

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2020 calendar year, or tax year beginning and ending																													
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization SIERRA CLUB</td> <td rowspan="2">D Employer identification number 94-1153307</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="2">E Telephone number (415)977-5500</td> </tr> <tr> <td>2101 WEBSTER STREET</td> <td>1300</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612</td> <td>G Gross receipts \$ 166,657,342.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: MICHAEL BRUNE SAME AS C ABOVE</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.SIERRACLUB.ORG</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">L Year of formation: 1892</td> <td>M State of legal domicile: CA</td> </tr> </table>	C Name of organization SIERRA CLUB		D Employer identification number 94-1153307	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (415)977-5500	2101 WEBSTER STREET	1300	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612		G Gross receipts \$ 166,657,342.	F Name and address of principal officer: MICHAEL BRUNE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	J Website: ▶ WWW.SIERRACLUB.ORG		If "No," attach a list. See instructions	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶	L Year of formation: 1892		M State of legal domicile: CA
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Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EXPLORE, ENJOY, AND PROTECT THE WILD PLACES OF THE EARTH, PRACTICE & PROMOTE RESPONSIBLE USE OF		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1062
	6 Total number of volunteers (estimate if necessary)	6	10244
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,174.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	143,085,711.	140,015,362.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,657,306.	3,766,896.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,381,845.	5,562,493.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,592,467.	2,934,145.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	156,717,329.	152,278,896.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,461,962.	2,120,757.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	79,470,199.	93,212,599.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,314,302.	1,526,310.	1,401,360.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	67,975,880.	56,903,044.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	150,434,351.	153,637,760.	
19 Revenue less expenses. Subtract line 18 from line 12	6,282,978.	-1,358,864.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	120,762,455.	129,884,022.
	22 Net assets or fund balances. Subtract line 21 from line 20	39,270,567.	49,746,970.
		81,491,888.	80,137,052.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	▶ Signature of officer	Date	
	▶ ADRIENNE FRAZIER, ASSISTANT TREASURER Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name MAGA E. KISRIV	Preparer's signature	Date
	Firm's name ▶ HOOD & STRONG LLP Firm's address ▶ 275 BATTERY STREET, STE 900 SAN FRANCISCO, CA 94111	Check if self-employed <input type="checkbox"/>	PTIN P01008919
		Firm's EIN ▶ 94-1254756	Phone no. 415.781.0793

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

ADRIENNE FRAZIER

- The books are in the care of ▶ **2101 WEBSTER STREET, SUITE 1300 - OAKLAND, CA 94612**
Telephone No. ▶ **(415)977-5500** Fax No. ▶ **(415)977-5797**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O.

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

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

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

4a (Code:) (Expenses \$ 78,817,140. including grants of \$ 2,120,757.) (Revenue \$ 1,187,900.) SEE SCHEDULE O.

4b (Code:) (Expenses \$ 27,553,500. including grants of \$ 0.) (Revenue \$ 0.) MEMBERSHIP: SUPPORT AND FUNDING OF 63 VOLUNTEER LED CHAPTERS AND APPROXIMATELY 361 GROUPS, AND THE DEVELOPMENT OF A BROAD-BASED VOLUNTEER MEMBERSHIP.

4c (Code:) (Expenses \$ 25,112,381. including grants of \$ 0.) (Revenue \$ 3,052,779.) INFORMATION AND EDUCATION: CALENDAR & ONLINE STORE, SIERRA, THE ORGANIZATION'S MAGAZINE, COMMUNICATIONS GROUP INCLUDE NON-PRINT MEDIA CHANNELS AND DIGITAL STRATEGIES (MISSION IS TO ALIGN THE ONLINE ACTIVITIES AND TECHNOLOGICAL INVESTMENTS WITH THE BROADER STRATEGY AND SUCCESS OF THE CLUB). SIERRA MAGAZINE: PUBLISHED 6 ISSUES PER YEAR WITH AN AVERAGE PRINT RUN IN EXCESS OF 620,000 MAGAZINES. CALENDAR & ONLINE STORE: OFFERED SIERRA CLUB BRANDED MERCHANDISE ABOUT NATURE OR THE ENVIRONMENT FOR SALE DIRECTLY TO THE PUBLIC AND OTHER RESELLERS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,641,539. including grants of \$ 0.) (Revenue \$ 1,994,158.)

4e Total program service expenses 136,124,560.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, LA, MD, MA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records ADRIENNE FRAZIER - (415)977-5500

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAMON CRUZ VP (THRU 5/15/20)/PRESIDENT	40.00 0.01	X		X				39,583.	0.	0.
(2) LOREN BLACKFORD PRESIDENT (THRU 5/15/20)	20.00 0.01	X		X				0.	0.	0.
(3) ROSS MACFARLANE VICE-PRESIDENT (EFF 5/16/20)	40.00 0.01	X		X				0.	0.	0.
(4) NATALIE LUCAS SECRETARY	15.00 0.01	X		X				0.	0.	0.
(5) DAVID SCOTT TREASURER (THRU 5/15/20)/DIRECTOR	5.00 0.01	X		X				0.	0.	0.
(6) MIKE O'BRIEN TREASURER (EFF 5/16/20)	25.00 0.01	X		X				0.	0.	0.
(7) DEBBIE HEATON FIFTH OFFICER	10.00 0.01	X		X				0.	0.	0.
(8) OLIVER BERNSTEIN DIRECTOR	12.00 0.01	X						0.	0.	0.
(9) ANTONIO FULLER DIRECTOR	6.00 0.01	X						0.	0.	0.
(10) CHAD HANSON DIRECTOR	18.00 0.01	X						0.	0.	0.
(11) AARON MAIR DIRECTOR	5.00 0.01	X						0.	0.	0.
(12) KATHRYN ANSJE MILLER DIRECTOR	10.00 0.01	X						0.	0.	0.
(13) MARGRETE STRAND RANGNES DIRECTOR	4.00 0.01	X						0.	0.	0.
(14) RITA HARRIS DIRECTOR	28.00 0.01	X						0.	0.	0.
(15) MARION KLAUS DIRECTOR	17.00 0.01	X						0.	0.	0.
(16) PATRICK MURPHY DIRECTOR	15.00 0.01	X						0.	0.	0.
(17) PETER SARGENT DIRECTOR (THRU 5/15/20)	10.00 0.01	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JIM DOUGHERTY DIRECTOR (THRU 5/15/20)	12.00 0.01	X						0.	0.	0.
(19) MICHAEL BRUNE EXECUTIVE DIRECTOR	50.00 0.00			X				300,201.	0.	52,357.
(20) HAMILTON LEONG CONTROLLER (THRU 11/16/20)	50.00 0.00			X				231,510.	0.	33,522.
(21) JENNIFER TRAHAN CHIEF OPERATING OFFICER	50.00 0.01			X				223,312.	0.	41,654.
(22) PHILIP EAGER GENERAL COUNSEL	50.00 0.00			X				194,177.	0.	28,654.
(23) ADRIENNE FRAZIER ASST TREASURER/SENIOR DIR OF FINANCE	50.00 0.00			X				195,316.	0.	20,830.
(24) LOUIS BARNES CHIEF FINANCIAL EXEC (THRU 4/30/20)	50.00 0.00			X				195,042.	0.	5,817.
(25) JESSE SIMONS NATIONAL PROGRAM DIRECTOR	50.00 0.00				X			221,138.	0.	39,828.
(26) EVA HERNANDEZ-SIMMONS DEPUTY NATIONAL PROGRAM DIRECTOR	50.00 0.00				X			211,745.	0.	43,463.
1b Subtotal								1,812,024.	0.	266,125.
c Total from continuation sheets to Part VII, Section A								2,060,218.	0.	279,658.
d Total (add lines 1b and 1c)								3,872,242.	0.	545,783.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **176**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MARKETEAM, LLC 1200 ABERNATHY RD., N.E., ATLANTA, GA 30328	MARKETING	1,942,376.
FACEBOOK, INC., 15161 COLLECTIONS CENTER DR., CHICAGO, IL 60693	MARKETING/ADVERTISING	1,257,659.
HUSTLE, INC. DEPT. LA 24862, PASADENA, CA 91185-4862	MOBILE OUTREACH	1,125,375.
PALM COAST DATA LLC, PO BOX 1000, DEPT. 996, MEMPHIS, TN 38148-0996	DONATION PROCESSING	1,032,662.
SYNAPSE ENERGY ECONOMICS INC., 485 MASSACHUSETTS AVE STE 2, CAMBRIDGE, MA	ECONOMIC TECHNICAL EXPERT	788,997.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **51**

