#### Form **990** (Rev. January 2020) Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Inspection

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending D Employer identification number Check if C Name of organization Address SIERRA CLUB FOUNDATION 94-6069890 Name Doing business as Initial Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) 415-995-1780 1250 Final 2101 WEBSTER STREET 203.051,929. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return H(a) Is this a group return OAKLAND, CA 94612 for subordinates? Yes X No F Name and address of principal officer: DAN CHU H(b) Are all subordinates included? Yes No SAME AS C ABOVE If "No," attach a list. (see instructions) 4947(a)(1) or Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) J Website: ▶ WWW.SIERRACLUBFOUNDATION.ORG H(c) Group exemption number Year of formation: 1960 M State of legal domicile: CA K Form of organization; X Corporation Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: EDUCATE AND EMPOWER PEOPLE TO Governance PROTECT AND IMPROVE THE NATURAL AND HUMAN ENVIRONMENT. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 19 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 27 6 6 Total number of volunteers (estimate if necessary) -12,682. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 -14,682. 7b b Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year 115,812,118. 100,689,985. Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 3,207,339. 3,306,670. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,163,708. 1,469,358. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 105,160,363. 120,488,815. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 79,693,272. 73,450,839. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,335,573. 1,388,354. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 

11,993,184. 12,825,779. 10,147,476. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 84,933,888. 93,907,405. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20,226,475. 26,581,410. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 28.0 Assets ( 173,105,225. 222,847,989. 20 Total assets (Part X, line 16) 25,655,679. 31,371,703. 21 Total liabilities (Part X, line 26) 147,449,546. 191,476,286. 22 Net assets or fund balances. Subtract line 21 from line 20 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. 10/28/2020 Signature of officer Sian KEVIN MCGAHAN, CFO Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name lan Kon. 10/28/2020 P01008919 MAGA E. KISRIEV self-employed Paid Firm's name NOOD & STRONG LLP Firm's EIN > 94-1254756 Preparer Firm's address > 275 BATTERY ST, STE 900 Use Only Phone no. 415.781.0793 SAN FRANCISCO, CA 94111 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 94-6069890 SIERRA CLUB FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 2101 WEBSTER STREET, NO. 1250 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 94612 OAKLAND, CA Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 KEVIN MCGAHAN The books are in the care of ▶ 2101 WEBSTER STREET, NO. 1250 - OAKLAND, CA 94612 Telephone No.  $\triangleright$  (415)  $9\overline{95-1780}$ Fax No. 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. I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form 8868 (Rev. 1-2020)

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Form **990** (2019)

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Form 990 (2019) SIERRA CLUB FOUNDATION
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)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	X	
С	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
D	, .	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the appropriation projection of the control of the United Otelson			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<del>  ^</del>
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3,7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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Form 990 (2019) SIERRA CLUB FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		77
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   f	28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
25.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	_
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O  † V   Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1090. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
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Form 990 (2019) SIERRA CLUB FOUNDATION

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

	i (continued)				
20	Entar the number of employees reported an Earm W.2. Transmitted of Wags and Tay Statements			Yes	No
Zd	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 19			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions				
За		,,	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	_	v	
	to file Form 8282?		7с	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d 6	7.		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				- 25
g h	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7g 7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/!!		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Pid the consequence of the consequence of the consequence of the first the consequence of		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	المدا			
	organization is licensed to issue qualified health plans	13b			
C	Enter the amount of reserves on hand	13c	44-		Х
14a		- 0	14a		-21
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b		
15			15		Х
	excess parachute payment(s) during the year?		13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	income?	.0		
			Farm	990	(2010)

