

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: SIERRA CLUB
D Employer identification number: 94-1153307
E Telephone number: (415) 977-5500
F Name and address of principal officer: BEN JEALOUS
G Gross receipts \$: 198,458,948.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.SIERRACLUB.ORG
K Form of organization: Corporation
L Year of formation: 1892
M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission...; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature of officer: ADRIENNE FRAZIER, ASSISTANT TREASURER
Date:
Preparer: MAGA E. KISRIEV
Date: 11/13/2024
Firm: HOOD & STRONG LLP
Address: 2580 N 1ST ST, STE 460, SAN JOSE, CA 95131

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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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

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

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.

Part I - Identification

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of ADRIENNE FRAZIER
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, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 23 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

For Privacy Act and Paperwork Reduction Act Notice, see 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 \$ 84,104,798. including grants of \$ 1,038,618.) (Revenue \$ 506,400.) SEE SCHEDULE O.

4b (Code:) (Expenses \$ 25,411,300. including grants of \$ 0.) (Revenue \$ 0.) MEMBERSHIP, CHAPTER AND VOLUNTEER ACTIVITIES: SUPPORT AND FUNDING OF 64 VOLUNTEER LED CHAPTERS AND APPROXIMATELY 446 GROUPS, AND THE DEVELOPMENT OF A BROAD-BASED VOLUNTEER MEMBERSHIP.

4c (Code:) (Expenses \$ 24,867,556. including grants of \$ 0.) (Revenue \$ 3,480,267.) INFORMATION AND EDUCATION: CALENDAR & ONLINE STORE, SIERRA (THE ORGANIZATION'S MAGAZINE), COMMUNICATIONS GROUP INCLUDES PRINT AND NON-PRINT MEDIA ACTIVITIES AND DIGITAL STRATEGIES (MISSION IS TO ALIGN THE ONLINE ACTIVITIES AND TECHNOLOGICAL INVESTMENTS WITH THE BROADER STRATEGY AND SUCCESS OF THE ORGANIZATION). SIERRA MAGAZINE: PUBLISHED 4 ISSUES PER YEAR WITH AN AVERAGE PRINT RUN IN EXCESS OF 450,715 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 \$ 12,358,097. including grants of \$ 0.) (Revenue \$ 7,722,600.)

4e Total program service expenses 146,741,751.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, 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 Enter the number of voting members... 15; 1b Enter the number of voting members included... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O FOR FULL LIST OF STATES
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ADRIENNE FRAZIER - (415)977-5500
2101 WEBSTER ST STE 1300, OAKLAND, CA 94612

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BENJAMIN JEALOUS EXECUTIVE DIRECTOR (EFF 3/1/23)	50.00 0.00			X				400,281.	0.	22,838.
(2) EVA HERNANDEZ MANAGING DIRECTOR	50.00 0.00			X				334,679.	0.	63,820.
(3) HOP HOPKINS DIR OF ORG TRANS (THRU 7/10/23)	50.00 0.00					X		344,898.	0.	28,160.
(4) ERICA MCKINLEY CHIEF LEGAL OFFICER, ASST SECRETARY	50.00 0.00			X				304,028.	0.	28,787.
(5) SALENA JEGEDE CHIEF ADV OFFICER (THRU 5/2/23)	50.00 0.00					X		303,494.	0.	25,340.
(6) ADRIENNE FRAZIER CFO, ASSISTANT TREASURER	50.00 0.00			X				288,169.	0.	36,103.
(7) GARY REINECKE ASST SEC (THRU 5/15/23), SEN DIR	50.00 0.00			X				274,659.	0.	37,033.
(8) ANA YANEZ CORREA DEPUTY EXECUTIVE DIRECTOR	50.00 0.00			X				298,853.	0.	11,952.
(9) HEATHER WILSON DEPUTY CHIEF COMMS OFFICER	50.00 0.00					X		266,334.	0.	31,251.
(10) JOANNE SPALDING LEGAL DIRECTOR, ELP	50.00 0.00					X		280,067.	0.	17,087.
(11) SHABINA BAHL CHIEF ADVANCEMENT OFFICER	50.00 0.00					X		286,488.	0.	2,081.
(12) GABE GONZALEZ CHIEF ADV, ACT CEN REG FIELD DIR	50.00 0.00				X			252,306.	0.	28,466.
(13) BYRON RAMOS-GUDIEL CHIEF PROGRAM OFFICER (THRU 10/31/23)	50.00 0.00				X			252,060.	0.	20,214.
(14) HOLLY BENDER CHIEF ENERGY OFFICER	50.00 0.00				X			230,995.	0.	30,423.
(15) KRISTIN MACKLIN DEPUTY CFO, ASSISTANT TREASURER	50.00 0.00			X				233,310.	0.	19,686.
(16) AIDA DAVIS CHIEF PEOPLE OFFICER	50.00 0.00				X			234,705.	0.	11,067.
(17) KEVIN HARRIS DEP MGN DIR & CHIEF COMMS OFFICER	50.00 0.00				X			241,774.	0.	2,666.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DEB PASTERNAK CHIEF FIELD OFFICER	50.00 0.00				X			204,889.	0.	35,904.
(19) PHILIP RADFORD CHIEF STRATEGY OFFICER	50.00 0.00				X			233,337.	0.	2,923.
(20) MICHAEL PARRISH COO/ASST SECRETARY	50.00 0.00			X				209,267.	0.	18,813.
(21) LOREN BLACKFORD INT ED(THRU 2/28/23)/SR ADVR(EFF 3/1	50.00 0.00				X			220,941.	0.	2,040.
(22) KIA BROWN CHIEF OF STAFF	50.00 0.00				X			191,951.	0.	22,024.
(23) ANNE KENNEY DIR, FIN ANLYS & BDGT SYS/ASST SEC	50.00 0.00			X				156,370.	0.	26,809.
(24) RAMON CRUZ PRESIDENT (THRU 5/15/23)	40.00 0.10	X		X				50,581.	0.	0.
(25) JEREMY PATRICK MURPHY TREAS (THRU 5/15/23)/VP (EFF 5/16/23	35.00 0.01	X		X				45,123.	0.	0.
(26) ALLISON CHIN PRESIDENT (EFF 5/16/23)	40.00 0.01	X		X				26,210.	0.	0.
1b Subtotal								6,165,769.	0.	525,487.
c Total from continuation sheets to Part VII, Section A								23,343.	0.	0.
d Total (add lines 1b and 1c)								6,189,112.	0.	525,487.

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 276

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MARKETEAM, LLC, 1200 ABERNATHY RD., N.E., STE 400, ATLANTA, GA 30328	FUNDRAISING & PUBLIC EDUCATION	1,736,894.
SYNAPSE ENERGY ECONOMICS INC., 485 MASSACHUSETTS AVE STE 3, CAMBRIDGE, MA	ECONOMIC TECHNICAL EXPERT	772,240.
ARC INITIATIVES, 750 17TH ST NW, STE 500, WASHINGTON, DC 20006	CONSULTANT - COMMUNICATION	690,000.
DONOR POINTS, INC. 565 BELLEVUE AVE, #2307, OAKLAND, CA 94610	CONSULTANT - ONLINE FUNDRAISING	663,225.
DATA AXLE, INC. PO BOX 959819, ST. LOUIS, MO 63195-9819	DIGITAL SUSTAINER ACQUISITION	593,605.

