCISCO, CA 94129	94-3213100	501(0)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
WE ACT FOR ENVIRONMENTAL JUSTICE							
1854 AMSTERDAM AVE, 2ND FLOOR							
NEW YORK, NY 10031	13-3800068	501(C)(3)	20,000.	0.			ENVIRONMENTAL SUPPORT
WESTERN STATES CENTER							
PO BOX 40305	93-0952137	501(C)(3)	15 000	0.			
PORTLAND, OR 97240	33-095213/	DOT(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
VOICES FOR A SUSTAINABLE FUTURE							
5909 LAUREL AVE							
TAKOMA PARK, MD 20913	27-1940927	501(C)(3)	30,000.	0.			ENVIRONMENTAL SUPPORT
ACLU OF TEXAS							
PO BOX 8306	76-0343171	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
HOUSTON, TX 77288	10-03431/1	POT(C)(3)	1 15,000.	0.			ENVIRONMENTAL SUPPORT

SIERRA CLUB

Schedule I (Form 990) SIERRA CL Part II Continuation of Grants and Other J		vorpmonto and Orga	nizationa in the Un	itad States (Sch	odulo I (Eorm 990) Ba		4-1153307 Ра
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEAN UP THE RIVER ENVIRONMENT							
117 S. 1ST ST							
MONTEVIDEO, MN 56265	31-1693392	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
EARTHWORKS							
 1612 K ST NW #904							
WASHINGTON, DC 20006	52-1557765	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
,			, ,				
FAITH IN PLACE							
70 EAST LAKE ST, SUITE 920							
CHICAGO, IL 60601	36-4540756	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
US CLIMATE ACTION NETWORK							
50 F ST NW, 8TH FLOOR	20 4507209	E01(0)(2)	15 000	0			
WASHINGTON, DC 20001	20-4597308	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
WOMEN'S ENVIRONMENT & DEVELOPMENT							
ORGANIZATION - 147 PRINCE ST, 3RD							
FLOOR - BROOKLYN, NY 11238	52-1238773	501(C)(3)	17,331.	0.			ENVIRONMENTAL SUPPORT
,							
CENTER FOR EARTH, ENERGY, &							
DEMOCRACY - 4511 34TH AVE S.,							
SUITE A - MINNEAPOLIS, MN 55406	45-2580349	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
NATIVE MOVEMENT							
1327 HAYES AVE							
FAIRBANKS, AK 99709	68-0535413	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
GWICH'IN STEERING COMMITTEE							
PO BOX 70164				_			
FAIRBANKS, AK 99701	92-0131608	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
KISS THE GROUND							
PO BOX 515381, PMB 63508							
LOS ANGELES, CA 90051	46-4507696	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PANDOS							
PO BOX 1654							
SALT LAKE CITY, UT 84110	81-4407496	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
NATIVE AMERICAN EDUCATIONAL TECHNOLOGIES - PO BOX 1500 -							
HAYWARD, WI 54843	39-1970895	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
350 MADISON, INC PO BOX 2428							
MADISON, WI 53701	81-0817375	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
MN350 4407 E LAKE ST MINNEAPOLIS, MN 55406	45-2754381	501(0)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
	45 2754501	301(0)(3)	10,000.				
BOLD EDUCATION FUND 208 S. BURLINGTON AVE, STE. 103							
HASTINGS, NE 68901	45-5369198	501(C)(3)	30,000.	0.			ENVIRONMENTAL SUPPORT
VIRGINIA INTERFAITH CENTER FOR PUBLIC POLICY - 1716 EAST FRANKLIN ST RICHMOND, VA 23223	54-1362857	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
,							
COMMUNITIES FOR A BETTER ENVIRONMENT - 120 BROADWAY, SUITE							
2 - RICHMOND, CA 94804	94-2998086	501(C)(3)	13,000.	0.			ENVIRONMENTAL SUPPORT
CENTER FOR COMMUNITY ACTION & ENVIRONMENTAL JUSTICE - PO BOX							
33124 - JURUPA VALLEY, CA 92519	33-0562082	501(C)(3)	8,000.	0.			ENVIRONMENTAL SUPPORT
CENTRAL COAST ALLIANCE UNITED FOR A SUSTAINABLE ECONOMY - 2021							
SPERRY AVE #9 - VENTURA, CA 93003	77-0578864	501(C)(3)	8,000.	Ο.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990) SIERRA CLUB