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			
Sect	ion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other							
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervis	ion						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X			
6	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or							
	more members of the governing body?								
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?			7b		_X_			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the following:	:						
а	The governing body?			8a	Х				
	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X			
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)							
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_			
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapters, affiliates	,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the	e form?	11a	X				
b	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\  extit{lf}$ "	Yes," describe							
	in Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approve	al by independen	ıt						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	X				
b	Other officers or key employees of the organization			15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a							
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	ate its participatio	on						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga								
	exempt status with respect to such arrangements?			16b		L			
Sect	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$ AL, AK, AR, CA, C	CO,CT,FL,	GA,HI	, IL ,	KS,	<u>KY</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Sectio	n 501(c)(3)s	only)	availal	ble			
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain	n on Schedule O	)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			financ	ial				
	statements available to the public during the tax year.		•						
	State the name, address, and telephone number of the person who possesses the organization's bo KEVIN MCGAHAN $-$ (415) $995-1780$	oks and records	<b>&gt;</b>						
	2101 WEBSTER STREET, NO. 1250, 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box,	not c	Posi heck i ss per id a di	ition more rson is	than o	n an	( <b>D</b> ) Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GAIL GREENWALD	3.00	l							•	
VICE CHAIR		Х		X				0.	0.	0.
(2) SHIRLEY WEESE-YOUNG	3.00								•	
CO-CHAIR (THRU 5/2/19)		Х		Х				0.	0.	0.
(3) ALLISON CHIN	2.00								•	
CO-CHAIR	1 2 22	Х		Х		_	<u> </u>	0.	0.	0.
(4) BILL WEIHL	2.00								•	_
SECRETARY	2 00	Х		Х				0.	0.	0.
(5) FLAVIA DE LA FUENTE	2.00	7,7		37					0	
TREASURER	1 2 00	X		Х				0.	0.	0.
(6) STEVEN BERKENFELD	2.00			37					0	
OFFICE AT LARGE (THRU 2/28/19)	1 00	Х		Х				0.	0.	0.
(7) DARREN ARONOFSKY	1.00	7.7							0	_
DIRECTOR (8) MYKE BYBEE	1.00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(9) GEETA AIYER	1.00	Λ						0.	0.	· ·
DIRECTOR (THRU 9/26/19)	1.00	Х						0.	0.	0.
(10) LARRY KEESHAN	1.00	Λ						0.	0.	· ·
DIRECTOR (THRU 2/28/19)	1.00	Х						0.	0.	0.
(11) LOREN BLACKFORD	1.00	Λ						0.	0.	<u></u>
DIRECTOR	1.00	х						0.	0.	0.
(12) ROBIN MANN	1.00	21						0.	<u> </u>	•
DIRECTOR	1.00	х						0.	0.	0.
(13) PAUL RISSMAN	1.00							•		
DIRECTOR		х						0.	0.	0.
(14) EVA KATHLEEN SCHULTE	1.00								•	3.
DIRECTOR		х						0.	0.	0.
(15) JOEL SANDERS	1.00									
DIRECTOR		Х						0.	0.	0.
(16) DONNEL BAIRD	1.00									, ,
DIRECTOR		Х						0.	0.	0.
(17) STEPHANIE STUCKEY	1.00									
DIRECTOR		Х						0.	0.	0.

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Form 990 (2019) SIERRA CI	UB FOUN	IDA	TI	ON	ſ				94-60	)698	390	Pa	age 8
Part VII   Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average	(do		Pos	ition	l than o	one	(D) (E) Reportable Reportable				( <b>F)</b> mate	ed
	hours per week (list any hours for related organizations below	tee or director box	, unles	ss per id a di	rson i	Highest compensated sharp semployee	n an tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	s	compe	n the nizati relate	tion e ion ed
(18) JILL SOFFER	line) 1.00	Indiv	Instii	Officer	Key 6	High emp	Former			$\dashv$			
DIRECTOR		Х						0.		0.			0.
(19) JESSICA SAROWITZ	1.00									-			
DIRECTOR		Х						0.		0.			0.
(20) DAN CHU	40.00							-					
EXECUTIVE DIRECTOR				х				255,060.		0.	49	, 62	18.
(21) HENRY HOLMES	40.00												
SR DIRECTOR, PROGRAMS & COMPLIANCE	40.00			Х				127,152.		0.	30	, 28	81.
(22) AGANA MORENO	40.00			٦,				110 500			2.2	٠,	2.6
ASSISTANT TREASURER (23) KEVIN MCGAHAN	40.00			Х				110,500.		0.	34	<u>, s.</u>	36.
CHIEF FINANCIAL OFFICER (EFF. 7/8/19	40.00			х				101,096.		0.	12	6'	74.
(24) SIMBA NDEMERA	40.00							101,050.		<del>*                                    </del>		, -	,
CHIEF FINANCIAL OFFICER (THRU 2/8/19				х				48,730.		0.	11	,06	63.
1h Cubtotal				<u> </u>	<u> </u>			642,538.		0.	135	9'	72
1b Subtotal c Total from continuation sheets to Part VII								0.		0.	133	, ,	0.
d Total (add lines 1b and 1c)								642,538.		0.	135	, 9'	
2 Total number of individuals (including but no						) wh	o re	· · · · · · · · · · · · · · · · · · ·	000 of reportable			<u>,                                     </u>	
compensation from the organization												'es	4 No
3 Did the organization list any <b>former</b> officer,	director tructo	00 k	·0\/ 0	mnl	01/0	0 Or	hia	host componented amp	lovoo on	П		E3	140
line 1a? If "Yes," complete Schedule J for si	*	,	,		,	,	_	•	•		3		Х
4 For any individual listed on line 1a, is the su	m of reportabl	 e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch <u>ı</u>	oers	on .					5		X
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest con the organization. Report compensation for t</li> </ol>	•	•								ensati	on fron	1	
(A)	ine calendar ye	ai E	iiull	ıg w	ili i C	JI VVI	11111	(B)	cai.		(C)		
Name and business								Description of s	ervices	Cc	mpens	ation	n
SCHAFFER & COMBS, LLC, 60				A	ST	,		CONCULUITATE E	e e c		110	0.0	0.0