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 60

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	18,260,800.				
	c	Fundraising events	1c	209,578.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	141,513,777.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 163,509.				
	h	Total. Add lines 1a-1f		159,984,155.				
	Program Service Revenue				Business Code			
2 a		OUTINGS/LODGE PROGRAMS		900099	7,722,600.	7,722,600.		
b		OTHER PROGRAM SERV REV		900099	2,147,073.	2,147,073.		
c		PUBLICATION INCOME		541800	378,893.		378,893.	
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			10,248,566.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,835,800.		-47,877.	1,883,677.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties			432,024.			432,024.
	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				
				(ii) Other				
					23,772,472.			
	b	Less: cost or other basis and sales expenses	7b	24,316,453.				
	c	Gain or (loss)	7c	-543,981.				
d	Net gain or (loss)			-543,981.			-543,981.	
8 a	Gross income from fundraising events (not including \$ 209,578. of contributions reported on line 1c). See Part IV, line 18	8a		86,539.				
				80,003.				
					6,536.		6,536.	
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a		1,282.				
				0.				
					1,282.		1,282.	
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a		1,579,700.				
				637,409.				
					942,291.	942,291.		
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code				
	11 a	LITIGATION AWARD FEES		541100	506,400.	506,400.		
	b	SUBSCRIPTIONS		900099	12,010.	12,010.		
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d			518,410.				
12	Total revenue. See instructions			173,425,083.	11,330,374.	-47,877.	2,158,431.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,038,618.	1,038,618.		
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	5,083,475.	1,567,351.	3,459,633.	56,491.
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	84,448,442.	72,488,900.	4,505,706.	7,453,836.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,381,654.	2,797,132.	300,854.	283,668.
9 Other employee benefits	9,406,918.	7,780,925.	836,900.	789,093.
10 Payroll taxes	6,689,109.	5,532,891.	595,106.	561,112.
11 Fees for services (nonemployees):				
a Management				
b Legal	6,844,500.	5,361,600.	1,395,100.	87,800.
c Accounting	663,464.		663,464.	
d Lobbying	760,074.	760,074.		
e Professional fundraising services. See Part IV, line 17	1,148,721.			1,148,721.
f Investment management fees	414,100.		414,100.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	21,669,679.	16,630,027.	1,749,558.	3,290,094.
12 Advertising and promotion	2,609,600.	2,078,700.	6,400.	524,500.
13 Office expenses	7,773,100.	5,429,100.	263,500.	2,080,500.
14 Information technology	1,194,483.	953,083.	228,200.	13,200.
15 Royalties	496,600.	440,300.	56,300.	
16 Occupancy	5,387,617.	3,494,117.	1,570,400.	323,100.
17 Travel	6,410,600.	5,145,400.	931,000.	334,200.
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	1,063,500.	762,200.	211,900.	89,400.
23 Insurance	1,425,000.	1,203,500.	175,800.	45,700.
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	8,934,200.	7,325,600.	215,000.	1,393,600.
b MEMBERSHIP	1,608,062.	1,608,062.		
c LODGE/OUTING FIELD EXP	1,163,000.	1,157,100.	5,900.	
d SIERRA CGS	754,491.	674,891.		79,600.
e All other expenses	-8,095,521.	2,512,180.	196,902.	-10,804,603.
25 Total functional expenses. Add lines 1 through 24e	172,273,486.	146,741,751.	17,781,723.	7,750,012.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	41,710,665.	2	38,704,929.
	3 Pledges and grants receivable, net	14,486,800.	3	15,198,200.
	4 Accounts receivable, net	2,698,600.	4	2,791,000.
	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	166,636.	8	129,400.
	9 Prepaid expenses and deferred charges	4,695,900.	9	6,325,400.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,016,000.		
	b Less: accumulated depreciation	10b 10,170,400.		
	11 Investments - publicly traded securities	5,052,800.	10c	4,845,600.
	12 Investments - other securities. See Part IV, line 11	49,018,400.	11	52,422,700.
	13 Investments - program-related. See Part IV, line 11	14,544,400.	12	18,345,100.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	14,726,364.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	147,100,565.	15	13,321,200.	
		16	152,083,529.	
Liabilities	17 Accounts payable and accrued expenses	22,158,000.	17	17,677,500.
	18 Grants payable		18	
	19 Deferred revenue	2,239,416.	19	2,385,974.
	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	26,697,000.	25	23,597,800.
	26 Total liabilities. Add lines 17 through 25	51,094,416.	26	43,661,274.
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	50,015,345.	27	57,909,898.
	28 Net assets with donor restrictions	45,990,804.	28	50,512,357.
	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	96,006,149.	32	108,422,255.
33 Total liabilities and net assets/fund balances	147,100,565.	33	152,083,529.	

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	173,425,083.
2	Total expenses (must equal Part IX, column (A), line 25)	2	172,273,486.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,151,597.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	96,006,149.
5	Net unrealized gains (losses) on investments	5	9,299,481.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,965,028.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	108,422,255.

Part XII Financial Statements and Reporting

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

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

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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

SIERRA CLUB

Employer identification number

94-1153307

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<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
25	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<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
31	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<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
43	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 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/>	\$ 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
49	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<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
55	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 5,034.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 5,060.	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/>	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 5,101.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 5,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 5,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 5,212.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 5,346.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 5,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 5,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SIERRA CLUB

94-1153307

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 6,000.	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
85	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 6,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 6,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/>	\$ 6,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 6,315.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 6,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 6,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 6,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ 7,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ 7,393.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ 7,405.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	<hr/> <hr/> <hr/>	\$ 7,706.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	<hr/> <hr/> <hr/>	\$ 7,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	<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
109	<hr/> <hr/> <hr/>	\$ 8,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<hr/> <hr/> <hr/>	\$ 8,549.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<hr/> <hr/> <hr/>	\$ 8,953.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
112	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<hr/> <hr/> <hr/>	\$ 9,416.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	<hr/> <hr/> <hr/>	\$ 9,417.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	<hr/> <hr/> <hr/>	\$ 9,449.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	<hr/> <hr/> <hr/>	\$ 9,720.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	<hr/> <hr/> <hr/>	\$ 9,742.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	<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
127	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	<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
133	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	_____ _____ _____	\$ _____ 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
139	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	<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
145	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	<hr/> <hr/> <hr/>	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	<hr/> <hr/> <hr/>	\$ 10,159.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	<hr/> <hr/> <hr/>	\$ 10,192.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	<hr/> <hr/> <hr/>	\$ 10,292.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	<hr/> <hr/> <hr/>	\$ 10,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	<hr/> <hr/> <hr/>	\$ 10,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	<hr/> <hr/> <hr/>	\$ 11,043.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	<hr/> <hr/> <hr/>	\$ 11,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	<hr/> <hr/> <hr/>	\$ 12,000.	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
157	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	<hr/> <hr/> <hr/>	\$ 12,295.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	<hr/> <hr/> <hr/>	\$ 12,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	<hr/> <hr/> <hr/>	\$ 12,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	<hr/> <hr/> <hr/>	\$ 13,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	<hr/> <hr/> <hr/>	\$ 13,518.	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
163	_____ _____ _____	\$ 14,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	_____ _____ _____	\$ 14,438.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	_____ _____ _____	\$ 14,706.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	_____ _____ _____	\$ 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
169	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	<hr/> <hr/> <hr/>	\$ 15,317.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	<hr/> <hr/> <hr/>	\$ 16,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	<hr/> <hr/> <hr/>	\$ 16,396.	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
175	<hr/> <hr/> <hr/>	\$ 17,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	<hr/> <hr/> <hr/>	\$ 17,408.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	<hr/> <hr/> <hr/>	\$ 19,207.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	<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
181	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	<hr/> <hr/> <hr/>	\$ 20,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	<hr/> <hr/> <hr/>	\$ 21,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	<hr/> <hr/> <hr/>	\$ 21,937.	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
187	<hr/> <hr/> <hr/>	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	<hr/> <hr/> <hr/>	\$ 23,077.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	<hr/> <hr/> <hr/>	\$ 25,507.	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/>	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	<hr/> <hr/> <hr/>	\$ 26,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	<hr/> <hr/> <hr/>	\$ 27,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	<hr/> <hr/> <hr/>	\$ 27,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	<hr/> <hr/> <hr/>	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	<hr/> <hr/> <hr/>	\$ 28,814.	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/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	<hr/> <hr/> <hr/>	\$ 30,223.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
201	<hr/> <hr/> <hr/>	\$ 31,023.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	<hr/> <hr/> <hr/>	\$ 33,446.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	<hr/> <hr/> <hr/>	\$ 33,496.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	<hr/> <hr/> <hr/>	\$ 35,546.	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/>	\$ 36,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	<hr/> <hr/> <hr/>	\$ 38,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	<hr/> <hr/> <hr/>	\$ 41,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	<hr/> <hr/> <hr/>	\$ 43,595.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	<hr/> <hr/> <hr/>	\$ 45,000.	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	<hr/> <hr/> <hr/>	\$ 48,133.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	<hr/> <hr/> <hr/>	\$ 48,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	<hr/> <hr/> <hr/>	\$ 48,784.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	<hr/> <hr/> <hr/>	\$ 50,301.	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	<hr/> <hr/> <hr/>	\$ 51,242.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	<hr/> <hr/> <hr/>	\$ 56,542.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	<hr/> <hr/> <hr/>	\$ 58,824.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	<hr/> <hr/> <hr/>	\$ 60,293.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	<hr/> <hr/> <hr/>	\$ 61,179.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	<hr/> <hr/> <hr/>	\$ 67,510.	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
223	<hr/> <hr/> <hr/>	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	<hr/> <hr/> <hr/>	\$ 81,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	<hr/> <hr/> <hr/>	\$ 85,737.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	<hr/> <hr/> <hr/>	\$ 92,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	<hr/> <hr/> <hr/>	\$ 97,272.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	<hr/> <hr/> <hr/>	\$ 97,534.	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
229	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232	<hr/> <hr/> <hr/>	\$ 101,061.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	<hr/> <hr/> <hr/>	\$ 106,572.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
234	<hr/> <hr/> <hr/>	\$ 106,940.	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
235	 <hr/> <hr/> <hr/>	\$ 109,643.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	 <hr/> <hr/> <hr/>	\$ 122,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	 <hr/> <hr/> <hr/>	\$ 133,142.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	 <hr/> <hr/> <hr/>	\$ 136,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	 <hr/> <hr/> <hr/>	\$ 142,213.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	 <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
241	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244	<hr/> <hr/> <hr/>	\$ 157,249.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	<hr/> <hr/> <hr/>	\$ 170,137.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	<hr/> <hr/> <hr/>	\$ 181,420.	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
247	<hr/> <hr/> <hr/>	\$ 220,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250	<hr/> <hr/> <hr/>	\$ 259,149.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251	<hr/> <hr/> <hr/>	\$ 270,304.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252	<hr/> <hr/> <hr/>	\$ 289,294.	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
253	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254	<hr/> <hr/> <hr/>	\$ 308,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255	<hr/> <hr/> <hr/>	\$ 320,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	<hr/> <hr/> <hr/>	\$ 470,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	<hr/> <hr/> <hr/>	\$ 535,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258	<hr/> <hr/> <hr/>	\$ 600,312.	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
259	 <hr/> <hr/> <hr/>	\$ 703,427.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260	 <hr/> <hr/> <hr/>	\$ 857,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261	 <hr/> <hr/> <hr/>	\$ 2,360,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262	 <hr/> <hr/> <hr/>	\$ 2,410,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263	 <hr/> <hr/> <hr/>	\$ 2,569,313.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264	 <hr/> <hr/> <hr/>	\$ 4,000,000.	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
265	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270	_____ _____ _____	\$ 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
271	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272	<hr/> <hr/> <hr/>	\$ 95,920,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276	<hr/> <hr/> <hr/>	\$ 33,500.	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
277	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278	_____ _____ _____	\$ _____ 5,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
279	_____ _____ _____	\$ _____ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
280	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281	_____ _____ _____	\$ _____ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282	_____ _____ _____	\$ _____ 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
283	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284	<hr/> <hr/> <hr/>	\$ 33,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285	<hr/> <hr/> <hr/>	\$ 10,295.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
286	<hr/> <hr/> <hr/>	\$ 88,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287	<hr/> <hr/> <hr/>	\$ 42,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
289	_____ _____ _____	\$ 6,615.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
290	_____ _____ _____	\$ 8,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291	_____ _____ _____	\$ 11,000.	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
111	1,643 SHARES GABELLI UTILITIES A _____ _____ _____	\$ 8,953.	11/24/23
186	20 SHARES ADOBE INC _____ _____ _____	\$ 11,937.	12/29/23
200	226 SHARES ALPHABET INC, CLASS C _____ _____ _____	\$ 30,223.	12/15/23
233	400 SHARES TESLA _____ _____ _____	\$ 106,572.	07/31/23
289	SEE STATEMENT 1 _____ _____ _____	\$ 5,824.	04/20/23
	_____ _____ _____	\$ _____	_____