SEE PART VII, SECTION A CONTINUATION SHEETS

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LUCY MAYO DEPUTY EXECUTIVE DIRECTOR	50.00 0.00				X			230,444.	0.	21,768.
(28) NELLIS KENNEDY-HOWARD DIR, EQ, INCL, JUSTICE (THRU 6/26/20	50.00 0.00				X			206,020.	0.	35,592.
(29) KERRY O'DONNELL HUMAN RESOURCES DIRECTOR	50.00 0.00				X			183,464.	0.	26,084.
(30) HOP HOPKINS DIR OF ORGANIZATIONAL TRANSFORMATION	50.00 0.00				X			177,400.	0.	30,771.
(31) LINDI VON MUTIUS CHIEF OF STAFF	50.00 0.00				X			155,788.	0.	12,468.
(32) BRUCE HAMILTON NATIONAL POLICY DIRECTOR	50.00 0.00					X		230,251.	0.	36,401.
(33) PATRICK GALLAGHER LEGAL DIRECTOR	50.00 0.00					X		219,148.	0.	43,535.
(34) MAGGIE KASH CHIEF OF COMMUNICATIONS	50.00 0.00					X		231,819.	0.	24,434.
(35) MARY ANNE HITT DIRECTOR BEYOND COAL	50.00 0.00					X		214,211.	0.	31,969.
(36) JOANNE SPALDING DEPUTY LEGAL DIRECTOR	50.00 0.00					X		211,673.	0.	16,636.
Total to Part VII, Section A, line 1c								2,060,218.		279,658.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	24,942,800.				
	c Fundraising events	1c	6,056.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	115,066,506.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 371,019.				
	h Total. Add lines 1a-1f			140,015,362.			
Program Service Revenue	2 a OUTING & LODGING	Business Code	900099	1,994,158.	1,994,158.		
	b OTHER PROGRAM SERV REV		900099	1,620,926.	1,620,926.		
	c PUBLICATION INCOME		541800	151,812.		1,206.	
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			3,766,896.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,180,100.		-32.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			454,833.		454,833.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	17,058,683.	1,000,000.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	13,676,290.	0.			
	c Gain or (loss)	7c	3,382,393.	1,000,000.			
	d Net gain or (loss)			4,382,393.		4,382,393.	
8 a Gross income from fundraising events (not including \$ 6,056. of contributions reported on line 1c). See Part IV, line 18	8a		17,797.				
b Less: direct expenses	8b		6,426.				
c Net income or (loss) from fundraising events			11,371.		11,371.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		1,972,307.				
b Less: cost of goods sold	10b		695,730.				
c Net income or (loss) from sales of inventory			1,276,577.	1,276,577.			
Miscellaneous Revenue	11 a LITIGATION AWARD FEES	Business Code	541100	1,187,900.	1,187,900.		
	b SUBSCRIPTIONS		900099	3,464.	3,464.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			1,191,364.			
12 Total revenue. See instructions			152,278,896.	6,083,025.	1,174.	6,179,335.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,120,757.	2,120,757.		
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	2,955,733.	1,539,002.	1,312,795.	103,936.
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	73,867,146.	65,769,430.	2,340,579.	5,757,137.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,328,647.	2,040,246.	110,741.	177,660.
9 Other employee benefits	8,434,795.	7,390,153.	401,123.	643,519.
10 Payroll taxes	5,626,278.	4,929,468.	267,562.	429,248.
11 Fees for services (nonemployees):				
a Management				
b Legal	6,036,100.	5,709,700.	270,800.	55,600.
c Accounting	487,453.		487,453.	
d Lobbying	617,940.	617,940.		
e Professional fundraising services. See Part IV, line 17	1,401,360.			1,401,360.
f Investment management fees	248,900.		248,900.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	24,573,885.	19,928,772.	1,641,145.	3,003,968.
12 Advertising and promotion	3,287,500.	2,565,600.	5,300.	716,600.
13 Office expenses	9,230,300.	6,817,200.	218,500.	2,194,600.
14 Information technology	1,411,679.	1,354,479.	40,900.	16,300.
15 Royalties	369,200.	369,100.		100.
16 Occupancy	5,625,621.	4,039,821.	1,242,200.	343,600.
17 Travel	1,782,500.	1,547,000.	189,800.	45,700.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,263,500.	1,044,400.	133,800.	85,300.
23 Insurance	1,107,600.	720,900.	361,200.	25,500.
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 O.)				
a PRINTING & PUBLICATION	9,222,200.	7,615,500.	140,900.	1,465,800.
b MEMBERSHIP	1,211,963.	1,211,963.		
c SIERRA CGS	730,370.	730,370.		
d LODGE/OUTING FIELD EXP	455,200.	455,100.	100.	
e All other expenses	-10,758,867.	-2,392,341.	785,100.	-9,151,626.
25 Total functional expenses. Add lines 1 through 24e	153,637,760.	136,124,560.	10,198,898.	7,314,302.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	56,409,734.	2	61,986,328.
	3 Pledges and grants receivable, net	12,760,400.	3	11,736,800.
	4 Accounts receivable, net	7,106,600.	4	7,824,694.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	117,200.	8	117,600.
	9 Prepaid expenses and deferred charges	4,927,700.	9	4,278,700.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,418,300.		
	b Less: accumulated depreciation	10b 12,247,200.	5,276,000.	10c 4,171,100.
	11 Investments - publicly traded securities	19,478,721.	11	21,966,600.
	12 Investments - other securities. See Part IV, line 11	14,389,500.	12	17,592,900.
	13 Investments - program-related. See Part IV, line 11	72,900.	13	0.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	223,700.	15	209,300.
16 Total assets. Add lines 1 through 15 (must equal line 33)	120,762,455.	16	129,884,022.	
Liabilities	17 Accounts payable and accrued expenses	17,053,727.	17	21,556,000.
	18 Grants payable		18	
	19 Deferred revenue	1,638,840.	19	267,370.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	20,578,000.	25	27,923,600.
	26 Total liabilities. Add lines 17 through 25	39,270,567.	26	49,746,970.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	43,385,479.	27	35,521,645.
	28 Net assets with donor restrictions	38,106,409.	28	44,615,407.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	81,491,888.	32	80,137,052.
33 Total liabilities and net assets/fund balances	120,762,455.	33	129,884,022.	

Form **990** (2020)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	152,278,896.
2	Total expenses (must equal Part IX, column (A), line 25)	2	153,637,760.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,358,864.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	81,491,888.
5	Net unrealized gains (losses) on investments	5	4,155,807.
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	-4,151,779.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	80,137,052.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2020)

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

SIERRA CLUB

Employer identification number

94-1153307

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 3,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 647,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 313,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 265,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 216,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 211,614.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 168,953.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 147,243.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 137,712.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 23,160.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 9,949.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 72,273.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 106,621.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 27,633.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ 88,988.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ 88,706.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ 88,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 79,631.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 55,024.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 54,306.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 52,134.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 50,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 50,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 50,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 43,057.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 41,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 41,039.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 38,834.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 36,287.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 34,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 33,746.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 33,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 31,009.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 27,754.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 24,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 22,212.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 17,019.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 20,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 15,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 19,041.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 16,440.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 15,639.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	<hr/> <hr/> <hr/>	\$ 14,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 11,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 13,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 13,543.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 12,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<hr/> <hr/> <hr/>	\$ 7,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 12,171.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 11,719.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/>	\$ 11,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 11,164.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 11,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 10,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 10,674.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	<hr/> <hr/> <hr/>	\$ 10,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ 10,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____ _____ _____	\$ 9,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	_____ _____ _____	\$ 33,226.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____ _____ _____	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	_____ _____ _____	\$ 9,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	<hr/> <hr/> <hr/>	\$ 9,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	<hr/> <hr/> <hr/>	\$ 7,897.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	<hr/> <hr/> <hr/>	\$ 7,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	<hr/> <hr/> <hr/>	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	<hr/> <hr/> <hr/>	\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	<hr/> <hr/> <hr/>	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	<hr/> <hr/> <hr/>	\$ 6,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	<hr/> <hr/> <hr/>	\$ 6,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	<hr/> <hr/> <hr/>	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	<hr/> <hr/> <hr/>	\$ 6,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	<hr/> <hr/> <hr/>	\$ 5,753.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	<hr/> <hr/> <hr/>	\$ 5,696.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	<hr/> <hr/> <hr/>	\$ 5,606.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	<hr/> <hr/> <hr/>	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	<hr/> <hr/> <hr/>	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	<hr/> <hr/> <hr/>	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	<hr/> <hr/> <hr/>	\$ 5,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	<hr/> <hr/> <hr/>	\$ 5,198.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	<hr/> <hr/> <hr/>	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	<hr/> <hr/> <hr/>	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	<hr/> <hr/> <hr/>	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	<hr/> <hr/> <hr/>	\$ 5,149.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	<hr/> <hr/> <hr/>	\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	<hr/> <hr/> <hr/>	\$ 5,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	 <hr/> <hr/> <hr/>	\$ 240,091.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	 <hr/> <hr/> <hr/>	\$ 20,799.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	<hr/> <hr/> <hr/>	\$ 10,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	_____ _____ _____	\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	_____ _____ _____	\$ 19,034.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	_____ _____ _____	\$ 43,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217	_____ _____ _____	\$ 13,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	_____ _____ _____	\$ 38,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	_____ _____ _____	\$ 78,631,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
19	130 SHARES TESLA _____ _____ _____	\$ 87,243.	12/28/20
21	1,100 SHARES BP PLC _____ _____ _____	\$ 23,160.	12/02/20
22	230 SHARES CONOCOPHILLIPS _____ _____ _____	\$ 9,949.	12/14/20
23	625 SHARES THOR INDUSTRIES INC _____ _____ _____	\$ 72,273.	07/30/20
24	250 SHARES TESLA _____ _____ _____	\$ 106,621.	10/05/20
36	210 SHARES AUGEN INC. _____ _____ _____	\$ 49,980.	05/11/20