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
INDIGENOUS ENVIRONMENTAL NETWORK							
PO BOX 485							
BEMIDJI, MN 55619	38-3653476	501(C)(3)	8,000.	0.			ENVIRONMENTAL SUPPORT
DINE CARE							
HCR 63 BOX 272							
DILKON, AZ 86047	86-0670809	501(C)(3)	7,000.	0.			ENVIRONMENTAL SUPPORT
POLARIS INSTITUTE USA							
1901 OLYMPIC BLVD, SUITE 200							
WALNUT CREEK, CA 94596	74-3099465	501(C)(3)	7,000.	0.			ENVIRONMENTAL SUPPORT
TIDES FOUNDATION FOR YOUNG							
FEMINIST FUND - 55 EXCHANGE PLACE,							
#402 - NEW YORK, NY 10005	94-3213100	501(C)(3)	5,263.	0.			ENVIRONMENTAL SUPPORT
				```			
WEST VIRGINIA CITIZEN ACTION GROUP							
1500 DIXIE ST							
CHARLESTON, WV 25311	55-0547956	501(C)(4)	63,000.	0.			ENVIRONMENTAL SUPPORT
LATINO VICTORY PROJECT							
700 14TH ST NW, SUITE 200							
WASHINGTON, DC 20005	46-4651149	501(C)(4)	15,000.	0.			ENVIRONMENTAL SUPPORT
,							
FAITH IN PLACE ACTION FUND							
70 EAST LAKE ST, SUITE 920							
CHICAGO, IL 60601	36-4837466	501(C)(4)	15,000.	0.			ENVIRONMENTAL SUPPORT
MOVEON.ORG CIVIC ACTION							
PO BOX 96141	0.0 1 5 5 3 3 3 3						
WASHINGTON, DC 20090	06-1553389	5UI(C)(4)	20,000.	0.			ENVIRONMENTAL SUPPORT
CONSEJO INTEGRAL COMUNITARIO DE							
BARRIADA MORALES, INC PO BOX							
5064 - CAGUAS, PR 00726	66-0729846		51,000.	٥.			ENVIRONMENTAL SUPPORT

SIERRA CLUB Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO PARA LA CONSERVACION DEL							
PAISAJE - PO BOX 23186 - SAN JUAN,							
PR 00931	66-0737115		25,000.	0.			ENVIRONMENTAL SUPPORT
NARANJOS WATTS							
135 CAMINO DE LA CANA							
DORADO, PR 00646	66-0875651		16,840.	0.			ENVIRONMENTAL SUPPORT
PAMPANOS VERDES							
RES ERNESTO RAMOS ANTONINI,							
EDUARDO RUBERTE AVE - PONCE, PR							
00716	66-0883293		10,000.	0.			ENVIRONMENTAL SUPPORT
COALICION PRO CORREDOR ECOLOGICO							
DEL NORESTE INC PO BOX 1994 -							
LUQUILLO, PR 00773	66-0819326	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
SCHOLASTIC INC.							
557 BROADWAY							
NEW YORK, NY 10012	13-1824190		9,075.	0.			ENVIRONMENTAL SUPPORT
	15 1024190		5,075.				
PARTNERSHIP PROJECT							
PO BOX 65826							
WASHINGTON, DC 20035	52-2192070	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
WOMEN'S EARTH ALLIANCE C/O EARTH							
ISLAND INSTITUTE - 2150 ALLSTON							
WAY, SUITE 460 - BERKELEY, CA							
94704	94-2889684	501(C)(3)	25,000.	0.			ENVIRONMENTAL SUPPORT
UNITED HOUMA NATION							
20986 HWY 1							
GOLDEN MEADOW, LA 70357	72-0742264	501(C)(3)	5,200.	0.			ENVIRONMENTAL SUPPORT
RAINFOREST ACTION NETWORK							
425 BUSH ST, SUITE 300							
SAN FRANCISCO, CA 94108	94-3045180	501(C)(3)	13,000.	0.			ENVIRONMENTAL SUPPORT
"IN ININCIDCO, CA 94100	1 24 2042700	JUT(C)(J)	1 13,000.	υ.		1	PROTINITAL SUFFORT

SIERRA CLUB Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN ST, SUITE 260 CHICO, CA 95928	68-0161455	501(0)(3)	8,052.	0.			ENVIRONMENTAL SUPPORT
ADELPHI UNIVERSITY NEXUS BUILDING, ROOM 200, 1 SOUTH A GARDEN CITY, NY 11530	11-1630741		19,200.	0.			ENVIRONMENTAL SUPPORT
ISAAC W BERNHEIM FOUNDATION ATTN: WHITNEY WURZEL, PO BOX 130 CLERMONT, KY 40110	61-0444651	501(C)(3)	11,200.	0.			ENVIRONMENTAL SUPPORT
JOHN MUIR LAND TRUST PO BOX 31 MARTINEZ, CA 94553	68-0194652	501(C)(3)	7,000.	0.			ENVIRONMENTAL SUPPORT
THE LEAGUE OF OIL AND GAS IMPACTED COLORADANS - 652 SUNDANCE CIRCLE - ERIE, CO 80516	47-5054432	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
MID-ATLANTIC KARST CONSERVANCY, INC. – C/O MR. KIM METZGAR, 137 E. CAMPBELL STREET – BLAIRSVILLE, PA 15717	23-2932776	501(C)(3)	9,286.	0.			ENVIRONMENTAL SUPPORT
MILWAUKEE ENVIRONMENTAL CONSORTIUM 1845 N. FARWELL AVE. SUITE 100 MILWAUKEE, WI 53202	83-0373300	501(C)(3)	5,948.	0.			ENVIRONMENTAL SUPPORT
PROGRESSNOW COLORADO EDUCATION 1536 WYNKOOP ST., #300 DENVER, CO 80202	65-1244918	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
SACRAMENTO AREA CONGREGATION TOGETHER - 2409 15TH ST - SACRAMENTO, CA 95818	94-3146791	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990) SIERRA CLUB

94-1153307 Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
SIERRA NEVADA ALLIANCE							
PO BOX 7989							
SOUTH LAKE TAHOE, CA 96158	77-0343881	501(C)(3)	23,000.	0.			ENVIRONMENTAL SUPPORT
YETS IN THE VALLEY FOUNDATION							
18 JAMISON CITY RD							
SENTON, PA 17814	82-4524581	501(C)(3)	16,170.	0.			ENVIRONMENTAL SUPPORT
VEST VIRGINIA WILDERNESS COALITION							
33 CARNIAN FORD ROAD							
RIPLEY, WV 25271	45-4359741	501(C)(3)	6,000.	0.			ENVIRONMENTAL SUPPORT

(b) Number of (a) Type of grant or assistance recipients

Part III can be duplicated if additional space is needed.