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

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

21 SH BCI, 86 SH PKW, 99 SH AGG, 50 SH FTTG, 74 SH USMV, 25 SH SJNK, 32 SH
SPID, 46 SH SPYV, 25 SH EMLC, 46 SH VEA, 12 SH THLGH, 10 SH THHYX, 10 SH
NTBIX, 9 SH YUIFX, 47 SH PARNX, 46 SH PARWX, 38 SH BAWAX, 26 SH FWAX, 12 SH
CGAEX, 32 SH GCBLX, 64 SH GCEQX, 21 SH PGRNX, 56 SH PORTX, 32 SH NEXTX, 16 SH
TIREX, 24 SH LMRNX, AND 13 SH APPIX

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

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
--	---

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 \$ 963,678.
- 3 Volunteer hours for political campaign activities 5,797.

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 \$ 1,552.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 10,000.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 11,552.
- 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-.
MISSISSIPPI SIERRA CLUB PAC	RIDGELAND, MS 39157	45-4833193	10,000.	0.

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

Schedule C (Form 990) 2023

SEE PART IV FOR CONTINUATION

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(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 not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART I-A, LINE 1:

SIERRA CLUB PROVIDES ADMINISTRATIVE AND FUNDRAISING SUPPORT TO ITS

SEPARATE SEGREGATED FUNDS (SIERRA CLUB POLITICAL COMMITTEE AND SIERRA

CLUB VOTER EDUCATION FUND AND STATE POLITICAL ORGANIZATIONS) AND

COMMUNICATES WITH ITS MEMBERS AND OTHERS ABOUT CANDIDATES, INCLUDING

EXPRESSLY ADVOCATING FOR THEIR ELECTION OR DEFEAT, AS PERMITTED UNDER

Part IV Supplemental Information *(continued)*

FEDERAL AND STATE LAW.

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

MISSISSIPPI SIERRA CLUB PAC

148 OAKHURST TRAIL RIDGELAND, MS 39157

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

2023

Open to Public Inspection

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts for revenue and assets.

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 in 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	37,414,900.	43,098,600.	37,048,700.	33,479,500.	28,888,800.
b Contributions	737,400.	1,073,300.	1,348,100.	1,107,300.	1,083,300.
c Net investment earnings, gains, and losses	5,253,500.	-4,838,400.	6,351,800.	3,961,900.	4,257,400.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,971,000.	1,918,600.	1,650,000.	1,500,000.	750,000.
f Administrative expenses					
g End of year balance	41,434,800.	37,414,900.	43,098,600.	37,048,700.	33,479,500.

- 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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				
b Buildings		649,303.	637,975.	11,328.
c Leasehold improvements		11,308,397.	7,702,957.	3,605,440.
d Equipment		3,058,300.	1,829,468.	1,228,832.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,845,600.

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) PRIVATE GLOBAL EQUITIES FUNDS	17,860,700.	END-OF-YEAR MARKET VALUE
(B) GREEN ALPHA INVESTMENTS	484,400.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	18,345,100.	

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, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) ADVANCES AND DEPOSITS	266,700.
(2) RIGHT-OF-USE ASSETS	13,054,500.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	13,321,200.

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	18,400,700.
(3) PENSION LIABILITY	5,197,100.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	23,597,800.

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	195,322,400.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	9,299,481.
b	Donated services and use of facilities	2b	180,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	12,417,836.
e	Add lines 2a through 2d	2e	21,897,317.
3	Subtract line 2e from line 1	3	173,425,083.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	173,425,083.

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	182,842,100.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	180,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	10,388,614.
e	Add lines 2a through 2d	2e	10,568,614.
3	Subtract line 2e from line 1	3	172,273,486.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	172,273,486.

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 \$2,400 AND \$59,200, RESPECTIVELY, FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASS FUNDRAISING REIMBURSEMENTS FROM FOUNDATION	10,850,000.
SEGREGATED FUND ELIMINATIONS	850,424.
RECLASS COST OF GOODS SOLD TO REVENUE	637,409.

Part XIII Supplemental Information (continued)

RECLASS FUNDRAISING EXPENSES TO REVENUE 80,003.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 12,417,836.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS FUNDRAISING REIMBURSEMENTS FROM FOUNDATION 10,850,000.

SEGREGATED FUND ELIMINATIONS 645,102.

RECLASS COST OF GOODS SOLD TO REVENUE 637,409.

CHANGE IN VALUE OF PENSION PLAN -1,823,900.

RECLASS FUNDRAISING EXPENSES TO REVENUE 80,003.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 10,388,614.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MARKETEAM, LLC - 600 NORTH PARK TOWN CENTER STE.	DIRECT MAIL		X	10,940,175.	393,015.	10,547,160.
SD&A TELESERVICES, INC. - 5757 W. CENTURY BLVD., SUITE	TELEMARKETING		X	1,710,400.	372,854.	1,337,546.
TELEFUND, INC. - 294 WASHINGTON ST., SUITE 501,	TELEMARKETING		X	1,222,985.	82,132.	1,140,853.
GORDON & SCHWENKMEYER, INC. - 20300 S. VERMONT AVE, SUITE	TELEMARKETING		X	350,968.	218,697.	132,271.
DIGITAL MEDIA SOLUTIONS LLC - 4800 140TH AVE. N. SUITE 101,	DIGITAL FUNDRAISING		X	174,410.	51,090.	123,320.
AUBRY & CO - 9000 SUNSET BLVD, SUITE 300, WEST	DEVELOP & SECURE CORPORATE SPONSORSHIPS		X	0.	30,933.	-30,933.
Total				14,398,938.	1,148,721.	13,250,217.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GUARDIANS OF NATURE BENEFIT (event type)	CELEBRATION FOR CLIMATE ACTION (event type)	12 (total number)		
Revenue	1	Gross receipts	79,810.	51,500.	132,861.	264,171.
	2	Less: Contributions	74,664.	44,500.	71,835.	190,999.
	3	Gross income (line 1 minus line 2)	5,146.	7,000.	61,026.	73,172.
Direct Expenses	4	Cash prizes			510.	510.
	5	Noncash prizes				
	6	Rent/facility costs	3,051.		12,730.	15,781.
	7	Food and beverages	5,227.		14,811.	20,038.
	8	Entertainment			10,009.	10,009.
	9	Other direct expenses	1,916.	750.	13,280.	15,946.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				62,284.
11	Net income summary. Subtract line 10 from line 3, column (d)				10,888.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: MARKETTEAM, LLC

(I) ADDRESS OF FUNDRAISER:

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

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

(I) ADDRESS OF FUNDRAISER:

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

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: TELEFUND, INC.

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

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

(I) ADDRESS OF FUNDRAISER:

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

(I) NAME OF FUNDRAISER: DIGITAL MEDIA SOLUTIONS LLC

(I) ADDRESS OF FUNDRAISER:

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

(I) NAME OF FUNDRAISER: AUBRY & CO

(I) ADDRESS OF FUNDRAISER:

9000 SUNSET BLVD, SUITE 300, WEST HOLLYWOOD, CA 90069

**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

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BEAR CREEK COUNCIL 220 S. 27TH ST, STE A BILLINGS, MT 59101	36-3939787	501(C)(3)	7,500.	0.			ENVIRONMENTAL PROTECTION
BIOPHILIA FOUNDATION 1201 PARSON ISLAND RD CHESTER, MD 21619	52-2199334	501(C)(3)	7,500.	0.			ENVIRONMENTAL PROTECTION
BUS FOR OUTDOOR ACCESS AND TEACHING - 3276 N GORDON PL - MILWAUKEE, WI 53212	82-4605180	501(C)(3)	8,000.	0.			ENVIRONMENTAL PROTECTION
COALITION OF BLACK TRADE UNIONISTS PO BOX 66268 WASHINGTON, DC 20035	52-1128179	501(C)(4)	20,000.	0.			ENVIRONMENTAL PROTECTION
COMMUNITY INITIATIVES/LATINOS OUTDOORS - 1000 BROADWAY, STE. 480 - OAKLAND, CA 94607	94-3255070	501(C)(3)	10,000.	0.			ENVIRONMENTAL PROTECTION
EARTHJUSTICE ACTION 1001 G ST NW, STE. 1000 WASHINGTON, DC 20001	82-1981944	501(C)(4)	15,000.	0.			ENVIRONMENTAL PROTECTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 38.
- 3 Enter total number of other organizations listed in the line 1 table 7.