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
90	93 SHARES APPLE INC. _____ _____ _____	\$ 11,719.	12/15/20
96	19 SHARES DXC TECHNOLOGY CO., 121 SHARES PERSPECTA INC., 204 SHARES CORTEVA INC. _____ _____ _____	\$ 10,074.	12/20/20
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ 9,287,820.
- 3 Volunteer hours for political campaign activities 41,129.

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 296,695.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 4,765,500.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ 5,062,195.
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
THE SIERRA CLUB VOTER EDUCATION FUN	OAKLAND, CA 94612	94-3244759	0.	294,000.
NORTH STAR CHAPTER SIERRA CLUB POLI	MINNEAPOLIS, MN 55406	02-0566571	149,000.	0.
SIERRA CLUB INDEPENDENT ACTION	OAKLAND, CA 94612	27-2585981	3,474,000.	0.
PATRIOT MAJORITY NEW MEXICO	PO BOX 35522 WASHINGTON, DC 20033	20-3985568	75,000.	0.
BETTER FUTURE FOR NEW MEXICO	PO BOX 20851 ALBUQUERQUE, NM 87154	82-4939302	20,000.	0.
MISSISSIPPI SIERRA CLUB PAC	JACKSON, MS 39202	45-4833193	12,500.	0.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA SEE PART IV FOR CONTINUATION

032041 12-02-20

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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					

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

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

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

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

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

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

Part IV Supplemental Information

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

PART I-A, LINE 1:

SIERRA CLUB PROVIDES ADMINISTRATIVE AND FUNDRAISING SUPPORT TO ITS

SEPARATE SEGREGATED FUNDS (SIERRA CLUB POLITICAL COMMITTEE AND SIERRA

CLUB VOTER EDUCATION FUND AND STATE POLITICAL ORGANIZATIONS) AND

COMMUNICATES WITH ITS MEMBERS AND OTHERS ABOUT CANDIDATES, INCLUDING

EXPRESSLY ADVOCATING FOR THEIR ELECTION OR DEFEAT, AS PERMITTED UNDER

Part IV Supplemental Information (continued)

FEDERAL AND STATE LAW.

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

THE SIERRA CLUB VOTER EDUCATION FUND

2101 WEBSTER STREET, SUITE 1300 OAKLAND, CA 94612

NORTH STAR CHAPTER SIERRA CLUB POLITICAL COMMITTEE

2327 E FRANKLIN AVE, SUITE 1 MINNEAPOLIS, MN 55406

SIERRA CLUB INDEPENDENT ACTION

2101 WEBSTER STREET, SUITE 1300 OAKLAND, CA 94612

MISSISSIPPI SIERRA CLUB PAC

921 N. CONGRESS STREET JACKSON, MS 39202

PART I-C CONTINUATION:

SIERRA CLUB SMALL DONOR COMMITTEE

1536 WYNKOOP STREET, SUITE 200 DENVER, CO 80202

EIN: 82-4800273 COL (D) AMOUNT: 35000. COL (E) AMOUNT: 0.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020
Open to Public Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	33,479,500.	28,888,800.	31,039,200.	28,027,100.	26,303,700.
b Contributions	1,107,300.	1,083,300.	1,016,700.	1,289,400.	791,800.
c Net investment earnings, gains, and losses	3,961,900.	4,257,400.	-1,748,100.	3,077,700.	1,931,600.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,500,000.	750,000.	1,419,000.	1,355,000.	1,000,000.
f Administrative expenses					
g End of year balance	37,048,700.	33,479,500.	28,888,800.	31,039,200.	28,027,100.

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,700.		2,700.
b Buildings		723,320.	681,482.	41,838.
c Leasehold improvements		8,816,880.	5,301,688.	3,515,192.
d Equipment		6,875,400.	6,264,030.	611,370.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,171,100.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PARTNERSHIP INVESTMENTS	17,395,300.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY	197,600.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	17,592,900.	

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	6,177,400.
(3) PENSION LIABILITY	21,746,200.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	27,923,600.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	173,789,100.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,155,807.
b	Donated services and use of facilities	2b	18,900.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	18,335,497.
e	Add lines 2a through 2d	2e	22,510,204.
3	Subtract line 2e from line 1	3	151,278,896.
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	1,000,000.
c	Add lines 4a and 4b	4c	1,000,000.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	152,278,896.

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	175,283,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	18,900.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	22,626,340.
e	Add lines 2a through 2d	2e	22,645,240.
3	Subtract line 2e from line 1	3	152,637,760.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,000,000.
c	Add lines 4a and 4b	4c	1,000,000.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	153,637,760.

Part XIII Supplemental Information.

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

PART III, LINE 1A:

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

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

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

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

STATEMENTS, FOOTNOTE 1.

PART III, LINE 4:

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

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

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

ENVIRONMENTAL AND MOUNTAINEERING HISTORY, AND CURRENT ENVIRONMENTAL

Part XIII Supplemental Information (continued)

TOPICS.

PART V, LINE 4:

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

PART X, LINE 2:

BASED ON RECOGNITION BY THE INTERNAL REVENUE SERVICE AND CALIFORNIA FRANCHISE TAX BOARD, THE CLUB'S RELATED SOURCES OF REVENUE ARE EXEMPT FROM FEDERAL INCOME AND CALIFORNIA FRANCHISE TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(4) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701F, RESPECTIVELY. HOWEVER, THE CLUB IS SUBJECT TO INCOME TAX ON ITS UNRELATED BUSINESS INCOME AND CERTAIN POLITICAL ACTIVITIES, OF WHICH THERE WAS \$1,053,100 AND \$200, RESPECTIVELY, FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019.

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	9,500,000.
SEGREGATED FUND ELIMINATIONS	8,133,341.
RECLASS COST OF GOODS SOLD TO REVENUE	695,730.

Part XIII Supplemental Information (continued)

RECLASS FUNDRAISING EXPENSES TO REVENUE 6,426.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 18,335,497.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS GAIN ON DISPOSAL OF ASSETS TO REVENUE 1,000,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS FUNDRAISING REIMBURSEMENTS FROM FOUNDATION 9,500,000.

SEGREGATED FUND ELIMINATIONS 8,371,384.

RECLASS COST OF GOODS SOLD TO REVENUE 695,730.

RECLASS FUNDRAISING EXPENSES TO REVENUE 6,426.

PENSION RELATED CHARGES 4,052,800.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 22,626,340.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS GAIN ON DISPOSAL OF ASSETS TO REVENUE 1,000,000.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

SIERRA CLUB

Employer identification number

94-1153307

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

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

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

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

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes rows for MARKETTEAM, SD&A TELESERVICES, INC., TELEFUND, INC., and GORDON & SCHWENKMEYER, INC.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WILD & SCENIC FILM FESTIVAL (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	23,853.		23,853.
	2	Less: Contributions	6,056.		6,056.
	3	Gross income (line 1 minus line 2)	17,797.		17,797.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	2,406.		2,406.
	7	Food and beverages	339.		339.
	8	Entertainment	2,750.		2,750.
	9	Other direct expenses	931.		931.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				11,371.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

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

(I) ADDRESS OF FUNDRAISER:

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

(I) NAME OF FUNDRAISER: TELEFUND, INC.