SIERRA CLUB

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.

(f) Description of noncash assistance

(e) Method of valuation (book, FMV, appraisal, other)

(d) Amount of non-

cash assistance

(c) Amount of

cash grant

Page 2

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

SC	HEDULE J	I	OMB No. 1545-0047				
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	<u> </u>	
		Compensated Employees		20	IJ)	
Dene	terrant of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nam	e of the organizatio	n	Employer	identificatio	on nui	mber	
		SIERRA CLUB	94-	115330	7		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o	charter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office		2				
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	\$				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	establish compens	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation	n committee Written employment contract					
	Independent of	compensation consultant X Compensation survey or study					
	X Form 990 of o	ther organizations X Approval by the board or compensation of	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 re	lated organization:					
а	Receive a severand	e payment or change-of-control payment?		4a		X	
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X	
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the r	evenues of:					
						X	
b	Any related organiz	ation?		5b		X	
	If "Yes" on line 5a	or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the r	net earnings of:					
а	The organization?			<u>6a</u>		<u> </u>	
b		ation?		6b	_	X	
	If "Yes" on line 6a of	or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				_	
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	пе				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in					
		n 53.4958-6(c)?	<u></u>	9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)) 2019	

932111 10-21-19

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.

94-1153307

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) MICHAEL BRUNE	(i)	300,201.	0.	0.	31,185.	19,745.	351,131.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER TRAHAN	(i)	222,671.	0.	0.	20,679.	20,880.	264,230.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LOUIS BARNES	(i)	232,255.	0.	0.	19,926.	10,241.	262,422.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HAMILTON LEONG	(i)	192,244.	0.	0.	17,364.	14,227.	223,835.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PHILIP EAGER	(i)	170,239.	0.	0.	15,584.	9,969.	195,792.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ADRIENNE FRAZIER	(i)	156,835.	0.	0.	15,712.	1,380.	173,927.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JESSE SIMONS	(i)	223,818.	0.	0.	19,348.	18,691.	261,857.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARY NEMEROV	(i)	230,993.	0.	0.	23,014.	1,101.	255,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHELLE EPSTEIN	(i)	198,084.	0.	0.	20,543.	17,112.	235,739.	0.
DEPUTY CHIEF ADV OFFCR, MEM & DIRECT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LINDI VON MUTIUS	(i)	177,900.	0.	0.	2,542.	10,001.	190,443.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BRUCE HAMILTON	(i)	229,932.	0.	0.	19,145.	14,482.	263,559.	0.
SR. DIR, PROG POLICIES & INT GOVERNA	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MAGGIE KASH	(i)	230,329.	0.	0.	23,000.	1,101.	254,430.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) PATRICK GALLAGHER	(i)	210,948.	0.	0.	19,112.	21,267.	251,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MICHAEL BOSSE	(i)	205,435.	0.	0.	20,990.	10,090.	236,515.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) GLORIA SMITH	(i)	202,545.	0.	0.	18,735.	9,334.	230,614.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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



Name of the organization

Employer identification numbe
94-1153307

SIERRA CLUB

Par	TTT 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 de noncash contribu	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
	Clothing and household goods							
5								
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property		10	220 401		373		
9	Securities - Publicly traded		10	339,401.	FAIR MARKET	VA.	LUE	
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	er						
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (
26	Other (
27	Other (
28	Other ► (
29	Number of Forms 8283 received by the o	rganization during	the tax vear for co	ontributions	1			
	for which the organization completed For	•					0	
							Yes	No
30a	During the year, did the organization rece	ive by contributio	n any property rep	orted in Part L lines 1 throu	nh 28 that it			
oou	must hold for at least three years from the							
	exempt purposes for the entire holding pe					30a		х
b						000		<u> </u>
31							х	
								<u> </u>
Jza			•			32a	x	
b						02a		
33	If the organization didn't report an amoun	nt in column (c) for	a type of proporty	for which column (a) is cho	cked			
55	describe in Part II.		a type of property	ion which column (a) is che	unuu,			

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Schedule M (Form 990) 2019

932141 09-27-19

14431109 758661 81035

Schedule M (Form 990) 2019 SIERRA CLUB

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTORS REFLECTS THE NUMBER OF DONORS, NOT THE

NUMBER OF ITEMS DONATED.

SCHEDULE M, LINE 32B:

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

RECEIVED BY THE ORGANIZATION AS GIFTS.

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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



SIERRA CLUB

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.