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLIPP INC 16890 OAK ST DILLWYN, VA 23936	85-3255197	501(C)(3)	9,000.	0.			ENVIRONMENTAL PROTECTION
GREENLATINOS 1919 14TH ST, STE. BOULDER, CO 80302	26-3386082	501(C)(4)	15,000.	0.			ENVIRONMENTAL PROTECTION
GREENACTION FOR HEALTH & ENVIRONMENTAL JUSTICE - 466 GEARY ST, STE. 300 - SAN FRANCISCO, CA 94102	43-2050242	501(C)(3)	5,500.	0.			ENVIRONMENTAL PROTECTION
HOUSING DEVELOPMENT CONSORTIUM OF SEATTLE-KING COUNTY - 1326 5TH AVE, STE. 230 - SEATTLE, WA 98101	94-3073588	501(C)(3)	10,000.	0.			ENVIRONMENTAL PROTECTION
INDIGENOUS ENVIRONMENTAL NETWORK OF TURTLE ISLAND - PO BOX 485 - BEMIDJI, MN 56619	38-3653476	501(C)(3)	11,100.	0.			ENVIRONMENTAL PROTECTION
MICAH 6:8 MISSION 624 W. VERDINE SULPHUR, LA 70663	85-3549698	501(C)(3)	10,000.	0.			ENVIRONMENTAL PROTECTION
MN350 4407 E. LAKE ST MINNEAPOLIS, MN 55406	45-2754381	501(C)(3)	5,600.	0.			ENVIRONMENTAL PROTECTION
NATURAL RESOURCES DEFENSE COUNCIL 40 W 20TH ST NEW YORK, NY 10011	13-2654926	501(C)(3)	51,000.	0.			ENVIRONMENTAL PROTECTION
OREGON WILD 2825 N. GREELEY AVE PORTLAND, OR 97217	23-7432820	501(C)(3)	30,000.	0.			ENVIRONMENTAL PROTECTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP PROJECT 1501 M ST., SUITE 1010 WASHINGTON, DC 20005	52-2192070	501(C)(3)	15,000.	0.			ENVIRONMENTAL PROTECTION
PATHOS LABS 8797 PARTRIDGE ST LITTLETON, CO 80210	82-4056008	501(C)(3)	24,000.	0.			ENVIRONMENTAL PROTECTION
RAINFOREST ACTION NETWORK 425 BUSH ST, SUITE 300 SAN FRANCISCO, CA 94108	94-3045180	501(C)(3)	15,000.	0.			ENVIRONMENTAL PROTECTION
THE GOOD ENERGY PROJECT 8395 SELMA AVE PERDIDO BEACH, AL 36530	84-4579793	501(C)(3)	24,000.	0.			ENVIRONMENTAL PROTECTION
TRI CITY CDC 3225 S. DEACON ST DETROIT, MI 48217	38-3521963	501(C)(3)	10,000.	0.			ENVIRONMENTAL PROTECTION
VOICES FOR A SUSTAINABLE FUTURE PO BOX 5780 TAKOMA PARK, MD 20913	27-1940927	501(C)(3)	6,500.	0.			ENVIRONMENTAL PROTECTION
WEST MARION COMMUNITY FORUM 220 WEST GRAYSON ST MARION, NC 28752	83-0671471	501(C)(3)	48,500.	0.			ENVIRONMENTAL PROTECTION
WEST VIRGINIA CITIZENS ACTION EDUCATION FUND - 1500 DIXIE ST - CHARLESTON, WV 25311	11-3660992	501(C)(3)	24,000.	0.			ENVIRONMENTAL PROTECTION
SOUTH RIVER WATERSHED ALLIANCE P.O. BOX 1341 DECATUR, GA 30031	45-1836903	501(C)(3)	35,000.	0.			ENVIRONMENTAL PROTECTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH POWER & LIGHT 100 MARYLAND AVE., N.E. SUITE 400 WASHINGTON, DC 20002	94-3335236	501(C)(3)	25,000.	0.			ENVIRONMENTAL PROTECTION
SIERRA NEVADA ALLIANCE PO BOX 7989 SOUTH LAKE TAHOE, CA 96158	77-0343881	501(C)(3)	23,000.	0.			ENVIRONMENTAL PROTECTION
WV ENVIRONMENTAL COUNCIL PO BOX 1007 CHARLESTON, WV 25324-1007	55-0728622	501(C)(4)	18,000.	0.			ENVIRONMENTAL PROTECTION
THE PEOPLE'S PORT AUTHORITY 225 DYER AVE PROVIDENCE, RI 02905	13-6162737	501(C)(3)	15,000.	0.			ENVIRONMENTAL PROTECTION
ALLEGHENY LAND TRUST 416 THORN STREET SEWICKLEY, PA 15143	25-1718611	501(C)(3)	14,407.	0.			ENVIRONMENTAL PROTECTION
ALASKA'S HEALING HEARTS PO BOX 876061 WASILLA, AK 99687	27-4036000	501(C)(3)	13,000.	0.			ENVIRONMENTAL PROTECTION
GRANT TO EVOLVE KY 3302 BROECK POINTE LOUISVILLE, KY 40241	81-1661390	501(C)(3)	12,983.	0.			ENVIRONMENTAL PROTECTION
KENTUCKY CONSERVATION COMMITTEE PO BOX 1152 FRANKFORT, KY 40602	31-0908126	501(C)(4)	12,050.	0.			ENVIRONMENTAL PROTECTION
RAPID CREEK WATERSHED ACTION P.O. BOX 2142 RAPID CITY, SD 57709	87-2040326	501(C)(4)	12,000.	0.			ENVIRONMENTAL PROTECTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAMOKIN CREEK RESTORATION ALLIANCE - 9 N 8TH ST - KULPMONT, PA 17834-1337	23-2910819	501(C)(3)	11,932.	0.			ENVIRONMENTAL PROTECTION
ENVIRONMENTAL COUNCIL OF RHODE ISLAND EDUCATION FUND - PO BOX 40568 - PROVIDENCE, RI 02940	05-0456927	501(C)(3)	11,000.	0.			ENVIRONMENTAL PROTECTION
KENTUCKY RESOURCES COUNCIL PO BOX 1070 FRANKFORT, KY 40602	31-1042931	501(C)(3)	10,050.	0.			ENVIRONMENTAL PROTECTION
AMERICAN INDIAN COUNCIL OF MARIPOSA COUNTY - 5008 CA-140 - MARIPOSA, CA 95338	77-0161686	501(C)(3)	10,000.	0.			ENVIRONMENTAL PROTECTION
EVERYONE'S HARVEST 31 UPPER RAGSDALE DR STE 4 MONTEREY, CA 93940	48-1290990	501(C)(3)	10,000.	0.			ENVIRONMENTAL PROTECTION
VETS IN THE VALLEY FOUNDATION, INC 318 JAMISON CITY RD BENTON, PA 17814-7014	82-4524581	501(C)(3)	9,089.	0.			ENVIRONMENTAL PROTECTION
PROGRESO LATINO, INC 626 BROAD ST CENTRAL FALLS, RI 02863	05-0380608	501(C)(3)	8,000.	0.			ENVIRONMENTAL PROTECTION
SOPHIE GERSON HEALTHY YOUTH 505 LAGUARDIA PL SUITE 20A NEW YORK, NY 10012	46-2977659	501(C)(3)	7,500.	0.			ENVIRONMENTAL PROTECTION
MONTANA ENVIRONMENTAL INFORMATION CENTER - P.O. BOX 1184 - HELENA, MT 59624	23-7337100	501(C)(3)	6,400.	0.			ENVIRONMENTAL PROTECTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEYSTONE TRAILS ASSOCIATION 46 E MAIN ST. MECHANICSBURG, PA 17055	23-2111213	501(C)(3)	6,029.	0.			ENVIRONMENTAL PROTECTION
COLLEGE VISIONS 180 WESTMINSTER ST., SUITE 203 PROVIDENCE, RI 02903	27-2344723	501(C)(3)	6,000.	0.			ENVIRONMENTAL PROTECTION
MISSISSIPPI SIERRA CLUB PAC 148 OAKHURST TRAIL RIDGELAND, MS 39157	45-4833193	527	10,000.	0.			ENVIRONMENTAL PROTECTION