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

Part IV Supplemental Information *(continued)*

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

(I) ADDRESS OF FUNDRAISER: 20300 VERMONT AVE, TORRANCE, CA 90502

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACLU OF TEXAS PO BOX 8306 HOUSTON, TX 77288	76-0343171	501(C)(3)	12,500.	0.			ENVIRONMENTAL SUPPORT
ALASKA WILDERNESS LEAGUE 122 C ST NW, STE. 240 WASHINGTON, DC 20001	52-1814742	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
ALKEBU-LAN VILLAGE 7701 HARPER AVE DETROIT, MI 48213	38-3073923	501(C)(3)	9,000.	0.			ENVIRONMENTAL SUPPORT
AMERICAN WIND WILDLIFE INSTITUTE 1990 K ST NW, STE. 620 WASHINGTON, DC 20006	26-1587829	501(C)(3)	20,000.	0.			ENVIRONMENTAL SUPPORT
BRIGHTMOOR CONNECTION 16621 LAHSEY RD DETROIT, MI 48219	47-4157103	501(C)(3)	5,150.	0.			ENVIRONMENTAL SUPPORT
CARRIZO COMECRUDO NATION OF TEXAS 1250 ROEMER LN FLORESVILLE, TX 78114	75-2830923	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 47.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 8.

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER ON RACE, POVERTY, & THE ENVIRONMENT - 5901 CHRISTIE AVE, SUITE 208 - EMERYVILLE, CA 94608	05-0557231	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
COMMUNITY INITIATIVES 1000 BROADWAY, STE. 480 OAKLAND, CA 94607	94-3255070	501(C)(3)	36,000.	0.			ENVIRONMENTAL SUPPORT
DRUM: DESIS RISING UP & MOVING 72-18 ROOSEVELT AVE, 2ND FLOOR JACKSON HEIGHTS, NY 11372	38-3652741	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
EAST SIDE RIDERS BIKE CLUB 218 W 121ST PLACE LOS ANGELES, CA 90061	27-1119835	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
EAST YARD COMMUNITIES FOR ENVIRONMENTAL JUSTICE - 2317 ATLANTIC BLVD - COMMERCE, CA 90040	46-5685097	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
FAITH IN PLACE 70 E LAKE ST, STE. 920 CHICAGO, IL 60601	36-4540756	501(C)(3)	7,500.	0.			ENVIRONMENTAL SUPPORT
GREENLATINOS 801 PENNSYLVANIA AVE NW #1010 WASHINGTON, DC 20004	26-3386082	501(C)(3)	20,000.	0.			ENVIRONMENTAL SUPPORT
INTERNATIONAL WILDLIFE REFUGE ALLIANCE - 5437 W. JEFFERSON AVE - TRENTON, MI 48183	20-3318708	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
KEEP GROWING DETROIT 1445 ADELAIDE ST. DETROIT, MI 48207	80-0892277	501(C)(3)	23,200.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MN350 4407 E LAKE ST MINNEAPOLIS, MN 55406	45-2754381	501(C)(3)	7,000.	0.			ENVIRONMENTAL SUPPORT
MOBILE BAYKEEPER INC. 450C GOVERNMENT ST MOBILE, AL 36602	63-1190615	501(C)(3)	20,000.	0.			ENVIRONMENTAL SUPPORT
OUTWARD BOUND ADVENTURES 1905 LINCOLN AVE PASADENA, CA 91103	95-2561330	501(C)(3)	28,000.	0.			ENVIRONMENTAL SUPPORT
PERI SUPPORT FUND 418 N. PLEASANT ST. STE. A AMHERST, MA 01002	20-0217550	501(C)(3)	7,500.	0.			ENVIRONMENTAL SUPPORT
RAINFOREST ACTION NETWORK 425 BUSH ST, STE. 300 SAN FRANCISCO, CA 94108	94-3045180	501(C)(3)	11,000.	0.			ENVIRONMENTAL SUPPORT
RURAL UTAH PROJECT EDUCATION FUND 323 S 600 E, STE. 130 SALT LAKE CITY, UT 84102	84-2842840	501(C)(3)	25,499.	0.			ENVIRONMENTAL SUPPORT
SAVE OUR ILLINOIS LAND 218 N. OAK AVE BARTLETT, IL 60103	81-3698937	501(C)(3)	15,300.	0.			ENVIRONMENTAL SUPPORT
SOCIAL & ENVIRONMENTAL ENTREPRENEURS - 23532 CALABASAS RD SUITE A - CALABASAS, CA 91302	95-4116679	501(C)(3)	11,000.	0.			ENVIRONMENTAL SUPPORT
STUDENT CONSERVATION ASSOCIATION 4245 N. FAIRFAX DR, SUITE 825 ARLINGTON, VA 22203	91-0880684	501(C)(3)	18,750.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COALITION OF COMMUNITIES OF COLOR - 221 NW 2ND AVE, STE. 303 - PORTLAND, OR 97209	47-4448490	501(C)(3)	20,000.	0.			ENVIRONMENTAL SUPPORT
THE RABEN GROUP - GREEN DIVERSITY INITIATIVE - 1341 G ST NW, 5TH FLOOR - WASHINGTON, DC 20005	46-5220283	501(C)(3)	10,000.	0.			ENVIRONMENTAL SUPPORT
TO NIZHONI ANI PO BOX 657 KYKOTSMOVI VILLAGE, AZ 86039	57-1153178	501(C)(3)	6,500.	0.			ENVIRONMENTAL SUPPORT
UNIVERSITY OF UTAH 1471 EAST FEDERAL WAY SALT LAKE CITY, UT 84102	87-6000525	501(C)(3)	23,880.	0.			ENVIRONMENTAL SUPPORT
WE ACT - WEST HARLEM ENVIRONMENTAL ACTION - 1854 AMSTERDAM AVE. - NEW YORK, NY 10031	13-3800068	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
WELL - A PROJECT OF COMMUNITY PARTNERS - 930 COLORADO BLVD, BLDG. 2 - LOS ANGELES, CA 90041	95-4302067	501(C)(3)	7,500.	0.			ENVIRONMENTAL SUPPORT
WEST ATLANTA WATERSHED ALLIANCE PO BOX 10883 ATLANTA, GA 30310	20-0890449	501(C)(3)	20,000.	0.			ENVIRONMENTAL SUPPORT
WESTERN CLEAN ENERGY CAMPAIGN - TIDES CENTER - 4518 LUCCA DR - LONGMONT, CO 80503	94-3213100	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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA WILDERNESS ACTION 122 C ST NW, STE. 240 WASHINGTON, DC 20001	30-0233489	501(C)(4)	15,000.	0.			ENVIRONMENTAL SUPPORT
CENTER FOR AMERICAN PROGRESS ACTION FUND - 1333 H ST NW, 10TH FLOOR - WASHINGTON, DC 20005	30-0192708	501(C)(4)	1,000,000.	0.			ENVIRONMENTAL SUPPORT
KENTUCKIANS FOR THE COMMONWEALTH PO BOX 1450 LONDON, KY 40743	61-1015576	501(C)(4)	20,000.	0.			ENVIRONMENTAL SUPPORT
ROCKY MOUNTAIN WOLF ACTION FUND PO BOX 461 LAFAYETTE, CO 80026	83-2759539	501(C)(4)	10,000.	0.			ENVIRONMENTAL SUPPORT
TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129	51-0198509	501(C)(4)	10,000.	0.			ENVIRONMENTAL SUPPORT
FIDEICOMISO DEL BOSQUE MODELO DE PUERTO RICO - PO BOX 364942 - SAN JUAN, PR 00936	66-6042346	501(C)(3)	7,000.	0.			ENVIRONMENTAL SUPPORT
UNIVERSITY OF MARYLAND ROUTE 1 COLLEGE PARK, MD 20742	52-6002033	GOVERNMENT	8,000.	0.			ENVIRONMENTAL SUPPORT
CONSERVATION VOTERS OF PA PO BOX 2125 PHILADELPHIA, PA 19103	27-0800179	501(C)(3)	15,000.	0.			ENVIRONMENTAL SUPPORT
GEORGIA RIVER NETWORK 126 S MILLEDGE AVE STE E3 ATHENS, GA 30605	58-2404112	501(C)(3)	5,867.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL WARMING EXPRESS 2300 W. ALAMEDA ST. #C1 SANTA FE, NM 87507	46-4664866	501(C)(3)	19,592.	0.			ENVIRONMENTAL SUPPORT
HARAMBEE HOUSE 1115 HABERSHAM ST SAVANNAH, GA 31401	58-2219332	501(C)(3)	10,050.	0.			ENVIRONMENTAL SUPPORT
J GORDON COMMUNITY DEVELOPMENT CORP - 2726 FOREST AVE. - KANSAS CITY, MO 64109-1224	42-1590883	501(C)(3)	5,200.	0.			ENVIRONMENTAL SUPPORT
LOGIC - LEAGUE OF OIL & GAS IMPACTED CO - 2746 HEDGEROW CIR. - LAFAYETTE, CO 80026	47-5054432	501(C)(3)	14,500.	0.			ENVIRONMENTAL SUPPORT
GREAT LAKES FORD 2469 E. APPLE AVE. MUSKEGON, MI 49442	20-0755237	501(C)(3)	6,630.	0.			ENVIRONMENTAL SUPPORT
COALICION PRO CORREDOR ECOLOGICO DEL NORESTE - 100 CALLE 141 FINAL APT 404 - CAROLINA, PR 00983	66-0819326	501(C)(3)	9,400.	0.			ENVIRONMENTAL SUPPORT
SOLAR UNITED NEIGHBORS 1350 CONNECTICUT AVE., N.W. STE. 41 WASHINGTON, DC 20036	46-2462990	501(C)(3)	7,000.	0.			ENVIRONMENTAL SUPPORT
WV RIVERS COALITION 3501 MACCORKLE AVE CHARLESTON, WV 25304	52-1736621	501(C)(3)	6,000.	0.			ENVIRONMENTAL SUPPORT
KENTUCKY CONSERVATION COMMITTEE PO BOX 1152 FRANKFORT, KY 40602-1152	31-0908126	501(C)(4)	6,000.	0.			ENVIRONMENTAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PA CONSERVATIVE ENERGY FORUM 2102 MAYFRED LANE CAMP HILL, PA 17011	83-2129032	501(C)(4)	10,000.	0.			ENVIRONMENTAL SUPPORT
WV ENVIRONMENTAL COUNCIL PO BOX 1007 CHARLESTON, WV 25311	29-1441605	501(C)(4)	9,000.	0.			ENVIRONMENTAL SUPPORT
CITY OF BREVARD 95 WEST MAIN ST BREVARD, NC 28712	45-6335061	CITY OF BREVARD	6,000.	0.			ENVIRONMENTAL SUPPORT
COMMITTEE TO PROTECT NM CONSUMERS 202 SPRUCE ST. SANTA FE, NM 87501	85-1029660	GOVERNMENT	20,000.	0.			ENVIRONMENTAL SUPPORT