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

THE SIERRA CLUB IS THE OLDEST AND LARGEST GRASSROOTS ENVIRONMENTAL

ORGANIZATION ON THE PLANET. ITS MISSION REMAINS TO EXPLORE, ENJOY, AND

PROTECT THE WILD PLACES OF THE EARTH; TO PRACTICE AND PROMOTE THE

RESPONSIBLE USE OF THE EARTH'S ECOSYSTEMS AND RESOURCES; TO EDUCATE AND

ENLIST HUMANITY TO PROTECT AND RESTORE THE QUALITY OF THE NATURAL AND

HUMAN ENVIRONMENT; AND TO USE ALL LAWFUL MEANS TO CARRY OUT THESE

OBJECTIVES.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization SIERRA CLUB	Employer identification number 94-1153307
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	
THROUGH ITS EDUCATIONAL AND NON-DIRECT LOBBYING PROGRAMS,	THE SIERRA
CLUB INFORMS THE PUBLIC AND DECISION-MAKERS ABOUT PRESSING	ISSUES AND
CULTIVATES AWARENESS AND ACTIVISM AT THE LOCAL, STATE, AND	NATIONAL
LEVELS. WITH STAFF IN NEARLY EVERY STATE AND VOLUNTEERS IN	EVERY
CONGRESSIONAL DISTRICT AND MEDIA MARKET, WE ARE ABLE TO MO	BILIZE
ACTIVISTS THROUGH EMAIL ALERTS AND PERSONAL CONTACTS. STAT	E AND
NATIONAL LOBBYISTS REPRESENT US IN WASHINGTON, D.C., AND I	N ALMOST
EVERY STATE CAPITOL. THROUGH OUR AWARD-WINNING WEBSITE, SI	ERRA
MAGAZINE, NATIONAL REPORTS, MANY LOCAL AND REGIONAL PUBLIC	ATIONS, AND
OUR OUTINGS PROGRAMS WE ARE ABLE TO REACH BEYOND MEMBERS TO	O EDUCATE AND
INSPIRE NEW CONSTITUENCIES. ADDITIONALLY, OUR ENVIRONMENTA	L LAW PROGRAM
EXTENDS THE FIGHT FOR SOUND ENVIRONMENTAL POLICY TO THE CO	URTS DIRECTLY
WITH OUR STAFF LAWYERS AND THROUGH THE TRAINING AND MENTOR	ING OF ALL OF
OUR LEGAL PARTNERS.	

THE SIERRA CLUB'S ENVIRONMENTAL LAW PROGRAM IS USING COURTROOM AND ADMINISTRATIVE LITIGATION TO BLOCK ROLLBACKS WHILE CONTINUING OUR VERY SUCCESSFUL WORK TO RETIRE COAL PLANTS AND ADVANCE CLEAN ENERGY. A STRONG LEGAL PROGRAM IS ESSENTIAL TO THE SIERRA CLUB'S ABILITY TO ACCOMPLISH OUR ENVIRONMENTAL MISSION AND TO THE ABILITY OF CITIZENS TO PROTECT THEIR ENVIRONMENTAL HEALTH.

SEVEN U.S. STATES, PLUS WASHINGTON, D.C.; PUERTO RICO; AND 145 CITIES, ARE COMMITTED TO MOVING TO 100 PERCENT CLEAN ENERGY, AND THIS LOCAL ACTION SHOWS NO SIGN OF SLOWING. WITH RECENT COMMITMENTS FROM NEW YORK AND MAINE, ONE IN FOUR AMERICANS NOW LIVE IN PLACES THAT ARE MOVING AWAY FROM DIRTY FUELS ENTIRELY. BY LEADING COORDINATED COMMUNICATIONS 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 92

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization SIERRA CLUB	Employer identification number 94-1153307
AND ORGANIZING EFFORTS, SIERRA CLUB READY FOR 100 ACTIVIST	S ACROSS THE
COUNTRY ARE AT THE HEART OF MANY OF THESE COMMITMENTS, INS	PIRING LOCAL
LEADERS TO ADVANCE CLEAN ENERGY SOLUTIONS AT A MUCH MORE A	GGRESSIVE
PACE AND PROVING THAT WHAT WAS ONCE CONSIDERED AN UNATTAIN	ABLE DREAM IS
QUICKLY BECOMING THE NEW NORMAL.	

AS A RESULT OF TIRELESS ADVOCACY FROM OUR BEYOND COAL CAMPAIGN, 18 DIRTY COAL PLANTS WERE ANNOUNCED FOR RETIREMENT IN 2019, BRINGING OUR TOTAL TO 299 COAL PLANTS RETIRED OR PROPOSED TO RETIRE SINCE 2010, REPRESENTING NEARLY HALF OF THE TOTAL COAL FLEET AND PUTTING US ON TRACK TO RETIRE TWO-THIRDS OF THE ENTIRE FLEET IN THE NEXT YEAR. EARLIER IN 2019, OUR COUNTRY REACHED ANOTHER INCREDIBLE ENERGY MILESTONE, MADE POSSIBLE IN PART BY THE MANY VICTORIES ACHIEVED BY SIERRA CLUB'S LOCAL EFFORTS: FOR THE FIRST TIME IN HISTORY, THE UNITED STATES IS ON TRACK TO PRODUCE MORE POWER FROM RENEWABLE ENERGY THAN FROM COAL.