11TH FLOOR, SAN FRANCISCO, CA 94108 CONSULTING FEES 110,000. KPMG LLP 102,476. P.O. BOX 120922, DALLAS, TX 75312-0922 AUDIT FEES

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

Part VIII   Statement of R	levenue
----------------------------	---------

		Check if Schedule O contains a response or	note to any line	e in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns 1a	239,233.				
ant		b Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising events 1c					
		d Related organizations 1d					
ons,		e Government grants (contributions)  1e					
utic		f All other contributions, gifts, grants, and	15,572,885.				
ĕ							
ont		g Noncash contributions included in lines 1a-1f	3,692,371.	115 010 110			
O g		h Total. Add lines 1a-1f		115,812,118.			
		-	Business Code				
ce	2	a					
ervi	l	b					
S	•	c					
ran Sev		d					
Program Service Revenue	(	e					
<u>a</u>	1	f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)	▶	1,739,560.			1,739,560.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	<b>&gt;</b>				
		(i) Real	(ii) Personal				
	6	a Gross rents6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 84,030,893.					
		<b>b</b> Less: cost or other basis					
<u>o</u>		and sales expenses <b>7b</b> 82,563,114.					
her Revenue		c Gain or (loss) 7c 1,467,779.					
ě		d Net gain or (loss)	_	1,467,779.			1,467,779.
푸		a Gross income from fundraising events (not					
	0	including \$ of					
Ò		contributions reported on line 1c). See					
		' '					
		,					
		b Less: direct expenses					
	9	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold10b					
$\rightarrow$		c Net income or (loss) from sales of inventory	<u> </u>				
<u>s</u>		<u>-</u>	Business Code	4 000 515			4 000 010
e e	11	a COST SOFTWARE REIMBURSEMENT	900099	1,320,313.			1,320,313.
lan en	I	b MISCELLANEOUS INCOME	900099	161,727.			161,727.
Miscellaneous Revenue		c PARTNERSHIP K-1 INCOME	900099	-12,682.		-12,682.	
Mis		d All other revenue					
		e Total. Add lines 11a-11d	<b></b>	1,469,358.			
	12	Total revenue. See instructions	▶	120,488,815.	0.	-12,682.	4,689,379.

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0001	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	79,693,272.	79,693,272.		
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,	700 700	170 077	E06 020	F 604
	trustees, and key employees	780,709.	178,977.	596,038.	5,694
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	263,629.	60,437.	201,269.	1 022
7	Other salaries and wages	403,049.	00,43/•	ZUI, ZO9.	1,923
8	Pension plan accruals and contributions (include	39,428.	8,454.	30,686.	288
^	section 401(k) and 403(b) employer contributions)	234,780.	50,340.	182,728.	1,712
9	Other employee benefits	69,808.	14,968.	54,331.	509
10 14	Payroll taxes  Fees for services (nonemployees):	05,000.	14,500.	34,331.	307
11	` ` , , ,	155,051.		155,051.	
a	Management Logal	104,622.	27,183.	77,439.	
C	Legal Accounting	111,476.	27,103.	111,476.	
	Lobbying	111/1/01		111/1/01	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	99,005.		99,005.	
g g		557555		22,000	
9	column (A) amount, list line 11g expenses on Sch O.)	6,402.		6,402.	
12	Advertising and promotion	•		•	
13	Office expenses	53,181.	10,201.	42,859.	121
14	Information technology	1,206,386.			1,206,386
15	Royalties				
16	Occupancy	93,803.	20,309.	73,168.	326
17	Travel	41,389.	10,750.	30,495.	144
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50,462.		50,462.	<u></u>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,256.		13,460.	60
3	Insurance	25,245.	5,466.	19,691.	88
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FUNDRAISING REIMBURSEME	10,023,000.			10,023,000
b	OTHER/SOFTWARE LICENSE	823,624.	18,088.	52,603.	752,933
С	REGULATORY COMPLIANCE	14,877.		14,877.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	93,907,405.	80,102,181.	1,812,040.	11,993,184
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to ar	ny line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1					1	
	2	Savings and temporary cash investments			30,656,541.	2	50,098,756.
	3	Pledges and grants receivable, net			34,167,001.	3	30,882,773
	4	Accounts receivable, net			7,089,056.	4	16,334,615
	5	Loans and other receivables from any current	or forme	r officer, director,			
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe			472 024	6	1 100 047
sts	7	Notes and loans receivable, net			473,934.	7 8	1,188,847
Assets	8		e or use				1 222 200
٩	9			 I	1,071,733.	9	1,333,389
	10a	Land, buildings, and equipment: cost or other		216 244			
		basis. Complete Part VI of Schedule D			125 120	40	100 002
		Less: accumulated depreciation			125,139. 61,466,425.	10c	109,902 72,992,574
	11	Investments - publicly traded securities		24,327,002.	11 12	33,207,529	
	12	Investments - other securities. See Part IV, line	24,321,002.		33,201,323		
	13	Investments - program-related. See Part IV, line		13 14			
	14 15	Intangible assets Other assets See Bart IV line 11		13,728,394.	15	16,699,604	
	16	Other assets. See Part IV, line 11	173,105,225.	16	222,847,989		
	17	Accounts payable and accrued expenses			763,161.	17	2,723,101
	18	Grants payable	10,853,782.	18	12,775,382		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
w	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
abil		controlled entity or family member of any of th	ese pers	ons		22	
Ë	23	Secured mortgages and notes payable to unre	elated th			23	
	24	Unsecured notes and loans payable to unrelat	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	oayables	to related third			
		parties, and other liabilities not included on line	es 17-24	). Complete Part X			
		of Schedule D			14,038,736.	25	15,873,220
	26	Total liabilities. Add lines 17 through 25			25,655,679.	26	31,371,703
"		Organizations that follow FASB ASC 958, ch	neck he	re ▶ X			
čě		and complete lines 27, 28, 32, and 33.			40 006 004		E0 21E 041
alan	27				40,286,084.	27	78,317,041. 113,159,245.
Ä	28				107,163,462.	28	113,159,245.
Ĕ		Organizations that do not follow FASB ASC	958, ch	eck here  L			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
λA	31	Retained earnings, endowment, accumulated			147,449,546.	31	191,476,286.
ž	32			173,105,225.	32	222,847,989	
	33	Total liabilities and net assets/fund balances			113,103,443.	33	Form <b>990</b> (2019