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

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

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

PART I, LINE 2:

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

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

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

BE AUDITED.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SIERRA CLUB

Employer identification number
94-1153307

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL BRUNE EXECUTIVE DIRECTOR	(i)	300,201.	0.	0.	31,200.	21,157.	352,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HAMILTON LEONG CONTROLLER (THRU 11/16/20)	(i)	231,510.	0.	0.	18,441.	15,081.	265,032.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER TRAHAN CHIEF OPERATING OFFICER	(i)	223,312.	0.	0.	20,700.	20,954.	264,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PHILIP EAGER GENERAL COUNSEL	(i)	194,177.	0.	0.	17,645.	11,009.	222,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ADRIENNE FRAZIER ASST TREASURER/SENIOR DIR OF FINANCE	(i)	195,316.	0.	0.	19,507.	1,323.	216,146.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LOUIS BARNES CHIEF FINANCIAL EXEC (THRU 4/30/20)	(i)	80,042.	0.	115,000.	0.	5,817.	200,859.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JESSE SIMONS NATIONAL PROGRAM DIRECTOR	(i)	221,138.	0.	0.	19,358.	20,470.	260,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) EVA HERNANDEZ-SIMMONS DEPUTY NATIONAL PROGRAM DIRECTOR	(i)	211,745.	0.	0.	22,600.	20,863.	255,208.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LUCY MAYO DEPUTY EXECUTIVE DIRECTOR	(i)	230,444.	0.	0.	0.	21,768.	252,212.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) NELLIS KENNEDY-HOWARD DIR, EQ, INCL, JUSTICE (THRU 6/26/20)	(i)	154,255.	0.	51,765.	17,532.	18,060.	241,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KERRY O'DONNELL HUMAN RESOURCES DIRECTOR	(i)	183,464.	0.	0.	10,371.	15,713.	209,548.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) HOP HOPKINS DIR OF ORGANIZATIONAL TRANSFORMATION	(i)	177,400.	0.	0.	10,634.	20,137.	208,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) LINDI VON MUTIUS CHIEF OF STAFF	(i)	155,788.	0.	0.	2,959.	9,509.	168,256.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) BRUCE HAMILTON NATIONAL POLICY DIRECTOR	(i)	230,251.	0.	0.	20,508.	15,893.	266,652.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) PATRICK GALLAGHER LEGAL DIRECTOR	(i)	219,148.	0.	0.	20,468.	23,067.	262,683.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) MAGGIE KASH CHIEF OF COMMUNICATIONS	(i)	231,819.	0.	0.	23,045.	1,389.	256,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) MARY ANNE HITT DIRECTOR BEYOND COAL	(i)	214,211.	0.	0.	19,386.	12,583.	246,180.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JOANNE SPALDING DEPUTY LEGAL DIRECTOR	(i)	211,673.	0.	0.	14,686.	1,950.	228,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

LOUIS BARNES, CHIEF FINANCIAL EXECUTIVE, RECEIVED A \$115,000 SEVERANCE
PAYMENT. SIERRA CLUB ALSO PAID COBRA BENEFITS IN THE AMOUNT OF \$5,817
DURING 2020.

NELLIS KENNEDY-HOWARD, DIRECTOR OF EQUITY, INCLUSION & JUSTICE, RECEIVED A
\$51,765 SEVERANCE PAYMENT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

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 **SIERRA CLUB** Employer identification number **94-1153307**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	371,019.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2020

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

SCHEDULE M, LINE 32B:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

SIERRA CLUB

Employer identification number

94-1153307

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

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

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

ALL LAWFUL MEANS TO CARRY OUT THESE OBJECTIVES.

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

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.

THE CLIMATE EMERGENCY IS HERE. IT IS THREATENING OUR HOMES, OUR

FAMILIES, OUR LIVELIHOODS, AND EVERYTHING WE HOLD DEAR. THE STORMS,

FIRES, FLOODS, AND DROUGHTS WILL ONLY GET MORE DESTRUCTIVE. AS WE COME

TOGETHER TO SUPPORT THOSE HIT THE HARDEST BY THIS YEAR'S EXTREME

WEATHER, THE SIERRA CLUB IS ACTING SWIFTLY TO MOVE OUR COMMUNITIES

BEYOND FOSSIL FUELS AND TOWARD THE CLEAN ENERGY FUTURE WE NEED.