THE OUR WILD AMERICA CAMPAIGN'S ORGANIZING EFFORTS IMPEDED ATTEMPTS TO ROLL BACK THE ENDANGERED SPECIES ACT (ESA). THE SIERRA CLUB WORKED WITH A BROAD COALITION TO COLLECT AND SUBMIT MORE THAN 800,000 COMMENTS OPPOSING THE PROPOSED ROLLBACKS. WE ARE ALSO STANDING UP FOR THIS FOUNDATIONAL CONSERVATION LAW IN COURT, AS WELL AS LEADING A PUBLIC EDUCATION AND MEDIA PUSH TO BRING HEIGHTENED ATTENTION TO THIS CRITICAL ISSUE. AS A RESULT, AND FOLLOWING SIGNIFICANT INTERNAL QUESTIONS FROM AGENCY STAFF, THE ADMINISTRATION ANNOUNCED DELAYED IMPLEMENTATION OF ESA CHANGES.

	BEYOND	DIRTY	FUELS	CONTINUED	THE	FIGHT	AGAINS	T DIRTY	AND	DANGEROUS
	932212 09-06-19	9				q	2		Sc	hedule O (Form 990 or 990-EZ) (2019)
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Schedule O (Form 990 or 990 EZ) (2019)	Page 2
Name of the organization SIERRA CLUB	Employer identification number $94 - 1153307$
PIPELINES IN 2019, WITH OPPOSITION EFFORTS COALESCING AROUN	ND ENBRIDGE'S
PROPOSED LINE 3 TAR SANDS PIPELINE THROUGH MINNESOTA. A CR	TICAL
COMPONENT OF THE SIERRA CLUB'S WORK OPPOSING LINE 3 HAS BEI	IN SUPPORTING

INDIGENOUS PARTNERS AND WORKING TOGETHER TO SAVE THEIR LAND FROM THIS

DESTRUCTIVE PROJECT.

THE SIERRA CLUB'S HEALTHY COMMUNITIES PROGRAM WAS ONE OF 75 ENVIRONMENTAL JUSTICE AND NATIONAL ENVIRONMENTAL GROUPS THAT CAME TOGETHER TO ADVANCE AN EQUITABLE AND JUST NATIONAL CLIMATE PLATFORM IN 2019. THIS HISTORIC, BOLD PLATFORM HIGHLIGHTS PRIORITY OUTCOMES AND ADVANCES THE GOALS OF ECONOMIC, RACIAL, CLIMATE, AND ENVIRONMENTAL JUSTICE TO IMPROVE THE PUBLIC HEALTH AND WELL-BEING OF ALL COMMUNITIES WHILE TACKLING THE CLIMATE CRISIS.

SIERRA STUDENT COALITION (SSC) VOLUNTEERS AND STAFF CONTINUE TO FOCUS ON CULTIVATING AND SUPPORTING YOUTH LEADERS TO ORGANIZE IN THEIR COMMUNITIES FOR CLIMATE JUSTICE. THE PAST TWO YEARS HAVE SEEN AN INCREDIBLE INCREASE IN THE NUMBER OF YOUTH LEADING ON CLIMATE, ENVIRONMENTAL, AND SOCIAL JUSTICE.

IN 2019, THE DEMOCRACY PROGRAM WAS AN ACTIVE PARTICIPANT IN STATE COALITIONS AND CAMPAIGNS AROUND DEMOCRACY IN HAWAI'I, OREGON, CALIFORNIA, ARIZONA, TEXAS, COLORADO, MISSOURI, MICHIGAN, FLORIDA, VIRGINIA, GEORGIA, PENNSYLVANIA, NEW YORK, MASSACHUSETTS, ILLINOIS, NEW HAMPSHIRE, NORTH CAROLINA, NEW MEXICO, WASHINGTON, D.C., AND INDIANA. FOR EXAMPLE, OUR MICHIGAN CHAPTER PARTICIPATES IN A STATE COALITION AND WITH GROUPS COORDINATING TO PREPARE FOR THE 2020 CENSUS. IN MISSOURI, WE HAVE ADVOCATED THAT THE LEGISLATURE IMPLEMENT THE BALLOT MEASURE 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

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SIERRA CLUB

Employer identification number 94 - 1153307

MISSOURIANS OVERWHELMINGLY PASSED IN 2019 TO CREATE MORE RULES AROUND

CAMPAIGN FINANCE AND INDEPENDENT REDISTRICTING.

MILITARY OUTDOORS REACHES 15,000 VETERANS AND MILITARY FAMILY MEMBERS

WITH OUTDOOR OPPORTUNITIES, LED BY A NETWORK OF 300 CERTIFIED

VOLUNTEERS. THESE OUTINGS USE ADVENTURE THERAPY TO HELP PARTICIPANTS

TRANSITION BACK TO CIVILIAN LIFE AND GROW LIFELONG CONNECTIONS WITH THE

LAND THEY SERVED TO PROTECT.