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

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

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SIERRA CLUB

Employer identification number

94-1153307

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BENJAMIN JEALOUS EXECUTIVE DIRECTOR (EFF 3/1/23)	(i)	400,281.	0.	0.	0.	22,838.	423,119.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) EVA HERNANDEZ MANAGING DIRECTOR	(i)	334,679.	0.	0.	37,821.	25,999.	398,499.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HOP HOPKINS DIR OF ORG TRANS (THRU 7/10/23)	(i)	231,456.	0.	113,442.	12,489.	15,671.	373,058.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERICA MCKINLEY CHIEF LEGAL OFFICER, ASST SECRETARY	(i)	304,028.	0.	0.	6,240.	22,547.	332,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SALENA JEGEDE CHIEF ADV OFFICER (THRU 5/2/23)	(i)	179,042.	0.	124,452.	22,131.	3,209.	328,834.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ADRIENNE FRAZIER CFO, ASSISTANT TREASURER	(i)	288,169.	0.	0.	32,726.	3,377.	324,272.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GARY REINECKE ASST SEC (THRU 5/15/23), SEN DIR	(i)	274,659.	0.	0.	25,921.	11,112.	311,692.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANA YANEZ CORREA DEPUTY EXECUTIVE DIRECTOR	(i)	298,853.	0.	0.	0.	11,952.	310,805.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) HEATHER WILSON DEPUTY CHIEF COMMS OFFICER	(i)	266,334.	0.	0.	17,370.	13,881.	297,585.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JOANNE SPALDING LEGAL DIRECTOR, ELP	(i)	280,067.	0.	0.	4,341.	12,746.	297,154.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SHABINA BAHL CHIEF ADVANCEMENT OFFICER	(i)	286,488.	0.	0.	1,109.	972.	288,569.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) GABE GONZALEZ CHIEF ADV, ACT CEN REG FIELD DIR	(i)	252,306.	0.	0.	14,945.	13,521.	280,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BYRON RAMOS-GUDIEL CHIEF PROGRAM OFFICER (THRU 10/31/23)	(i)	252,060.	0.	0.	18,286.	1,928.	272,274.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) HOLLY BENDER CHIEF ENERGY OFFICER	(i)	230,995.	0.	0.	27,042.	3,381.	261,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) KRISTIN MACKLIN DEPUTY CFO, ASSISTANT TREASURER	(i)	233,310.	0.	0.	4,559.	15,127.	252,996.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) AIDA DAVIS CHIEF PEOPLE OFFICER	(i)	234,705.	0.	0.	0.	11,067.	245,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) KEVIN HARRIS DEP MGN DIR & CHIEF COMMS OFFICER	(i)	241,774.	0.	0.	0.	2,666.	244,440.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) DEB PASTERNAK CHIEF FIELD OFFICER	(i)	204,889.	0.	0.	15,634.	20,270.	240,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) PHILIP RADFORD CHIEF STRATEGY OFFICER	(i)	233,337.	0.	0.	0.	2,923.	236,260.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) MICHAEL PARRISH COO/ASST SECRETARY	(i)	209,267.	0.	0.	0.	18,813.	228,080.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) LOREN BLACKFORD INT ED(THRU 2/28/23)/SR ADVR(EFF 3/1	(i)	220,941.	0.	0.	866.	1,174.	222,981.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) KIA BROWN CHIEF OF STAFF	(i)	191,951.	0.	0.	0.	22,024.	213,975.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) ANNE KENNEY DIR, FIN ANLYS & BDGT SYS/ASST SEC	(i)	156,370.	0.	0.	14,055.	12,754.	183,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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:

HOP HOPKINS, DIRECTOR OF ORGANIZATIONAL TRANSFORMATION, RECEIVED A \$103,371

SEVERANCE PAYMENT AND \$10,071 COBRA SUBSIDY. SALENA JEGEDE, CHIEF

ADVANCEMENT OFFICER, RECEIVED A \$124,452 SEVERANCE PAYMENT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	9	163,509.	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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

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

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REFLECTS THE NUMBER OF DONATIONS.

SCHEDULE M, LINE 32B:

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

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:

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

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

AT THE SIERRA CLUB, WE BELIEVE IN THE POWER OF TOGETHERNESS AND THAT WE
ARE STRONGER TOGETHER. TOGETHER, WE REMAIN COMMITTED TO THE FIGHT FOR A
HEALTHY CLIMATE BUILT ON A FOUNDATION OF ENVIRONMENTAL, RACIAL,
ECONOMIC, AND GENDER JUSTICE - A FUTURE WHERE ALL PEOPLE BENEFIT FROM A
HEALTHY, THRIVING PLANET AND A DIRECT CONNECTION TO NATURE. AS THE
CLIMATE CRISIS AND DEEPLY ENTRENCHED SYSTEMIC RACISM FUEL INEQUITY, WE
WILL CONTINUE TO FIGHT FOR A BOLD, TRANSFORMATIONAL AGENDA THAT
RECOGNIZES THE INTERCONNECTEDNESS BETWEEN OUR PLANET, OUR HUMANITY, AND
OUR DEMOCRACY. BY RECOGNIZING THAT OUR DESTINIES ARE TIED, WE CONTINUE
TO NAME THAT ALL THINGS ARE FUNDAMENTALLY CONNECTED, AND THE OVERLAP
BETWEEN ECOLOGY, RACE, GENDER, AND REPRESENTATIVE GOVERNMENT WILL MOVE
TO EITHER ADVANCE OUR COLLECTIVE HUMANITY OR TO OPPRESS IT.

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

OVERVIEW:

THROUGHOUT 2023, WE CONTINUED PROGRESS TOWARDS THE GOALS LAID OUT IN
OUR 2030 STRATEGIC FRAMEWORK. WE CONTINUE TO APPLY AN ENVIRONMENTAL
JUSTICE LENS TO ALL THE WORK WE DO, UNDERSTANDING THAT CLIMATE JUSTICE

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

Schedule O (Form 990) 2023

Name of the organization SIERRA CLUB	Employer identification number 94-1153307
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IS RACIAL JUSTICE AND NEITHER CAN EXIST INDEPENDENTLY OF EACH OTHER. WE

ALSO COMMITTED TO ORGANIZING OUR WORK ALONG THREE CORE PRIORITY AREAS,

EACH DEFINED BY THE MOST URGENT CRISES FACING OUR PLANET AND OUR

MOVEMENT: 1) THE EXTINCTION CRISIS; 2) THE CLIMATE CRISIS; 3) THE

CRISIS OF OUR MOVEMENT NEEDING TO GROW RAPIDLY AND IMMEDIATELY IN ORDER

TO SUCCESSFULLY ADDRESS THE FIRST TWO CRISES. WHILE OUR WORK TO PROTECT

OUR LANDS, AIR, AND WATER SERVES OUR MISSION TO TACKLE THE EXTINCTION

AND CLIMATE CRISES, WE ALSO REMAIN FOCUSED ON THE NECESSITY OF THIS

WORK IN PROTECTING PUBLIC HEALTH AND ENVIRONMENTAL JUSTICE.

THE SIERRA CLUB IS RISING TO MEET THE CRITICAL AND PIVOTAL MOMENT WE

ARE NOW IN AS A COUNTRY AND WORLD COMMUNITY. WE SENT A DELEGATION TO

THE COP28 CLIMATE SUMMIT IN DUBAI, WHERE FOR THE FIRST TIME WE ACHIEVED

GLOBAL CONSENSUS ON OUR COLLECTIVE NEED TO TRANSITION AWAY FROM FOSSIL

FUELS. WE CONTINUED TO EDUCATE ABOUT, PROMOTE, AND HELP UNLOCK THE

POWER OF THE UNPRECEDENTED INVESTMENTS IN SOLVING THE CLIMATE CRISIS

CONTAINED IN BOLD LEGISLATION LIKE THE INFLATION REDUCTION ACT AND

BIPARTISAN INFRASTRUCTURE LAW. A 501(C)(4) ORGANIZATION, SIERRA CLUB

ENGAGES IN LOBBYING ACTIVITIES AND ENDORSES CANDIDATE CAMPAIGNS THROUGH

AFFILIATED POLITICAL ACTION COMMITTEES (PACS). THE SIERRA CLUB

FOUNDATION, OUR INDEPENDENT FISCAL SPONSOR, GRANTS US FLEXIBLE

501(C)(3) FUNDING FOR OUR MOST IMPACTFUL CAMPAIGNS TO PROTECT

WILDLANDS, SHIFT THE ENERGY SECTOR, AND SUPPORT ENVIRONMENTAL JUSTICE.

THIS STRUCTURAL DELINEATION ALLOWS THE SIERRA CLUB TO MOVE POLICIES

THAT PRIORITIZE PEOPLE AND THE PLANET WHILE MAINTAINING FULL COMPLIANCE

WITH ALL RULES, INTERNAL AND EXTERNAL, GOVERNING OUR WORK.

GRASSROOTS STRONG:

Name of the organization

SIERRA CLUB

Employer identification number

94-1153307

THE HEART OF SIERRA CLUB'S ENDURING STRENGTH IS OUR GRASSROOTS NETWORK

OF 64 CHAPTERS, STATE AND LOCAL VOLUNTEER GROUPS, OUTINGS LEADERS,

MEMBERS, AND ALL OF THE SIERRA CLUB SUPPORTERS AND PARTNERS. THEY ARE

WHAT SET US APART AS THE POWERFUL AND UNIQUELY EFFECTIVE ORGANIZATION

WE ARE. THE AUTHENTIC LOCAL RELATIONSHIPS OUR CHAPTER STAFF AND

VOLUNTEERS CONTINUE TO BUILD IN COMMUNITIES ACROSS THE COUNTRY IS HOW

WE ARE GROWING OUR MOVEMENT TO PROTECT OUR LANDS, AIR, AND WATER, AND

TACKLE THE CLIMATE AND EXTINCTION CRISES.