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X	
1 2 3	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1	1 2 3		,48 ,90 ,58	7,4	05.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	147				
5	Net unrealized gains (losses) on investments	5		,93			
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	2	,51	2,9	66.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	191	,47	6,2	86.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				Yes	No	
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis						
С	, , , , , , , , , , , , , , , , , , , ,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-	t l			7.7	
_	Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audit	.				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	990	(2019)	
				⊢orm	330	(2019)	

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#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

**Employer identification number** Name of the organization SIERRA CLUB FOUNDATION 94-6069890 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	87863343.	71884506.	68508314.	100689985	115812118	444758266
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	87863343.	71884506.	68508314.	100689985	115812118	444758266
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						70446779.
6	Public support. Subtract line 5 from line 4.						374311487
	tion B. Total Support						<u>                                      </u>
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4	87863343.		68508314.	100689985	115812118	444758266
	Gross income from interest,	0,0033131	7 1 0 0 1 3 0 0 0	00300311	200003303	113012110	111730200
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1153324.	1033190.	1236333	1792310.	1739560	6954717.
0	Net income from unrelated business	1133324.	1033130.	1230333.	1752510.	1733300.	0334717
9							
	activities, whether or not the		3,681.	5,685.	_73	-12,682.	-3,389.
40	business is regularly carried on		3,001.	3,003.	75.	12,002.	3,303.
10	Other income. Do not include gain						
	or loss from the sale of capital	1234878.	1111711	1000225	1163781.	1482040	6415639
	assets (Explain in Part VI.)	1234070.	1444/14•	1090223.	1103701.		458125232
	<b>Total support.</b> Add lines 7 through 10	-1- ( i11	>			12	430123232
	Gross receipts from related activities,	,	,				
13	First five years. If the Form 990 is fo	-			•		. □
Sec	organization, check this box and storetion C. Computation of Publi	o nere C Support Per	centage				<b>P</b>
	-		_	. (0)			81.71 %
	Public support percentage for 2019 (I					14	- C-
	Public support percentage from 2018					15	
16a	33 1/3% support test - 2019. If the						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2018. If the	•		,		,	
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			-	•	•	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the				-		e
	organization meets the "facts-and-circ			•	,		▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b		nd see instructions	

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
	ction B. Total Support		1	Γ	T	1	T
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						-
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>			504( )(0)	<u>.</u>
14	First five years. If the Form 990 is for	-			-		
Se	check this box and stop herection C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I			oolumn (f))		15	%
	Public support percentage from 2018					16	
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				ne 13, column (i))		18	<u> </u>
	a 33 1/3% support tests - 2019. If the						
130	more than 33 1/3%, check this box ar						s.not
	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
30		
_		
3c		
4a		
4b		
4c		
Eo		
5a		
5b		
5c		
6		
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8		
9a		
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9с		
10a		
. 50		
401-		
10b		Щ.

Pai	TIV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	and 2. Type i capperang organizations		Yes	No
_	Did the directors to store as recently such as a successful as		162	INO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> , <b>y y</b>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions)	<u> </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must cor	nplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integrat	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
_	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: COST SOFTWARE REIMBURSEMENT 2015 AMOUNT: \$ 1,147,035. 2016 AMOUNT: \$ 1,386,785. 1,029,948. 2017 AMOUNT: \$ 1,148,659. 2018 AMOUNT: \$ 2019 AMOUNT: \$ 1,320,313. MISCELLANEOUS INCOME 2015 AMOUNT: \$ 87,843. 2016 AMOUNT: \$ 57,929. 2017 AMOUNT: \$ 10,942. 15,122. 2018 AMOUNT: \$ 2019 AMOUNT: \$ 161,727. REFUNDED GRANTS 2015 AMOUNT: \$ 0. 2016 AMOUNT: 0. 2017 AMOUNT: \$ 49,335. 2018 AMOUNT: \$ 0. 2019 AMOUNT: \$ 0.