BUILDING GRASSROOTS POWER. WE GREW OUR BASE TO BE BIGGER AND STRONGER THAN EVER BEFORE. WE RECRUITED MORE THAN 232,000 NEW DUES-PAYING MEMBERS AND THOUSANDS MORE ON- AND OFFLINE SUPPORTERS, BRINGING OUR TOTAL MEMBER AND SUPPORTER COUNT TO AN ALL-TIME HIGH OF OVER 3.8 MILLION. OUR ONLINE EFFORTS BROUGHT IN MORE THAN 24,000 NEW MONTHLY DONORS IN 2019, CREATING A LONG-TERM SUSTAINABLE C4 FUNDING SOURCE FOR THE SIERRA CLUB. WE CONTINUE TO TEST NEW MESSAGING TO DETERMINE WHAT ISSUES ARE MOST COMPELLING FOR CURRENT AND POTENTIAL MEMBERS AND SUPPORTERS, CONTINUALLY HONING OUR MEMBERSHIP PROGRAM TO BE AS EFFICIENT AND EFFECTIVE AS POSSIBLE.

SIERRA CLUB CONTINUES TO INVEST SIGNIFICANT RESOURCES IN ONLINE SYSTEMS
AND COMMUNICATIONS TOOLS THAT ENABLE OUR STAFF AND FIELD ORGANIZERS AND
VOLUNTEERS TO REACH A BROADER SEGMENT OF THE POPULATION AND PROVIDE
THEM A QUICK AND EASY AVENUE FOR INFLUENCING DECISION-MAKERS. AS A
RESULT, WE CURRENTLY CORRESPOND WITH MORE THAN A MILLION DISTINCT EMAIL
ADDRESSES AND ENGAGE HUNDREDS OF THOUSANDS OF PEOPLE THROUGH SOCIAL
MEDIA. THE SIERRA CLUB ALSO CREATES PUBLIC EDUCATION AND ADVOCACY
CONTENT FOR A VARIETY OF SOCIAL NETWORKING SITES DESIGNED TO REACH A
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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
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SIERRA CLUB	94-1153307
NEW GENERATION OF ACTIVISTS. WE CONTINUE TO BRING IMPORTAN OUR ACTIVISTS' ATTENTION THROUGH ELECTRONIC PUBLICATIONS A	
SUPPORT FOR CHAPTER AND FIELD-BASED ONLINE ORGANIZING EFFO	RTS,

LOBBYING EFFORTS

IN 2019, THE SIERRA CLUB UNDERTOOK DIRECT ADVOCACY EFFORTS AT THE FEDERAL, STATE, AND LOCAL LEVELS. NATIONALLY, ONE MAJOR ISSUE OF FOCUS WAS THE GREEN NEW DEAL, WHICH WE SUPPORTED THROUGH LOBBY VISITS WITH MORE THAN 100 MEMBERS OF CONGRESS ACROSS 36 STATES. AT THE STATE LEVEL, WE PUSHED FORWARD CLEAN ENERGY LEGISLATION. NOTABLY, 15 STATES AND PUERTO RICO INTRODUCED LEGISLATION IN 2019 TO AIM FOR 100 PERCENT CLEAN ENERGY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OUTDOOR ACTIVITIES INCLUDES NATIONAL, INTERNATIONAL AND INSPIRING CONNECTIONS OUTDOORS PROGRAMS. INCLUDED 243 DOMESTIC TRIPS AND 68 INTERNATIONAL TRIPS WITH OVER 3,474 PARTICIPANTS; THE INSPIRING CONNECTIONS OUTDOORS INCLUDED 839 TRIPS WITH 7,642 YOUTH AND 2,138 ADULT PARTICIPANTS; LOCAL CHAPTERS AND GROUPS ORGANIZED ABOUT 15,000 OUTINGS WITH APPROXIMATELY 240,000 PARTICIPANTS. THE MILITARY OUTDOOR PROGRAM WENT INTO THE GREAT OUTDOORS WITH 313 OUTING PARTICIPANTS.

CHAPTER ALLOCATIONS: TO SUPPORT ACTIVITIES OF LOCAL CHAPTERS.

EXPENSES \$ 11,026,523. INCLUDING GRANTS OF \$ 0. REVENUE \$ 9,563,646.

ANY PERSON INTERESTED IN ADVANCING THE PURPOSES OF THE SIERRA CLUB MAY
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Schedule O (Form 990 or 990-EZ) (2019)	
Name of the organization	Employer identification r

SIERRA CLUB

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Page 2

BECOME A MEMBER. THERE SHALL BE SEVERAL CLASSES OF MEMBERSHIP: REGULAR,

LIKE, AND SUCH OTHER SPECIAL CLASSES AS THE BOARD OF DIRECTORS MAY

ESTABLISH.

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

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

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: <u>A DRAFT OF THE FORM 990 IS REVIEWED BY THE FINANCE DEPARTMENT AND ASSISTANT</u> <u>TREASURER. AFTER REVIEW, A COPY IS SENT TO THE AUDIT COMMITTEE WHO MEETS</u> 932212 09-06-19 97

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Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number
SIERRA CLUB	94-1153307
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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 Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19

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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. THE EXECUTIVE TEAM, THE EXECUTIVE DIRECTOR, AND THE DIRECTOR OF HUMAN RESOURCES MUST APPROVE SPECIFIC RAISES.