WE MUST NEVER FORGET THAT THE ROOTS OF THE CLIMATE CRISIS AND WHITE

SUPREMACY ARE INEXTRICABLY LINKED. ALONG WITH OTHER INJUSTICES, BLACK

PEOPLE IN PARTICULAR ARE DISPROPORTIONATELY DEVASTATED BY COVID-19,

LIVE WITH SIGNIFICANTLY HIGHER LEVELS OF TOXIC POLLUTION, AND FACE MORE

OF THE IMPACTS OF THE CLIMATE CRISIS -POWERFUL STORMS, FLOODS, HEAT

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization SIERRA CLUB	Employer identification number 94-1153307
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WAVES, WILDFIRES, AND DROUGHTS. ADDRESSING THE CLIMATE CRISIS REQUIRES
DISMANTLING SYSTEMIC RACISM. AS THE SIERRA CLUB'S DIRECTOR OF STRATEGIC
PARTNERSHIPS EXPLAINED, "YOU CAN'T HAVE CLIMATE CHANGE WITHOUT
SACRIFICE ZONES, AND YOU CAN'T HAVE SACRIFICE ZONES WITHOUT DISPOSABLE
PEOPLE, AND YOU CAN'T HAVE DISPOSABLE PEOPLE WITHOUT RACISM." PART OF
THE SIERRA CLUB'S MANDATE IS TO ENSURE THAT OPPRESSED COMMUNITIES
RECEIVE JUSTICE AND EXPERIENCE THE BENEFITS OF A HEALTHY AND
SUSTAINABLE FUTURE.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
THE SIERRA CLUB MADE TEMPORARY PROGRAM CHANGES IN RESPONSE TO THE
PANDEMIC: SHUTTING DOWN ACTIVITIES, EVENTS, OUTINGS, SERVICES AND
PROGRAMMING, IMPLEMENTING A CRISIS RESPONSE PLAN, DEVELOPING COVID
OPERATING PROTOCOLS AND MITIGATION PROCESSES THROUGHOUT THE
ORGANIZATION, ESTABLISHING GOVERNANCE COMMITTEES, TASK FORCES, AND
ADVISORY BOARDS TO MANAGE PROGRAM OPERATIONS THROUGH A STRATEGIC
REOPENING PROCESS THAT IS ONGOING AND ADAPTIVE TO THE FLUID PANDEMIC
CONDITIONS THAT REMAIN. PROGRAMS NOW OPERATE WITH ENHANCED STRUCTURE,
REVIEW AND APPROVAL PROCESS THAT BEST MATCHES THE CONDITIONS PRESENTED
BY THE PANDEMIC PRIORITIZING SAFETY AND HEALTH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THROUGH ITS EDUCATIONAL AND NON-DIRECT LOBBYING PROGRAMS, THE SIERRA
CLUB INFORMS THE PUBLIC AND DECISION-MAKERS ABOUT PRESSING ISSUES AND
CULTIVATES AWARENESS AND ACTIVISM AT THE LOCAL, STATE, AND NATIONAL
LEVELS. WITH STAFF IN NEARLY EVERY STATE AND VOLUNTEERS IN EVERY
CONGRESSIONAL DISTRICT AND MEDIA MARKET, WE ARE ABLE TO MOBILIZE
ACTIVISTS THROUGH EMAIL ALERTS AND PERSONAL CONTACTS. STATE AND

Name of the organization SIERRA CLUB	Employer identification number 94-1153307
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NATIONAL LOBBYISTS REPRESENT US IN WASHINGTON, D.C., AND IN ALMOST EVERY STATE CAPITOL. THROUGH OUR AWARD-WINNING WEBSITE, SIERRA MAGAZINE, NATIONAL REPORTS, AND MANY LOCAL AND REGIONAL PUBLICATIONS, WE ARE ABLE TO REACH BEYOND MEMBERS TO EDUCATE AND INSPIRE NEW CONSTITUENCIES.

ADDITIONALLY, OUR ENVIRONMENTAL LAW PROGRAM EXTENDS THE FIGHT FOR SOUND ENVIRONMENTAL POLICY TO THE COURTS DIRECTLY WITH OUR STAFF LAWYERS AND THROUGH THE TRAINING AND MENTORING OF ALL OF OUR LEGAL PARTNERS. THE SIERRA CLUB'S ENVIRONMENTAL LAW PROGRAM USED 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.

OUR READY FOR 100 CAMPAIGN PASSED A MAJOR MILESTONE FOR CLEAN ENERGY IN THE UNITED STATES WITH MORE THAN 100 MILLION PEOPLE NOW LIVING IN PLACES COMMITTED TO 100 PERCENT CLEAN ENERGY. THESE COMMITMENTS BY CITIES, COUNTIES, AND STATES WILL COLLECTIVELY REDUCE CARBON POLLUTION BY 308 MILLION METRIC TONS OF CO2, THE EQUIVALENT OF TAKING 66 MILLION CARS OFF THE ROAD OR RETIRING 79 COAL PLANTS. THIS MILESTONE IS A VICTORY FOR EVERYONE WHO HAS BEEN FORCED TO BREATHE POLLUTED AIR OR DRINK UNCLEAR WATER BECAUSE THEY LIVED NEAR A DIRTY POWER PLANT. THANKS TO THE DEDICATION OF LOCAL ORGANIZERS ACROSS THE COUNTRY, FEWER CHILDREN WILL GROW UP WITH ASTHMA. FEWER LOVED ONES WILL SUFFER HEART ATTACKS OR ENDURE RESPIRATORY PROBLEMS.

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THE MOMENTUM ON COAL RETIREMENTS DID NOT ABATE IN 2020 AS THE BEYOND
COAL CAMPAIGN HIT MORE THAN 335 PLANTS SCHEDULED FOR RETIREMENT.
NOTABLY, 18 PLANTS TOTALING 10,398 MW WERE ANNOUNCED FOR RETIREMENT IN
THE FIRST HALF OF 2020, REPRESENTING THE HIGHEST SIX-MONTH TOTAL SINCE
BEFORE THE TRUMP ADMINISTRATION TOOK OFFICE. AND ANOTHER EIGHT PLANTS
WERE ANNOUNCED FOR RETIREMENT IN JUST THE FIRST TWO WEEKS OF NOVEMBER
2020, TOTALING MORE THAN 4,000 MW. THE IMPACT OF OUR WORK IS TANGIBLE.
IN MAY, THE NEW YORK TIMES REPORTED THAT FOR THE FIRST TIME, THE UNITED
STATES WAS POISED TO PRODUCE MORE ELECTRICITY FROM RENEWABLE ENERGY
THAN FROM COAL IN 2020, ACCORDING TO GOVERNMENT PROJECTIONS.

THE OUR WILD AMERICA CAMPAIGN IS TEAMING UP WITH CONSERVATION GROUPS
AND PUBLIC OFFICIALS ON A NEW "30X30" CAMPAIGN THAT WILL WORK STATE BY
STATE AND AGENCY BY AGENCY TO PROTECT 500 MILLION ACRES OF LAND OVER
THE NEXT TEN YEARS. SCIENTISTS TELL US THAT IF WE HOPE TO AVOID THE
WORST IMPACTS OF CLIMATE CHANGE AND EXTINCTION, WE NEED TO SAFEGUARD AT
LEAST 30 PERCENT OF AMERICA'S LAND BY 2030. THIS IS THE MOST AMBITIOUS
EFFORT WE HAVE UNDERTAKEN IN 128 YEARS OF PROTECTING LAND AND WILDLIFE,
AND WE ARE BRINGING THE POWER OF OUR GRASSROOTS BASE TO THE FIGHT.

BEYOND DIRTY FUELS HELPED TO SLOW OR DEFEAT NEARLY \$30 BILLION IN DIRTY
FUEL INFRASTRUCTURE PROJECTS, SUCH AS PIPELINES AND EXPORT TERMINALS,
IN JUST THE FIRST HALF OF 2020. THE SIERRA CLUB IS SUPPORTING MORE THAN
25 COMMUNITY-LED FIGHTS TO STOP FRACKED GAS PIPELINES, OIL AND TAR
SANDS PIPELINES, AND LIQUEFIED NATURAL GAS AND OIL EXPORT FACILITIES.
OUR WORK STOPPING DIRTY FUELS INFRASTRUCTURE IN 2020 AVOIDS FUTURE
ESTIMATED EMISSIONS OF MORE THAN 1,300 MILLION METRIC TONS OF CARBON
EQUIVALENT PER YEAR.

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THE SIERRA CLUB'S HEALTHY COMMUNITIES PROGRAM PLAYED A BIG ROLE IN THE SIERRA CLUB'S COVID-19 RESPONSE. IN MICHIGAN, FOR EXAMPLE, THE STRENGTH OF OUR COMMUNITY PARTNERSHIPS AND CAMPAIGN EXPERIENCE HELPED US TO OVERCOME SOCIAL DISTANCING THROUGH SOCIAL MEDIA CAMPAIGNS IN ORDER TO SPUR ADMINISTRATIVE ACTION. IN ADDITION TO TRADITIONAL ACTIONS, LIKE CALLING AND EMAILING, THE SIERRA CLUB USED TRADITIONAL MEDIA AND SOCIAL MEDIA TOOLS TO INCREASE PRESSURE ON THE GOVERNOR'S OFFICE TO ENACT MORATORIA ON UTILITIES SHUT-OFFS DURING THE PANDEMIC.