UNPRECEDENTED CLIMATE ACTION:

THE SIERRA CLUB HAS BEEN HARD AT WORK TO ENSURE THE INFLATION REDUCTION

ACT (IRA) IS FULLY IMPLEMENTED AND DELIVERS ON OUR CLIMATE GOALS.

EXAMPLES OF THIS INCLUDE THE LAUNCH OF THE CLIMATE ADVOCATES PROGRAM

THROUGH WHICH VOLUNTEERS ARE BEING TRAINED TO WORK IN THEIR COMMUNITIES

TO EDUCATE THEIR FRIENDS AND NEIGHBORS AND LOBBY THEIR LOCAL AND STATE

GOVERNMENTS TO TAKE ADVANTAGE OF IRA PROGRAMS. OUR BEYOND COAL CAMPAIGN

IS WORKING TO PROVIDE MODELING AND LOBBY RURAL ELECTRIC COOPERATIVES ON

HOW THEY CAN TAKE ADVANTAGE OF THE NEW IRA PROGRAM TO TRANSITION AWAY

FROM COAL AND BRING CLEAN ENERGY TO RURAL AMERICA.

WE ARE ALSO PUSHING STATE ENERGY OFFICES ACROSS THE COUNTRY TO FINALIZE

REBATE PROGRAMS FOR CONSUMER EFFICIENCY AND ELECTRIFICATION PROGRAMS.

TRANSPORTATION STANDARDS - PUSHING FOR HISTORIC PUBLIC HEALTH AND

CLIMATE REGULATIONS:

NEW EMISSIONS STANDARDS FOR LIGHT-, MEDIUM-, AND HEAVY-DUTY VEHICLES

PROPOSED BY THE ENVIRONMENTAL PROTECTION AGENCY (EPA) WOULD CUT NEARLY

10 BILLION TONS OF CO2 EMISSIONS AND REDUCE RELIANCE ON 20 BILLION

Name of the organization SIERRA CLUB	Employer identification number 94-1153307
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BARRELS OF IMPORTED OIL THROUGH 2055. SIERRA CLUB HELPED LEAD THE EFFORT URGING THE EPA TO SET THE STRONGEST POSSIBLE CLEAN VEHICLE STANDARDS THIS YEAR. THROUGHOUT THE CAMPAIGN, HUNDREDS OF SUPPORTERS ATTENDED PRESS EVENTS AND MEETUPS TO SPUR ENTHUSIASM FOR ALL THE BENEFITS OF TRANSITIONING TO ELECTRIC VEHICLES: CLEANER AIR, LESS CLIMATE POLLUTION, HEALTHIER COMMUNITIES, AND MORE SAVINGS FOR FAMILIES.

IN 2023, CALIFORNIA ADOPTED TWO MAJOR TRANSPORTATION STANDARDS WHICH REPRESENT FIRST-OF-THEIR-KIND REGULATIONS TO PHASE OUT POLLUTING DIESEL-POWERED VEHICLES AT RAILYARDS AND PORTS. THE LOCOMOTIVE RULE WILL INCREASE THE USE OF ELECTRIC LOCOMOTIVES, CUTTING NITROGEN OXIDES EMISSIONS BY 63 TONS PER DAY ACROSS CALIFORNIA AND PREVENTING MORE THAN 3,200 PREMATURE DEATHS. THE ADVANCED CLEAN FLEETS RULE WILL ENSURE THAT FLEET OWNERS TRANSITION FROM DIRTY DIESEL TRUCKS TO ZERO-EMISSION TRUCKS.

RETIRED OUR 300TH COAL PLANT:

IN 2010, OUR BEYOND COAL CAMPAIGN TOOK ON THE AUDACIOUS GOAL OF SHUTTING DOWN THE COUNTRY'S WORST SOURCE OF CLIMATE POLLUTION - AMERICA'S OVER 500 OPERATIONAL COAL PLANTS. THIS YEAR, WE REACHED AN AMAZING MILESTONE, WITH 300 OF THOSE PLANTS NOW HAVING BEEN RETIRED FOR GOOD. IN ADDITION TO THE REDUCTION IN CLIMATE POLLUTION, THESE RETIREMENTS HAVE SIGNIFICANTLY DROPPED LEVELS OF HARMFUL AIR AND WATER POLLUTION, WHILE ALSO SPURRING THE DEMAND FOR CLEANER, RENEWABLE SOURCES OF ENERGY.

PROTECTED LANDSCAPES FROM EXTRACTION:

Name of the organization SIERRA CLUB	Employer identification number 94-1153307
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SIGNIFICANT STEPS WERE TAKEN THIS YEAR TO PROTECT THREATENED LANDS AND

WATERS FROM DESTRUCTIVE RESOURCE EXTRACTION. IN JANUARY, THE DEPARTMENT

OF THE INTERIOR ANNOUNCED A 20-YEAR MINERAL WITHDRAWAL TO PROTECT

BOUNDARY WATERS CANOE AREA WILDERNESS IN MINNESOTA. THAT WAS FOLLOWED

IN JUNE BY AN ORDER FROM INTERIOR SECRETARY DEB HAALAND PROHIBITING NEW

FEDERAL OIL AND GAS LEASING WITHIN 10 MILES OF THE CHACO CULTURE

NATIONAL HISTORICAL PARK IN NEW MEXICO. THE BUREAU OF LAND MANAGEMENT

ALSO EMBARKED ON A LANDMARK RULEMAKING PROCESS TO RE-BALANCE MANAGEMENT

OF FEDERAL PUBLIC LANDS TO CONSIDER CONSERVATION AS A VALID USE OF

PUBLIC LANDS AND WATERS.

PRESERVED FORESTS FOR FUTURE GENERATIONS:

OUR FOREST CONSERVATION CAMPAIGN SAW SIGNIFICANT PROGRESS THIS YEAR,

THANKS TO OUR MEMBERS AND ACTIVISTS. IN JANUARY, PRESIDENT BIDEN

REINSTATED THE ROADLESS RULE IN THE TONGASS NATIONAL FOREST, PRESERVING

ONE OF THE LAST REMAINING TRACTS OF OLD GROWTH FORESTS IN THE COUNTRY

FROM DEVELOPMENT. OLD GROWTH TREES AND MATURE FORESTS ARE SOME OF THE

GREATEST TOOLS WE HAVE FOR TAKING ON THE CLIMATE CRISIS, AND THIS YEAR,

THE FOREST SERVICE BEGAN THE PROCESS OF UPDATING ITS MANAGEMENT

APPROACH TO PRESERVE THEM FROM LOGGING.

SECURED MORE PROTECTED LANDS:

YEARS OF WORK BY TRIBES, ACTIVISTS, AND SIERRA CLUB MEMBERS AND

SUPPORTERS ACROSS THE COUNTRY PAID OFF THIS YEAR AS PRESIDENT BIDEN

DESIGNATED FOUR NEW NATIONAL MONUMENTS, INCLUDING AVI KWA AME IN

NEVADA, CASTNER RANGE IN TEXAS, AND BAAJ NWAAVJO I'TAH KUKVENI -

ANCESTRAL FOOTPRINTS OF THE GRAND CANYON IN ARIZONA. TRIBAL LEADERSHIP

WAS ESSENTIAL IN MANY OF THESE EFFORTS, WHICH COLLECTIVELY PROTECTED

Name of the organization SIERRA CLUB	Employer identification number 94-1153307
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MORE THAN 1.4 MILLION ACRES OF SPIRITUALLY, CULTURALLY, AND ECOLOGICALLY PRECIOUS LANDSCAPES. WE'RE ALSO CELEBRATING THE DESIGNATION OF THE EMMETT TILL AND MAMIE TILL-MOBLEY NATIONAL MONUMENT, WHICH HONORS THE LIVES AND ROLES OF BOTH IN CATALYZING THE CIVIL RIGHTS MOVEMENT. THE MONUMENT'S THREE LOCATIONS INCLUDE THE ROBERTS TEMPLE CHURCH OF GOD IN CHRIST IN CHICAGO, WHERE TILL'S FUNERAL WAS HELD; THE TALLAHATCHIE COUNTY COURTHOUSE IN SUMNER, MISSISSIPPI, WHERE THOSE ACCUSED OF KILLING HIM WERE ACQUITTED; AND A TALLAHATCHIE RIVER BANK IN MISSISSIPPI, WHERE EMMETT TILL'S BODY WAS FOUND.

CLOSED UNLAWFUL AIR POLLUTION LOOPHOLES:

IN JULY, WE SUCCESSFULLY PUSHED THE EPA TO REMOVE THE EMERGENCY AFFIRMATIVE DEFENSE PROVISIONS FROM OPERATING PERMIT REGULATIONS IN TITLE V OF THE CLEAN AIR ACT, CLOSING A LOOPHOLE THAT ALLOWED FOSSIL FUEL POWER PLANTS AND INDUSTRIAL FACILITIES TO RELEASE UNLIMITED AMOUNTS OF DANGEROUS AIR POLLUTION DURING STARTUP, SHUTDOWN, AND MALFUNCTION (SSM) EVENTS WITH IMPUNITY. AS LONG AS THESE LOOPHOLES EXIST, FENCELINE AND DOWNWIND COMMUNITIES CAN BE EXPOSED, OFTEN UNKNOWNLY, TO LIMITLESS AMOUNTS OF SOOT, SMOG, AND TOXIC CHEMICALS, INCLUDING ETHYLENE OXIDE, HYDROGEN CYANIDE, HYDROFLUORIC ACID, SULFURIC ACID, AND OTHER CARCINOGENS AND NEUROTOXICANTS. THE CLEAN AIR ACT IS CLEAR AND COURTS HAVE REPEATEDLY HELD THIS TYPE OF LOOPHOLE UNLAWFUL, YET FOR FAR TOO LONG PEOPLE HAVE CONTINUED TO SUFFER AND DIE FROM EXPOSURE TO TOXIC AIR POLLUTION FROM SSM EVENTS.