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

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

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

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

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

FEES & CONCESSIONS:PROGRAM SERVICE EXPENSES15,706,541.MANAGEMENT AND GENERAL EXPENSES941,558.FUNDRAISING EXPENSES1,867,296.TOTAL EXPENSES18,515,395.

 CONSULTANTS:

 PROGRAM SERVICE EXPENSES

 MANAGEMENT AND GENERAL EXPENSES

 FUNDRAISING EXPENSES

 649,614.

 TOTAL EXPENSES

 6,438,194.

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Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number
SIERRA CLUB	94-1153307
STAFF TRAINING/SEARCH:	
PROGRAM SERVICE EXPENSES	815,210.
MANAGEMENT AND GENERAL EXPENSES	48,818.
FUNDRAISING EXPENSES	96,964.
TOTAL EXPENSES	960,992.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	25,914,581.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
SEGREGATED FUND ELIMINATIONS	-55,136.
PENSION RELATED CHARGES	-1,616,300.
TOTAL TO FORM 990, PART XI, LINE 9	-1,671,436.

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932161 09-10-19 LHA

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Name of the organization

SIERRA CLUB

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

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

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

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

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

Schedule R (Form 990) 2019

2019 Open to Public Inspection

Employer identification number 94-1153307

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S (Form 990)

Department of the Treasury Internal Revenue Service

(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	7						
DECATUR, GA 30030	POLITICAL ORGANIZATION	GEORGIA	527		SIERRA CLUB	Х	
SIERRA CLUB ARIZONA PAC - 71-0939731							
514 W. ROOSEVELT STREET	7						
PHOENIX, AZ 85003	POLITICAL ORGANIZATION	ARIZONA	527		SIERRA CLUB	Х	
VOTE SIERRA CLUB OF HAWAII - 36-4899162							
PO BOX 2577	7						
HONOLULU, HI 96803-0000	POLITICAL ORGANIZATION	HAWAII	527		SIERRA CLUB	Х	
SIERRA CLUB, IL CHAPTER PAC - 30-0390974							
70 E. LAKE STREET, SUITE 1500	7						
CHICAGO, IL 60601	POLITICAL ORGANIZATION	ILLINOIS	527		SIERRA CLUB	Х	
WI SIERRA CLUB EDUCATION COMMITTEE -							
32-1409689, 754 WILLIAMSON STREET, MADISON,	7						
WI 53703	POLITICAL ORGANIZATION	WISCONSIN	527		SIERRA CLUB	Х	
KANSAS SIERRA CLUB PAC - 80-0479870							
9844 GEORGIA AVENUE	7						
KANSAS CITY, KS 66109	POLITICAL ORGANIZATION	KANSAS	527		SIERRA CLUB	Х	
SIERRA CLUB POLITICAL COMMITTEE OF TEXAS -							
26-1626567, 615 WILLOW STREET, SAN ANTONIO,	7						
TX 78202	POLITICAL ORGANIZATION	TEXAS	527		SIERRA CLUB	Х	
SIERRA CLUB POLITICAL COMMITTEE - MARYLAND							
CHAPTER PAC - 56-2672579, 4413 RIDGE STREET,	7						
CHEVY CHASE, MD 20815	POLITICAL ORGANIZATION	MARYLAND	527		SIERRA CLUB	Х	
MICHIGAN SIERRA PAC - 22-3935178							
109 E. GRAND RIVER AVENUE	7						
LANSING, MI 48906	POLITICAL ORGANIZATION	MICHIGAN	527		SIERRA CLUB	Х	
MISSISSIPPI SIERRA CLUB PAC - 45-4833193							
921 N. CONGRESS STREET	7						
JACKSON, MS 39202	POLITICAL ORGANIZATION	MISSISSIPPI	527		SIERRA CLUB	Х	
SIERRA NH PAC - 01-0630051							
40 NORTH MAIN STREET, 2ND FLOOR	7						
CONCORD, NH 03301	POLITICAL ORGANIZATION	NEW HAMPSHIRE	527		SIERRA CLUB	х	
NC SIERRA CLUB PAC - 81-3666208							
19 W. HARGETT STREET, SUITE 210	7						
RALEIGH, NC 27601	POLITICAL ORGANIZATION	NORTH CAROLINA	527		SIERRA CLUB	х	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr organiz	olled
				501(c)(3))		Yes	No
SIERRA CLUB POLITICAL COMMITTEE - 02-0566571	4						
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	оніо	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	Х	
SIERRA CLUB 2019 ALBUQUERQUE MFC -							
84-3131341, 3935 ANDERSON AVE. SE,	1						
ALBUQUERQUE, NM 87108-4306	POLITICAL ORGANIZATION	NEW MEXICO	527		SIERRA CLUB	X	
SIERRA CLUB INDEPENDENT EXPENDITURE							
COMMITTEE - 77-0693541, 1536 WYNKOOP STREET,							
SUITE 200, DENVER, CO 80202	POLITICAL ORGANIZATION	COLORADO	527		SIERRA CLUB	X	
SIERRA CLUB ISSUE COMMITTEE - 27-1020466							
1536 WYNKOOP STREET, SUITE 200							
DENVER, CO 80202	POLITICAL ORGANIZATION	COLORADO	527		SIERRA CLUB	X	
COLORADO SIERRA CLUB LOCAL INDEPENDENT							