FOR OVER 25 YEARS, SIERRA STUDENT COALITION HAS RUN INTENSIVE TRAINING PROGRAMS THAT CULTIVATE LEADERSHIP AND ORGANIZING SKILLS IN YOUNG PEOPLE, INCLUDING GRASSROOTS ORGANIZING SKILLS, STORYTELLING AND MEDIA, AND CENTERING ANTI-RACISM AND ANTI-OPPRESSION IN ORGANIZING. THE CURRICULUM CHANGES EACH YEAR TO MEET THE NEEDS OF THE REGIONS AND COMMUNITIES IN WHICH WE OPERATE. IN 2020, WE ALSO RAN A VIRTUAL PROGRAM FOR YOUTH AROUND THE COUNTRY TO LEARN THE BASICS OF CLIMATE JUSTICE AND CAMPAIGNING.

IN 2020, THE DEMOCRACY PROGRAM RAMPED UP WORK TO PROTECT VOTERS. WE PARTICIPATED IN THE NONPARTISAN ELECTION PROTECTION COALITION, A COALITION OF MORE THAN 100 LOCAL, STATE, AND NATIONAL PARTNERS - CIVIL AND VOTING RIGHTS, LABOR, PRO-DEMOCRACY, AND LAWYERS ASSOCIATIONS - TO ENSURE EQUAL ACCESS TO VOTING. OUR FOCUS IN 2020 WAS: FUNDING THE MOBILIZATION OF NEARLY 22 SIERRA CLUB ATTORNEYS TO VOLUNTEER WITH THE VOTER HOTLINE AND IN STATE ELECTION PROTECTION BOILER ROOMS, INCLUDING IN-PERSON IN VIRGINIA AND FLORIDA; RECRUITING 424 SIERRA CLUB STAFF AND VOLUNTEERS AS NONPARTISAN POLL MONITORS TO JOIN THOUSANDS OF VOLUNTEERS

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ON-THE-GROUND HELPING VOTERS SOLVE PROBLEMS AND ACCESS LEGAL SUPPORT IF
 NEEDED; AND PROMOTING THE 866-OUR-VOTE HOTLINE, INCLUDING ON SOCIAL
 MEDIA.

THE SIERRA CLUB'S OUTDOORS FOR ALL CAMPAIGN JOINED A MOVEMENT CALLING
 ON CITY LEADERS TO OPEN STREETS FOR WALKING, BIKING, AND RECREATING
 DURING THE PANDEMIC. WE BELIEVE THAT ACCESS TO NATURE IS A HUMAN RIGHT
 - ONE WORTH FIGHTING FOR. BUT THE CHASM BETWEEN THOSE WHO HAVE EASY
 ACCESS TO NATURE AND THOSE WHO DO NOT IS WIDE, AND CLOSING IT WILL NOT
 BE EASY. AS WE SAW THROUGH HORRIFYING EXAMPLES IN 2020, PEOPLE OF COLOR,
 ESPECIALLY AFRICAN AMERICAN MEN, CANNOT EVEN GO FOR A JOG OUTDOORS OR
 ENJOY BIRD-WATCHING WITHOUT FEARING FOR THEIR LIVES. FIGHTING RACISM IS
 AN ESSENTIAL PART OF OUR WORK TO MAKE SURE EVERYONE CAN EXPLORE, ENJOY,
 AND PROTECT THE PLANET.

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 MILLIONS OF EMAIL CONTACTS AND
 ENGAGE MORE THAN A MILLION PEOPLE THROUGH SOCIAL MEDIA. WE CONTINUE TO
 BRING IMPORTANT ISSUES TO OUR ACTIVISTS' ATTENTION THROUGH SOCIAL MEDIA
 AND ELECTRONIC PUBLICATIONS AND TO PROVIDE SUPPORT FOR CHAPTER AND
 FIELD-BASED ONLINE ORGANIZING EFFORTS.

LOBBYING EFFORTS
 IN 2020, THE SIERRA CLUB UNDERTOOK DIRECT ADVOCACY EFFORTS AT THE
 FEDERAL, STATE, AND LOCAL LEVELS. NATIONALLY, ONE MAJOR ISSUE OF FOCUS

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WAS LOBBYING FOR A COVID-19 STIMULUS THAT PUTS WORKERS, HEALTH, THE ENVIRONMENT, AND OUR DEMOCRACY FIRST IN THE FORM OF A "PEOPLE'S BAILOUT." THE SIERRA CLUB'S LEGISLATIVE LOBBYING WORK ALSO INCLUDED SHAPING THE CONTENT OF A HALF-DOZEN NEW FEDERAL BILLS THAT OUTLINE SPECIFIC PLANS TO ADVANCE GREEN NEW DEAL GOALS IN KEY ECONOMIC SECTORS. WE ALSO ARE LEADING THE DEVELOPMENT OF A POLICY PLATFORM RELATED TO A GREEN NEW DEAL TO GUIDE LEGISLATION FROM THE CONGRESSIONAL PROGRESSIVE CAUCUS. IN WASHINGTON, D.C., AND AROUND THE COUNTRY, THE SIERRA CLUB ALSO FOUGHT BACK AGAINST LEGISLATIVE ATTACKS TO WEAKEN OR ELIMINATE CRITICAL CLEAN AIR AND CLEAN WATER PROTECTIONS AND BLOCK CLIMATE PROGRESS, AND WE ADVANCED CLEAN ENERGY MEASURES IN STATES AND CITIES NATIONWIDE. WE PLAYED A KEY ROLE IN PASSING OR ADVANCING LANDMARK CLEAN ENERGY AND FOSSIL FUEL PHASE-OUT LEGISLATION IN STATES LIKE VIRGINIA, NEW JERSEY, AND ILLINOIS.

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

OUTDOOR ACTIVITIES INCLUDES NATIONAL, INTERNATIONAL AND INSPIRING CONNECTIONS OUTDOORS PROGRAMS. DUE TO THE PANDEMIC, SIERRA CLUB SHUT DOWN ALL OUTDOOR ACTIVITIES STARTING IN MARCH 2020. PRIOR TO THE PANDEMIC, THERE WERE 21 DOMESTIC TRIPS AND 18 INTERNATIONAL TRIPS WITH 437 PARTICIPANTS; THE INSPIRING CONNECTIONS OUTDOORS INCLUDED 90 TRIPS WITH 1,200 YOUTH AND ADULT PARTICIPANTS; LOCAL CHAPTERS AND GROUPS ORGANIZED ABOUT 3,000 OUTINGS WITH APPROXIMATELY 40,000 PARTICIPANTS. THE MILITARY OUTDOORS PROGRAM NUMBERS ARE INCLUDED IN THE LOCAL OUTINGS.

CHAPTER ALLOCATIONS: TO SUPPORT ACTIVITIES OF LOCAL CHAPTERS.

EXPENSES \$ 4,641,539. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,994,158.

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

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

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

BYLAW 4.8: ALL ACTIONS REQUIRING A VOTE OF THE MEMBERSHIP SHALL BE DECIDED
 BY WRITTEN BALLOTS AS PROVIDED FOR IN BYLAW 5, SECTION 2, AND BYLAW 11. A
 QUORUM FOR ANY BALLOT OR FOR ANY MEETING OF THE MEMBERS SHALL BE FIVE
 PERCENT (5%) OF THE MEMBERSHIP ON THE DATE OF RECORD SET BY THE BOARD OF
 DIRECTORS IN ACCORDANCE WITH LAW. EACH PERSON WHO IS A MEMBER ON THE DATE
 OF RECORD SHALL BE ELIGIBLE TO VOTE AND SHALL HAVE ONE VOTE ON ANY ISSUE
 PRESENTED TO THE MEMBERSHIP EXCEPT AS PROVIDED IN PARAGRAPH 5.7. VOTING BY
 PROXY SHALL NOT BE PERMITTED. SR 4.8.1 VOTING BY MEMBERS: ALL REGULAR AND
 LIFE MEMBERS OF RECORD ON JANUARY 31 SHALL BE SENT BALLOTS FOR THE ANNUAL
 ELECTION OF DIRECTORS, AS PROVIDED IN THE BYLAWS PARAGRAPH 4.8 AND 5.6 AND
 STANDING RULES 4.2.1. EACH SUCH INDIVIDUAL MEMBER SHALL BE SENT ONE BALLOT;
 JOINT MEMBERSHIPS SHALL RECEIVE TWO BALLOTS.