#### Schedule B

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

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

2019 ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

**Employer identification number** 

OMB No. 1545-0047

SIERRA CLUB FOUNDATION 94-6069890

Organiza	tion type (check of	i <del>c</del> j.
Filers of:		Section:
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> 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
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General F	Rule	
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special R	lules	
s	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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; line 1. Complete Parts I and II.
<b>y</b>	ear, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the cy to children or animals. Complete Parts I, II, and III.
i: )	vear, contributions s checked, enter ho ourpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it mus	st answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization Employer identification number

### SIERRA CLUB FOUNDATION

94-6069890

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		\$ 30,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>20,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 5,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$3,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 3,389,085.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 2,800,000.	Person X Payroll

Name of organization Employer identification number

### SIERRA CLUB FOUNDATION

94-6069890

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
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			990 990.FZ or 990.PE\/2019\

Name of organization **Employer identification number** SIERRA CLUB FOUNDATION 94-6069890 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE C

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Тах	() (see separate instructions), then	•		•	
•	Section 501(c)(4), (5), or (6) organization	tions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
		CLUB FOUNDATION			94-6069890
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organize Political campaign activity expendite Volunteer hours for political campaign.	tures		<b>▶</b> \$	
Pa	art I-B Complete if the org	ganization is exempt und	er section 501(c)(	3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	<b>▶</b> \$	
	Enter the amount of any excise tax				
	If the organization incurred a section				
48	a Was a correction made?				Yes No
_	b If "Yes," describe in Part IV.	<del> </del>	504/		1/01
Pa	art I-C Complete if the org	ganization is exempt und	er section 501(c),	except section 501(c	)(3).
	Enter the amount directly expended Enter the amount of the filing organ	, ,	•		
_	exempt function activities				
3	Total exempt function expenditures				
	line 17b			<b>.</b> .	
4 5	Did the filing organization file <b>Form</b> Enter the names, addresses and en made payments. For each organiza contributions received that were pre political action committee (PAC). If	nployer identification number (Ell tion listed, enter the amount paid omptly and directly delivered to a	N) of all section 527 pol d from the filing organiz a separate political orga	litical organizations to which ation's funds. Also enter the anization, such as a separate	n the filing organization e amount of political
	(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

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

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Schedule C (Form 990 or 990-EZ) 2019 SIE	RRA CLUB	FOUNDATION		94-6	069890	Page 2
Part II-A Complete if the organization 501(h)).	ation is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction unde	er
A Check if the filing organization be	elongs to an affil	liated aroun (and list in	Part IV each affiliated	l group member's name	address Fl	N
expenses, and share of ex	-	- · ·	Tarriv cacii aiiiiated	r group member 3 name	, addic33, Ei	١٧,
B Check  if the filing organization cl	, ,	' '	wisions annly			
	Lobbying Exper	nditures		(a) Filing organization's totals	(b) Affiliated totals	
1a Total lobbying expenditures to influence	public opinion (d	grassroots lobbying)		233,840.		
<b>b</b> Total lobbying expenditures to influence				428,800.		
c Total lobbying expenditures (add lines 1a	•			662,640.		
				93,145,760.		
e Total exempt purpose expenditures (add lines 1c and 1d)			93,808,400.			
f Lobbying nontaxable amount. Enter the				1,000,000.		
If the amount on line 1e, column (a) or (b) is		bying nontaxable ame		, ,		
Not over \$500,000		the amount on line 1e.				
Over \$500,000 but not over \$1,000,000	\$100.00	00 plus 15% of the exce	ess over \$500.000.			
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exce	·			
Over \$1,500,000 but not over \$17,000,00		00 plus 5% of the exces				
Over \$17,000,000	\$1,000,0	•	. , ,			
g Grassroots nontaxable amount (enter 25	% of line 1f)			250,000.		
h Subtract line 1g from line 1a. If zero or le	ss, enter -0-			0.		
i Subtract line 1f from line 1c. If zero or les	ss, enter -0-			0.		
j If there is an amount other than zero on						
reporting section 4911 tax for this year?					Yes	☐ No
(Some organizations that ma	ade a section 50	eraging Period Under 01(h) election do not h ate instructions for lin	nave to complete all	of the five columns be	elow.	
	Lobbying Exper	nditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> To	tal

	Loppying Exper	iditures During 4- rea	i Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	( <b>d)</b> 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	395,173.	547,403.	337,291.	662,640.	1,942,507.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	84,153.	101,288.	80,387.	233,840.	499,668.

Schedule C (Form 990 or 990-EZ) 2019

## Schedule C (Form 990 or 990-EZ) 2019 SIERRA CLUB FOUNDATION 94-60698 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)).