REGAINED PROTECTIONS FOR GRAY WOLVES:

GRAY WOLVES REGAINED FEDERAL PROTECTIONS IN 44 STATES AFTER THEY WERE DELISTED FROM THE ENDANGERED SPECIES ACT UNDER THE TRUMP

Name of the organization SIERRA CLUB	Employer identification number 94-1153307
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ADMINISTRATION. SIERRA CLUB HAS LONG ADVOCATED FOR THE FULL RECOVERY OF GRAY WOLVES IN THE LOWER 48 AND THEIR CONTINUED PROTECTION UNDER THE ENDANGERED SPECIES ACT. SIERRA CLUB AND OUR PARTNERS, INCLUDING EARTHJUSTICE, PREPARED A LAWSUIT THAT CHALLENGED THE TRUMP-ERA DECISION. WHILE FEDERAL PROTECTION WAS REGAINED IN 44 STATES, WE CONTINUE TO ADVOCATE FOR WOLVES IN MONTANA, IDAHO, AND WYOMING AS WELL AS PARTS OF WASHINGTON, OREGON, AND UTAH, WHICH STILL REQUIRE PROTECTION.

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

OUTDOOR ACTIVITIES: IN 2023, SIERRA CLUB OUTINGS OFFERED IMPACTFUL OUTDOOR EXPERIENCES THAT CONNECTED PEOPLE TO NATURE WHILE ADVANCING ENVIRONMENTAL EDUCATION AND BRINGING MEMBERS TO THE ORGANIZATION'S LARGER CONSERVATION CAMPAIGNS. THROUGH LOCAL CHAPTERS, GROUPS, AND SECTIONS, AS WELL AS THE NATIONAL OUTINGS PROGRAM AND CAMPAIGN-SPECIFIC OUTINGS, TENS OF THOUSANDS OF PARTICIPANTS WERE ENGAGED IN WAYS THAT DEEPENED THEIR UNDERSTANDING OF ENVIRONMENTAL ISSUES. THE INSPIRING CONNECTIONS OUTDOORS (ICO) PROGRAM, FOR EXAMPLE, RAN 249 TRIPS FOR 5,127 YOUTH AND ADULTS - PRIMARILY FROM UNDERSERVED COMMUNITIES - PROVIDING HANDS-ON ENVIRONMENTAL EDUCATION ABOUT ECOSYSTEMS, CONSERVATION ISSUES, AND THE ROLE OF PUBLIC LANDS IN CLIMATE RESILIENCE. THE NATIONAL OUTINGS PROGRAM OFFERED 180 DOMESTIC AND 55 INTERNATIONAL TRIPS TO 2,825 PARTICIPANTS, INTEGRATED LEARNING ABOUT LOCAL FLORA, FAUNA, GEOLOGY, AND CONSERVATION HISTORY, OFTEN INCORPORATING VOLUNTEER WORK LIKE TRAIL RESTORATION TO BUILD AWARENESS OF HOW ENVIRONMENTAL STEWARDSHIP ALIGNS WITH SIERRA CLUB CAMPAIGNS. LOCAL CHAPTERS AND GROUPS ORGANIZED APPROXIMATELY 10,000 OUTINGS WITH 50,000 PARTICIPANTS, RANGING FROM NATURE HIKES TO ADVOCACY TRAINING,

Name of the organization

SIERRA CLUB

Employer identification number

94-1153307

EDUCATING PEOPLE ON PRESSING REGIONAL ISSUES LIKE WATER CONSERVATION,
 HABITAT PROTECTION, AND CLIMATE CHANGE, AND EMPOWERING THEM TO TAKE
 ACTION. THE MILITARY OUTDOORS PROGRAM, AS PART OF OUTDOORS FOR ALL AND
 SUPPORTED BY LOCAL OUTINGS, SUPPORTED VETERANS AND ACTIVE MILITARY
 MEMBERS WITH THERAPEUTIC OUTDOOR EXPERIENCES THAT PROMOTED HEALING,
 CONSERVATION, AND ADVOCACY. ACROSS ALL PROGRAMS, SIERRA CLUB OUTINGS
 NOT ONLY CONNECTED MEMBERS TO NATURE BUT ALSO INSTILLED ENVIRONMENTAL
 VALUES AND A SENSE OF RESPONSIBILITY, REINFORCING THE CLUB'S MISSION TO
 EXPLORE, ENJOY, AND PROTECT THE PLANET THROUGH DIRECT EDUCATION AND
 ALIGNMENT WITH SIERRA CLUB'S CONSERVATION GOALS.

CHAPTER ALLOCATIONS: SUPPORTING LOCAL AND STATE STAFF TIME AND PROGRAM

COSTS. LOCAL AND STATE ACTIVITIES INCLUDE PUBLIC COMMUNICATION AND

EDUCATION ON CLIMATE, ENVIRONMENTAL AND CONSERVATION ISSUES; RAISING

AWARENESS ABOUT CITY, COUNTY AND STATE POLICIES; MOBILIZING MEMBERS AND

SUPPORTERS TO TAKE ACTION ON LOCAL AND STATE ADVOCACY INITIATIVES; AND

HOSTING COMMUNITY EVENTS.

EXPENSES \$ 12,358,097. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,722,600.

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,

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

ESTABLISH.

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

BYLAW 4.8: ALL ACTIONS REQUIRING A VOTE OF THE MEMBERSHIP SHALL BE DECIDED

BY WRITTEN BALLOTS AS PROVIDED FOR IN BYLAW 5, SECTION 2, AND BYLAW 11. A

Name of the organization SIERRA CLUB	Employer identification number 94-1153307
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QUORUM FOR ANY BALLOT OR FOR ANY MEETING OF THE MEMBERS SHALL BE FIVE

PERCENT (5%) OF THE MEMBERSHIP ON THE DATE OF RECORD SET BY THE BOARD OF

DIRECTORS IN ACCORDANCE WITH LAW. EACH PERSON WHO IS A MEMBER ON THE DATE

OF RECORD SHALL BE ELIGIBLE TO VOTE AND SHALL HAVE ONE VOTE ON ANY ISSUE

PRESENTED TO THE MEMBERSHIP EXCEPT AS PROVIDED IN PARAGRAPH 5.7. VOTING BY

PROXY SHALL NOT BE PERMITTED. SR 4.8.1 VOTING BY MEMBERS: ALL REGULAR AND

LIFE MEMBERS OF RECORD ON JANUARY 31 SHALL BE SENT BALLOTS FOR THE ANNUAL

ELECTION OF DIRECTORS, AS PROVIDED IN THE BYLAWS PARAGRAPH 4.8 AND 5.6 AND

STANDING RULES 4.2.1. EACH SUCH INDIVIDUAL MEMBER SHALL BE SENT ONE BALLOT;

JOINT MEMBERSHIPS SHALL RECEIVE TWO BALLOTS.

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

IN ACCORDANCE WITH CORPORATION LAW SECTION 5057, THE ONLY MEMBERSHIP RIGHTS

OF MEMBERS OF THE CLUB ARE THE RIGHTS SPECIFICALLY PROVIDED BY THE

ARTICLES, BYLAWS, AND THE CORPORATION LAW. ALL OTHER PRIVILEGES OR

OPPORTUNITIES GRANTED TO MEMBERS OF THE CLUB UNDER ITS STANDING RULES,

POLICIES, OR THE BYLAWS OR RULES OF CLUB SUB-ENTITIES ARE NOT RIGHTS OF

MEMBERSHIP IN THE CLUB FOR PURPOSES OF CORPORATION LAW SECTION 5057.

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

A DRAFT OF THE FORM 990 IS REVIEWED BY THE FINANCE DEPARTMENT AND ASSISTANT

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

DESIGNATED BY THE BOARD OF DIRECTORS TO REVIEW THE 990 ON THEIR BEHALF

PRIOR TO FILING. 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

Name of the organization SIERRA CLUB	Employer identification number 94-1153307
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WRITTEN DISCLOSURE FORM ANNUALLY. KEY EMPLOYEES (CURRENT AND FORMER) ARE RESPONSIBLE FOR DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST RELATED TO THEIR CLUB ACTIVITIES. THE POLICY IS INCLUDED IN THE EMPLOYEE HANDBOOK. LEGAL COUNSEL WILL INVESTIGATE COMPLAINTS OF VIOLATIONS. WHEN A POTENTIAL CONFLICT IS DISCLOSED BY A BOARD MEMBER, VOLUNTEER OR AN EMPLOYEE, THE HUMAN RESOURCES DEPARTMENT AND/OR LEGAL COUNSEL WILL MAKE 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 EXECUTIVE COMMITTEE AFTER AN EVALUATION OF PERFORMANCE AND INTERVIEWS WITH APPROPRIATE PARTIES. COMPENSATION IS BASED ON EXTERNAL DATA FROM LIKE ORGANIZATIONS. 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.