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

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

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

A DRAFT OF THE FORM 990 IS REVIEWED BY THE FINANCE DEPARTMENT AND ASSISTANT
 TREASURER. AFTER REVIEW, A COPY IS SENT TO THE AUDIT COMMITTEE WHO MEETS
 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

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PERFORMANCE REVIEWS ARE CONDUCTED AND DOCUMENTED. WITH RESPECT TO ALL OFFICERS AND KEY EMPLOYEES, THE HUMAN RESOURCES DEPARTMENT CONDUCTS A SALARY PRACTICES. THIS INCLUDES THE EXECUTIVE DIRECTOR'S SALARY. SALARIES FOR OFFICERS AND KEY EMPLOYEES OTHER THAN THE EXECUTIVE DIRECTOR ARE DETERMINED ACCORDING TO THE CLUB'S ESTABLISHED PROCEDURE AND GUIDELINES FOR ANNUAL MERIT RAISES, AS ADMINISTERED BY THE HUMAN RESOURCES DEPARTMENT, AND APPROVED BY THE BOARD OF DIRECTORS. DEPARTMENT LEADERSHIP, THE EXECUTIVE DIRECTOR, AND THE DIRECTOR OF HUMAN RESOURCES MUST APPROVE SPECIFIC RAISES.

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

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

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

FEES & CONCESSIONS:

PROGRAM SERVICE EXPENSES	13,476,183.
MANAGEMENT AND GENERAL EXPENSES	1,254,735.
FUNDRAISING EXPENSES	2,236,473.
TOTAL EXPENSES	16,967,391.

STAFF TRAINING/SEARCH:

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PROGRAM SERVICE EXPENSES	354,066.
MANAGEMENT AND GENERAL EXPENSES	21,203.
FUNDRAISING EXPENSES	42,114.
TOTAL EXPENSES	417,383.

CONSULTANTS:

PROGRAM SERVICE EXPENSES	6,098,523.
MANAGEMENT AND GENERAL EXPENSES	365,207.
FUNDRAISING EXPENSES	725,381.
TOTAL EXPENSES	7,189,111.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	24,573,885.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

SEGREGATED FUND ELIMINATIONS	-98,979.
PENSION RELATED CHARGES	-4,052,800.
TOTAL TO FORM 990, PART XI, LINE 9	-4,151,779.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

SIERRA CLUB

Employer identification number

94-1153307

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

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

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

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

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

Schedule R (Form 990) 2020

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SIERRA CLUB POLITICAL COMMITTEE - 02-0566571 153 WINIFRED STREET W SAINT PAUL, MN 55107	POLITICAL ORGANIZATION	MINNESOTA	527		SIERRA CLUB	X	
OHIO SIERRA CLUB POLITICAL COMMITTEE - 34-1664332, 131 N. HIGH STREET, SUITE 605, COLUMBUS, OH 43215	POLITICAL ORGANIZATION	OHIO	527		SIERRA CLUB	X	
OREGON SIERRA CLUB PAC - 01-0931836 1821 SE ANKENY STREET PORTLAND, OR 97214	POLITICAL ORGANIZATION	OREGON	527		SIERRA CLUB	X	
RIO GRANDE CHAPTER OF SIERRA CLUB PAC - 81-1100693, 1807 SECOND STREET, UNIT 45, SANTA FE, NM 87505	POLITICAL ORGANIZATION	NEW MEXICO	527		SIERRA CLUB	X	
SIERRA CLUB 2019 ALBUQUERQUE MFC - 84-3131341, 3935 ANDERSON AVE. SE, ALBUQUERQUE, NM 87108-4306	POLITICAL ORGANIZATION	NEW MEXICO	527		SIERRA CLUB	X	
RIO GRANDE SIERRA CLUB HEALTHY COMMUNITIES - 85-0725977, 2215 LEAD AVE., SE, ALBUQUERQUE, NM 87106	POLITICAL ORGANIZATION	NEW MEXICO	527		SIERRA CLUB	X	
SIERRA CLUB 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 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, DENVER, CO 80202	POLITICAL ORGANIZATION	COLORADO	527		SIERRA CLUB	X	
SIERRA CLUB LOCAL AURORA COMMITTEE - 82-4232207, 1536 WYNKOOP STREET, SUITE 200, DENVER, CO 80202	POLITICAL ORGANIZATION	COLORADO	527		SIERRA CLUB	X	
SIERRA CLUB S.F. BAY CHAPTER CAMPAIGNS CANDIDATE PAC - 84-4941732, 2350 SAN PABLO AVENUE, BERKELEY, CA 94702	POLITICAL ORGANIZATION	CALIFORNIA	527		SIERRA CLUB	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SIERRA CLUB PAC UTAH CHAPTER - 94-2370348 824 SOUTH 400 WEST, SUITE B112 SALT LAKE CITY, UT 84101	POLITICAL ORGANIZATION	UTAH	527		SIERRA CLUB	X	
VIRGINIA CHAPTER SIERRA CLUB POLITICAL ACTION COMMITTEE - 51-0647000, 422 E. FRANKLIN ST., STE 302, RICHMOND, VA 23219	POLITICAL ORGANIZATION	VIRGINIA	527		SIERRA CLUB	X	
SIERRA CLUB PAC WA STATE - 01-0872312 180 NICKERSON STREET SEATTLE, WA 98109	POLITICAL ORGANIZATION	WASHINGTON	527		SIERRA CLUB	X	
SIERRA CLUB HEALTHY COMMUNITIES PAC - 37-1525718, 180 NICKERSON STREET, SEATTLE, WA 98109	POLITICAL ORGANIZATION	WASHINGTON	527		SIERRA CLUB	X	
CALIFORNIA SIERRA CLUB PAC - 82-2778208 3250 WILSHIRE BLVD. STE. 1106 LOS ANGELES, CA 90010-1513	POLITICAL ORGANIZATION	CALIFORNIA	527		SIERRA CLUB	X	
NEW JERSEY SIERRA CLUB PAC - 82-2008648 P.O. BOX 269 GARWOOD, NJ 07027	POLITICAL ORGANIZATION	NEW JERSEY	527		SIERRA CLUB	X	
SIERRA CLUB FLORIDA PAC - 82-1980202 220 LAKEVIEW DR. #305 WESTON, FL 33326	POLITICAL ORGANIZATION	FLORIDA	527		SIERRA CLUB	X	
PENNSYLVANIA SIERRA CLUB PAC - 82-0934859 225 MARKET ST., STE. 501 HARRISBURG, PA 17101-2126	POLITICAL ORGANIZATION	PENNSYLVANIA	527		SIERRA CLUB	X	
SIERRA CLUB POLITICAL COMMITTEE NE CHAPTER - 82-2828193, PO BOX 4664, OMAHA, NE 68104-0664	POLITICAL ORGANIZATION	NEBRASKA	527		SIERRA CLUB	X	
SIERRA CLUB NEW YORK POLITICAL COMMITTEE - 83-1103288, 744 BROADWAY, ALBANY, NY 12207	POLITICAL ORGANIZATION	NEW YORK	527		SIERRA CLUB	X	
SIERRA CLUB MISSOURI CHAPTER POLITICAL COMMITTEE - 30-1067095, 2818 SUTTON BLVD., MAPLEWOOD, MO 63143-3010	POLITICAL ORGANIZATION	MISSOURI	527		SIERRA CLUB	X	
SIERRA CLUB OKLAHOMA CHAPTER POLITICAL ACTION COMMITTEE - 82-4873738, 600 NW 23RD STREET, SUITE 204, OKLAHOMA CITY, OK 73103	POLITICAL ORGANIZATION	OKLAHOMA	527		SIERRA CLUB	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
WEST VIRGINIA SIERRA CLUB PAC - 83-1805393 518 MARYLAND AVE. FAIRMONT, WV 26554	POLITICAL ORGANIZATION	WEST VIRGINIA	527		SIERRA CLUB	X	
SIERRA CLUB VERMONT CHAPTER PAC - 81-3880603 145 BLUE HERON LANE N. HERO, VT 05474	POLITICAL ORGANIZATION	VERMONT	527		SIERRA CLUB	X	
MICHIGAN SIERRA CLUB INDEPENDENT ACTION PAC - 83-1295775, 109 E. GRAND RIVER AVENUE, LANSING, MI 48906	POLITICAL ORGANIZATION	MICHIGAN	527		SIERRA CLUB	X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	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	294,000.	FAIR MARKET VALUE
(2) NORTH STAR CHAPTER SIERRA CLUB POLITICAL COMMITTEE	R	149,000.	FAIR MARKET VALUE
(3) SIERRA CLUB INDEPENDENT ACTION	R	3,474,000.	FAIR MARKET VALUE
(4) MISSISSIPPI SIERRA CLUB PAC	R	12,500.	FAIR MARKET VALUE
(5) SIERRA CLUB SMALL DONOR COMMITTEE	R	35,000.	FAIR MARKET VALUE
(6)			

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

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

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