(a)		(b	) )	
h "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description  (a)  Yes  Ves  Wres  uring the year, did the filing organization attempt to influence foreign, national, state, or cal legislation, including any attempt to influence public opinion on a legislative matter  referendum, through the use of: olunteers?  aid staff or management (include compensation in expenses reported on lines 1c through 1i)?  tedia advertisements?  failings to members, legislators, or the public?  ublications, or published or broadcast statements?  frants to other organizations for lobbying purposes?  where activities?  data Add lines 1c through 1i  did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  "Yes," enter the amount of any tax incurred under section 4912  "Yes," enter the amount of any tax incurred by organization managers under section 4912  "Yes," enter the amount of any tax incurred by organization managers under section 4912  "Yes," enter the amount of any tax incurred by organization managers under section 4912  "Yes," enter the amount of any tax incurred by organization managers under section 4912  "Yes," enter the amount of any tax incurred by organization managers under section 4912  "Yes," enter the amount of any tax incurred by organization managers under section 4912  "Yes," enter the amount of any tax incurred by organization be provided in section 501(c)(3), soction 501(c)(5),  501(c)(6).  Sol1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b answered "Yes,."  uses, assessments and similar amounts from members  ection 162(e) nondeductible lobbying and political campaign activity expenditures from the prior year?  uses, assessments and similar amounts from members  ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political xpenses for which the section 527(f) tax was paid).  urrent year  arryover from last year  otal  segregate amount reported in section 6033(e)(1)(A) notic	Yes No		Amount	
n 501(c)(5)	, or sec	tion		
		Yes	No	
		103	140	
'No" OR (I	o) Part I		3. is	
			3, is	
			3, is	
			3, is	
cal	1		3, is	
cal	. 1 2a		3, is	
eal	2a 2b		3, is	
eal	2a 2b 2c		3, is	
cal	2a 2b 2c		3, is	
eal	2a 2b 2c		3, is	
eal	2a 2b 2c 3		3, is	
eal	2a 2b 2c 3		3, is	
eal	2a 2b 2c 3		3, is	
ess Ditical	2a 2b 2c 3	II-A, line	3, is	
ess Ditical	2a 2b 2c 3	II-A, line	3, is	
ess Ditical	2a 2b 2c 3	II-A, line	3, is	
ess Ditical	2a 2b 2c 3	II-A, line	3, is	
ess Ditical	2a 2b 2c 3	II-A, line	3, is	
ess Ditical	2a 2b 2c 3	II-A, line	3, is	
ess Ditical	2a 2b 2c 3	II-A, line	3, is	
ess Ditical	2a 2b 2c 3	II-A, line	3, is	
ess Ditical	2a 2b 2c 3	II-A, line	3, is	
ess Ditical	2a 2b 2c 3	II-A, line	3, is	
	Yes  on 501(c)(5)	Yes No  1 2 ne prior year? 3	Yes No Amo	

#### **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 Open to Public Inspection

Name of the organization

SIERRA CLUB FOUNDATION

**Employer identification number** 94-6069890

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	e 6.							
		(b) Funds and other accounts							
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in v	d funds							
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$	X Yes No							
6	Did the organization inform all grantees, donors, and donor a								
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose co	•						
_									
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).							
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	historically important land area						
	Protection of natural habitat	Preservation of a	certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of							
	day of the tax year.		Held at the End of the Tax Year						
	Total number of conservation easements								
	-								
	Number of conservation easements on a certified historic stru								
d	Number of conservation easements included in (c) acquired a								
_	listed in the National Register								
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	rganization during the tax						
	year >								
4	Number of states where property subject to conservation eas								
5	Does the organization have a written policy regarding the per		Yes No						
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,								
U	Starr and volunteer riours devoted to morntoning, inspecting,	mandling of violations, and emorcing conser	valion easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year						
•	► \$	ining of violations, and emotoring conservation	or casements daring the year						
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	(4)(B)(i)						
_	and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservation								
	balance sheet, and include, if applicable, the text of the footn	•							
	organization's accounting for conservation easements.	ŭ							
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.						
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.							
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	d balance sheet works						
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in furt	herance of public						
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.							
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of								
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance of public service,						
	provide the following amounts relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$						
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$						
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial ${\mathfrak g}$	gain, provide						
	the following amounts required to be reported under FASB A	SC 958 relating to these items:							
а	Revenue included on Form 990, Part VIII, line 1		• \$						
	Assets included in Form 990, Part X								
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2019						