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, ND

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

Name of the organization SIERRA CLUB	Employer identification number 94-1153307
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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	11,805,323.
MANAGEMENT AND GENERAL EXPENSES	1,151,571.
FUNDRAISING EXPENSES	2,366,879.
TOTAL EXPENSES	15,323,773.

STAFF TRAINING/SEARCH:

PROGRAM SERVICE EXPENSES	516,225.
MANAGEMENT AND GENERAL EXPENSES	63,982.
FUNDRAISING EXPENSES	98,780.
TOTAL EXPENSES	678,987.

CONSULTANTS:

PROGRAM SERVICE EXPENSES	4,308,479.
MANAGEMENT AND GENERAL EXPENSES	534,005.
FUNDRAISING EXPENSES	824,435.
TOTAL EXPENSES	5,666,919.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	21,669,679.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

SEGREGATED FUND ELIMINATIONS	141,128.
CHANGE IN VALUE OF PENSION PLAN	1,823,900.
TOTAL TO FORM 990, PART XI, LINE 9	1,965,028.

**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

2023

Open to Public Inspection

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

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

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

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

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

Schedule R (Form 990) 2023

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 INDEPENDENT GEORGIA PAC - 45-4845025, 743 E. COLLEGE AVENUE, SUITE B, DECATUR, GA 30030	POLITICAL ORGANIZATION	GEORGIA	527		SIERRA CLUB	X	
SIERRA CLUB COORDINATED 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 PO BOX 11415 OVERLAND PARK, KS 66207-1415	POLITICAL ORGANIZATION	KANSAS	527		SIERRA CLUB	X	
SIERRA CLUB POLITICAL COMMITTEE OF TEXAS - 26-1626567, PO BOX 4998, AUSTIN, TX 78765-4998	POLITICAL ORGANIZATION	TEXAS	527		SIERRA CLUB	X	
SIERRA CLUB POLITICAL COMMITTEE - MARYLAND CHAPTER PAC - 56-2672579, P.O. BOX 278, RIVERDALE, MD 20738-0278	POLITICAL ORGANIZATION	MARYLAND	527		SIERRA CLUB	X	
SIERRA CLUB HOOSIER CHAPTER PAC - 93-4650449 PO BOX 8264 BLOOMINGTON, IN 47407	POLITICAL ORGANIZATION	INDIANA	527		SIERRA CLUB	X	
MICHIGAN SIERRA PAC - 22-3935178 602 W IONIA ST LANSING, MI 48933	POLITICAL ORGANIZATION	MICHIGAN	527		SIERRA CLUB	X	
MICHIGAN SIERRA CLUB INDEPENDENT ACTION PAC - 83-1295775, 109 E CESAR E CHAVEZ AVENUE, LANSING, MI 48906	POLITICAL ORGANIZATION	MICHIGAN	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
MISSISSIPPI SIERRA CLUB PAC - 45-4833193 148 OAKHURST TRAIL RIDGELAND, MS 39157	POLITICAL ORGANIZATION	MISSISSIPPI	527		SIERRA CLUB	X	
SIERRA NH PAC - 01-0630051 CITIZENS BANK, 1 CAPITAL PLAZA, STE 4 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	
NORTH STAR CHAPTER SIERRA CLUB POLITICAL COMMITTEE - 02-0566571, 2300 MYRTLE AVE STE 260, SAINT PAUL, MN 55114	POLITICAL ORGANIZATION	MINNESOTA	527		SIERRA CLUB	X	
OHIO SIERRA CLUB POLITICAL COMMITTEE - 34-1664332, 273 DELAWARE PLACE, AKRON, OH 44303	POLITICAL ORGANIZATION	OHIO	527		SIERRA CLUB	X	
OREGON SIERRA CLUB PAC - 01-0931836 PO BOX 42307 PORTLAND, OR 97242	POLITICAL ORGANIZATION	OREGON	527		SIERRA CLUB	X	
RIO GRANDE CHAPTER OF SIERRA CLUB PAC - 81-1100693, 1807 SECOND STREET, UNIT 45, SANTA FE, NM 87505	POLITICAL ORGANIZATION	NEW MEXICO	527		SIERRA CLUB	X	
RIO GRANDE SIERRA CLUB HEALTHY COMMUNITIES - 85-0725977, 3935 ANDERSON AVE., SE, ALBUQUERQUE, NM 87108	POLITICAL ORGANIZATION	NEW MEXICO	527		SIERRA CLUB	X	
SIERRA CLUB ABQ MFC - 93-3586016 5000 SEQUOIA RD. NW ALBUQUERQUE, NM 87120	POLITICAL ORGANIZATION	NEW MEXICO	527		SIERRA CLUB	X	
LAS CRUCES SIERRA CLUB PAC - 87-2964485 3935 ANDERSON AVE., SE ALBUQUERQUE, NM 87108	POLITICAL ORGANIZATION	NEW MEXICO	527		SIERRA CLUB	X	
RIO GRANDE CHAPTER LAS CRUCES PAC - 93-3879661, 7509 SIERRA DE ORO PLACE, LAS CRUCES, NM 88012	POLITICAL ORGANIZATION	NEW MEXICO	527		SIERRA CLUB	X	
SIERRA CLUB SMALL DONOR COMMITTEE - 82-4800273, 1536 WYNKOOP STREET, SUITE 200, DENVER, CO 80202	POLITICAL ORGANIZATION	COLORADO	527		SIERRA CLUB	X	

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 S.F. BAY CHAPTER CAMPAIGNS CANDIDATE PAC - 84-4941732, 312 CLAY STREET, SUITE 300, OAKLAND, CA 94607	POLITICAL ORGANIZATION	CALIFORNIA	527		SIERRA CLUB	X	
UTAH SIERRA CLUB POLITICAL COMMITTEE - 36-5011489, 824 SOUTH 400 WEST, SUITE B103, SALT LAKE CITY, UT 84101	POLITICAL ORGANIZATION	UTAH	527		SIERRA CLUB	X	
VIRGINIA CHAPTER SIERRA CLUB POLITICAL ACTION COMMITTEE - 51-0647000, 100 W. FRANKLIN ST., MEZZANINE, RICHMOND, VA 23220	POLITICAL ORGANIZATION	VIRGINIA	527		SIERRA CLUB	X	
SIERRA CLUB PAC WA STATE - 01-0872312 946 SW BERRY LAKE RD. PORT ORCHAD, WA 98367-7564	POLITICAL ORGANIZATION	WASHINGTON	527		SIERRA CLUB	X	
SIERRA CLUB HEALTHY COMMUNITIES PAC - 37-1525718, 946 SW BERRY LAKE RD., PORT ORCHAD, WA 98367-7564	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 PO BOX 606 HARRISBURG, PA 17108	POLITICAL ORGANIZATION	PENNSYLVANIA	527		SIERRA CLUB	X	
SIERRA CLUB POLITICAL COMMITTEE NE CHAPTER - 82-2828193, 7020 BURT ST., OMAHA, NE 68132	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, PO BOX 432010, ST. LOUIS, MO 63143	POLITICAL ORGANIZATION	MISSOURI	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 OKLAHOMA CHAPTER POLITICAL ACTION COMMITTEE - 82-4873738, P.O. BOX 60644, OKLAHOMA CITY, OK 73146-0644	POLITICAL ORGANIZATION	OKLAHOMA	527		SIERRA CLUB	X	
WEST VIRGINIA SIERRA CLUB PAC - 83-1805393 518 MARYLAND AVE. FAIRMONT, WV 26554	POLITICAL ORGANIZATION	WEST VIRGINIA	527		SIERRA CLUB	X	
SIERRA CLUB VERMONT CHAPTER PAC - 81-3880603 145 BLUE HERON LANE N. HERO, VT 05474	POLITICAL ORGANIZATION	VERMONT	527		SIERRA CLUB	X	
TENNESSEE SIERRA CLUB POLITICAL COMMITTEE - 85-0756815, 500 PARAGON MILLS RD., #G2, NASHVILLE, TN 37211-3734	POLITICAL ORGANIZATION	TENNESSEE	527		SIERRA CLUB	X	
KENTUCKY SIERRA CLUB PAC - 86-3337792 1321 ELIZABETH ST. BOWLING GREEN, KY 42104	POLITICAL ORGANIZATION	KENTUCKY	527		SIERRA CLUB	X	
SIERRA CLUB MASSACHUSETTS IEPAC - 85-1961327 50 FEDERAL ST. FLOOR 3 BOSTON, MA 02110	POLITICAL ORGANIZATION	MASSACHUSETTS	527		SIERRA CLUB	X	
SIERRA CLUB MASSACHUSETTS - 84-3585552 50 FEDERAL ST. FLOOR 3 BOSTON, MA 02110	POLITICAL ORGANIZATION	MASSACHUSETTS	527		SIERRA CLUB	X	
SIERRA CLUB S.F. BAY CHAPTER CAMPAIGNS SLATE MAILER - 26-2505161, 312 CLAY STREET, SUITE 300, OAKLAND, CA 94607	POLITICAL ORGANIZATION	CALIFORNIA	527		SIERRA CLUB	X	

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

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

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

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

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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CONTRIBUTIONS		R	10,000.	FMV
(2)				
(3)				
(4)				
(5)				
(6)				