EXPENDITURE COMMITTEE - 82-4232207, 1536	1						
WYNKOOP STREET, SUITE 200, DENVER, CO 80202	POLITICAL ORGANIZATION	COLORADO	527		SIERRA CLUB	x	
SIERRA CLUB SMALL DONOR COMMITTEE -							
82-4800273, 1536 WYNKOOP STREET, SUITE 200,	1						
DENVER, CO 80202	POLITICAL ORGANIZATION	COLORADO	527		SIERRA CLUB	x	
SIERRA CLUB LOCAL AURORA COMMITTEE -				1			
82-4232207, 1536 WYNKOOP STREET, SUITE 200,	1						
DENVER, CO 80202	POLITICAL ORGANIZATION	COLORADO	527		SIERRA CLUB	x	
SIERRA CLUB SF BAY CHAPTER CAMPAIGNS -							
26-2505161, 2350 SAN PABLO AVENUE, BERKELEY,	1						
CA 94702	POLITICAL ORGANIZATION	CALIFORNIA	527		SIERRA CLUB	x	
SIERRA CLUB PAC UTAH CHAPTER - 94-2370348							
824 SOUTH 400 WEST, SUITE B112	1						
SALT LAKE CITY, UT 84101	POLITICAL ORGANIZATION	UTAH	527		SIERRA CLUB	x	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr organiz	
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	7						
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	
CALIFORNIA SIERRA CLUB PAC - 82-2778208							
3250 WILSHIRE BLVD. STE. 1106	-						
LOS ANGELES, CA 90010-1513	POLITICAL ORGANIZATION	CALIFORNIA	527		SIERRA CLUB	х	
NEW JERSEY SIERRA CLUB PAC - 82-2008648							
P.O. BOX 269	7						
GARWOOD, NJ 07027	POLITICAL ORGANIZATION	NEW JERSEY	527		SIERRA CLUB	x	
SIERRA CLUB FLORIDA PAC - 82-1980202							
220 LAKEVIEW DR. #305	-						
WESTON, FL 33326	POLITICAL ORGANIZATION	FLORIDA	527		SIERRA CLUB	X	
PENNSYLVANIA SIERRA CLUB PAC - 82-0934859							
225 MARKET ST., STE. 501	-						
HARRISBURG, PA 17101-2126	POLITICAL ORGANIZATION	PENNSYLVANIA	527		SIERRA CLUB	X	
PENNSYLVANIA SIERRA CLUB IE PAC - 83-1534226							
225 MARKET ST., STE. 501							
HARRISBURG, PA 17101-2126	POLITICAL ORGANIZATION	PENNSYLVANIA	527		SIERRA CLUB	X	
SIERRA CLUB POLITICAL COMMITTEE NE CHAPTER -							
82-2828193, PO BOX 4664, OMAHA, NE							
68104-0664	POLITICAL ORGANIZATION	NEBRASKA	527		SIERRA CLUB	Х	
SIERRA CLUB NEW YORK POLITICAL COMMITTEE -							
83-1103288, 744 BROADWAY, ALBANY, NY 12207	POLITICAL ORGANIZATION	NEW YORK	527		SIERRA CLUB	Х	
SIERRA CLUB MISSOURI CHAPTER POLITICAL							
COMMITTEE - 30-1067095, 2818 SUTTON BLVD.,							
MAPLEWOOD, MO 63143-3010	POLITICAL ORGANIZATION	MISSOURI	527		SIERRA CLUB	х	
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	Х	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr organiz	1
				501(c)(3))		Yes	No
WEST VIRGINIA SIERRA CLUB PAC - 83-1805393	-						
518 MARYLAND AVE.		WROW WEDGENER	F 0.7				
FAIRMONT, WV 26554	POLITICAL ORGANIZATION	WEST VIRGINIA	527		SIERRA CLUB	X	
SIERRA CLUB VERMONT CHAPTER PAC - 81-3880603	-						
145 BLUE HERON LANE			5.0.7			37	
N. HERO, VT 05474	POLITICAL ORGANIZATION	VERMONT	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	
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Schedule R (Form 990) 2019 SIERRA CLUB

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.

organizations treated as a par		(year.										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	amount in box	partr	iging her?	^D ercentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	•											
										+		
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	l contr	i) tion o)(13) rolled ity?	
		country)		01 11 03 0		233013		Yes	No	

Schedule R (Form 990) 2019 SIERRA CLUB

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
	Other transfer of cash or property to related organization(s)	1r	X	
S	Other transfer of cash or property from related organization(s)	1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE SIERRA CLUB VOTER EDUCATION FUND	R	249,887.	FAIR MARKET VALUE
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2019 SIERRA CLUB

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

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

(a)	(b)	(c)	(d)	16	~)	(f)	(g)	(۲	5	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501 (org	e all	Share of	Share of		• • opor-	Code V-UBI	Genera		(N) Centage
of entity	T finally activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3)	total		Dispr tior allocat	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag		nership
er en dy		country)	excluded from tax under	Yes	S.7	income		Yes	101157	of Schedule K-1 (Form 1065)	partrie	<u>, ,</u> , , , , , , , , , , , , , , , , ,	
		,,	3001013 0 12 0 14)	Yes	NO			Yes	NO	(101111000)	Yes	10	
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