		CLUB FOUNDA	TION			94-60	69890	Page <b>2</b>
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Oth	er Similaı	r Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other records	, check any of the fo	ollowing that make	significant u	use of its	·	,
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exch	nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpos	se in Part	XIII.	
5	During the year, did the organization solicit or							
_	to be sold to raise funds rather than to be ma		•	*			Yes	No
Par	t IV Escrow and Custodial Arrang							
	reported an amount on Form 990, Part		to il tilo organization	Tanowered Tes	5111 01111 000	, raitiv,		
12	Is the organization an agent, trustee, custodia		any for contributions	or other assets no	nt included			
·u			•				Yes	No
h	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII a						_ 163	140
b	ii res, explain the arrangement iiir art XIII a	and complete the foil	owing table.				Amount	
_	Deginning belongs				40		Amount	
	Beginning balance							
	Additions during the year							
_	Distributions during the year							
f	Ending balance				1f		7 <b>v</b> 1	
	Did the organization include an amount on Fo				•		_ Yes ☐	No No
Par	If "Yes," explain the arrangement in Part XIII.							
ı aı	TV Endowment Funds. Complete if							
	<u></u>	(a) Current year	(b) Prior year	(c) Two years back	<del>  `                                   </del>		· · · ·	
	Beginning of year balance	32,796,347.	34,998,160.	31,470,633		77,444.		58,804.
	Contributions	21,460.	1,045,192.	333,502		52,858.		52,436.
	Net investment earnings, gains, and losses	7,298,126.	-1,594,772.	4,693,197	. 1,1	80,706.	1.	L2,288.
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	1,780,683.	1,652,233.	1,499,172	. 1,2	40,375.	1,06	66,084.
f	Administrative expenses							
g	End of year balance	38,335,250.	32,796,347.	34,998,160	. 31,4	70,633.	20,87	77,444.
2	Provide the estimated percentage of the curre	•	(line 1g, column (a))	) held as:				
а	Board designated or quasi-endowment	4.72	_%					
b	Permanent endowment ► 71.35	%						
С	Term endowment ▶ 23.93	%						
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	d administered for	the organiza	ation	_	
	by:						Ye	es No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?							
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipme						,	
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. So	ee Form 990, Part	X, line 10.			
	Description of property	(a) Cost or ot			Accumulate	ed	(d) Book v	alue
	,	basis (investm		1 , ,	depreciation			
1a	Land		6	7,421.			67.	421.
	Buildings			2,039.	28,43	39.		600.

Schedule D (Form 990) 2019

5,017.

13,864.

109,902.

22,849.

55,054.

e Other

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

27,866.

68,918.

Schedule D (Form 990) 2019 SIERRA CLUB	FOUNDATION		94	-6069890	Page
Part VII Investments - Other Securities.	Farma 000 David IV line 1	16 Caa Farra 000 Dart V	line 10		
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio		-of-vear market v	alue
(1) Financial derivatives	(2) 2001. 14.40	(c) meaned or raidant	0001 01 0110	or your market is	
(2) Closely held equity interests					
(3) Other					
(A) INTERNATIONAL EQUITY	19,441,969.	END-OF-YEAR	MARKET	VALUE	
(B) LIMITED PARTNERSHIPS	13,765,560.	END-OF-YEAR	MARKET	VALUE	
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	22 207 500				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	33,207,529.				
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line 1 <b>(b)</b> Book value	1c. See Form 990, Part X,  (c) Method of valuatio		-of-vear market v	عاياه
	(b) DOOK Value	(c) Method of Valuatio	11. 0031 01 6110	-or-year market vi	alue
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.					
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990. Part X.	line 15.		
	Description	,		(b) Book va	lue
(1) SPLIT-INTEREST AGREEMENT				16,699,	604
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					
(7)					
(8)					
(9)				16 600	<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)		<b></b>	16,699,	004
	on Form 000 Ded IV 8 4	10 or 11f Co- F 000 !	20st V !: 05		
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV, line 1	ie or i ii. See Form 990, i	-art A, IINe 25.	(b) Book va	lue
. , , , ,				(S) DOOK VA	
(1) Federal income taxes (2) SPLIT-INTEREST AGREEMENT				15,873,	220
(C) 31 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

(3) (4) (5) (6) (7) (8)

15,873,220. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2019

(9)

	edule D (Form 990) 2019 SIERRA CLUB FOUNDATION				6069890 Page <b>4</b>
Par	rt XI Reconciliation of Revenue per Audited Financial Statem		h Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1				1	137,934,145.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	14 020 264		
а	Net unrealized gains (losses) on investments		14,932,364.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants		0 510 066		
d	Other (Describe in Part XIII.)	2d	2,512,966.		15 445 220
е	Add lines 2a through 2d				17,445,330.
3	Subtract line <b>2e</b> from line <b>1</b>			3	120,488,815.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				•
С	Add lines 4a and 4b			4c	100 400 015
5 <b>D</b> 21	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten	nonte W	ith Evponess par B	5	120,488,815.
Pal	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		itii Expelises per h	etur	II <b>.</b>
1	Total expenses and losses per audited financial statements			1	93,907,405.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, ,
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d		I			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	93,907,405.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	93,907,405.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			; Part :	X, line 2; Part XI,
 PAI	RT V, LINE 4:				
	E FOUNDATION'S ENDOWMENT CONSISTS OF APPRO	<b>ን</b> ሂፐ <b>ለ</b> አጥ	ELV 58 INDIV	דחדו	AI. FIINDC
1111	E POUNDATION D'ENDOWNENT CONDIDID OF ALLIC	XIMAI	EDI 50 INDIV	100	ALL FUNDS
EST	TABLISHED FOR A VARIETY OF PURPOSES. THE F	OUNDA	TION HAS ADO	PTE:	D
<u>INT</u>	VESTMENT AND SPENDING POLICIES FOR ENDOWME	ENT AS	SETS THAT AT	TEM:	PT TO
PRO	OVIDE A PREDICTABLE STREAM OF FUNDING TO E	PROGRA	MS SUPPORTED	BY	ITS
ENI	DOWMENT WHILE SEEKING TO MAINTAIN THE PURC	CHASIN	G POWER OF E	NDO	WMENT
ASS	SETS.				
PAF	RT X, LINE 2:				
	E FOUNDATION IS SUBJECT TO INCOME TAXES IN			S A	ND
	LIFORNIA ON UNRELATED BUSINESS INCOME. THE				
CAI	TILOWNIA ON ONKENTED DOSINESS INCOME. THE	T. OOM	PULLON UND T	אהר	TILIU WIND

Schedule D (Form 990) 2019

EVALUATED ITS SIGNIFICANT TAX POSITIONS FOR WHICH THE STATUTE OF

#### 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.

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SIERRA CL	94-6069890									
Part I General Information on Grants a										
Does the organization maintain records or criteria used to award the grants or assis     Describe in Part IV the organization's pro-	stance?									
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 S	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
SIERRA CLUB										
2101 WEBSTER STREET, STE. 1300										
OAKLAND, CA 94612	94-1153307	501 (C) (A)	79,006,516.	0.			ENVIRONMENTAL EDUCATION			
OARDAND, CA 94012	J4 1155507	501(0)(4)	75,000,510.	٠.			TO PARTNER WITH THE			
ROCKY MOUNTAIN INSTITUTE							SIERRA CLUB'S BEYOND COAL			
2490 JUNCTION PL, STE. 200							CAMPAIGN TO ACCELERATE			
BOULDER, CO 80301-2167	74-2244146	501(C)(3)	200,000.	0.			THE RETIREMENT OF THE			
BOOLDER, CO OUSOI ZIO	71 2211110	301(0)(3)	200,000.	•			FOR THE BEAI FUND TO MAKE			
GRASSROOTS INTERNATIONAL							GRANTS TO ENVIRONMENTAL			
179 BOYLSTON ST, STE. 4							JUSTICE ORGANIZATIONS AND			
JAMAICA PLAIN, MA 02130-4545	04-2791159	501(C)(3)	125,000.	0.			TO CONTINUE TO SHIFT			
,							TO CATALYZE WIDESPREAD			
EARTHWORKS							OPPOSITION TO NEW AND			
1612 K ST NW, STE. 904							EXPANDED OIL AND GAS			
WASHINGTON, DC 20006-2827	52-1557765	501(C)(3)	60,000.	0.			INFRASTRUCTURE IN TEXAS			
·							TO BUILD AND IMPLEMENT AN			
UNIVERSITY OF COLORADO FOUNDATION							INTERNATIONAL ADVOCACY			
1800 N GRANT ST, STE. 725							STRATEGY TO ELEVATE AND			
DENVER, CO 80203	84-6049811	501(C)(3)	60,000.	0.			COMPLEMENT THE SIERRA			
							TO CREATE AN EPISODIC			
BEYOND NUCLEAR							FILM PROJECT TO EDUCATE			
6930 CARROLL AVE, STE. 400							THE PUBLIC ABOUT NUCLEAR			
TAKOMA PARK, MD 20912-4450	91-2170071	501(C)(3)	50,000.	0.			POWER AND WEAPONS			
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table				<b>12.</b>			
3 Enter total number of other organizations	3 Enter total number of other organizations listed in the line 1 table									

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF CA BERKELEY FOUNDATION - 1995 UNIVERSITY AVE, STE. 401 - BERKELEY, CA 94704-1058	94-6090626	501(C)(3)	38,000.	0.			TO RECORD THE ORAL HISTORY FROM SIERRA CLUB VOLUNTEERS, STAFF, AND MEMBERS FOR PRESERVATION
NEW MEXICO ENVIRONMENTAL LAW CENTER - 1405 LUISA ST, STE. 5 - SANTA FE, NM 87505-4074	85-0360664	501(C)(3)	20,000.	0.			TO SUPPORT LEGAL WORK ON WATER ISSUES IN NEW MEXICO
CONFLUENCE PHILANTHROPY 436 14TH ST, STE. 900 OAKLAND, CA 94612-2725	27-3018135	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT OF CONFLUENCE PHILANTHROPY'S MISSION TO ADVANCE MISSION ALIGNED INVESTING
OUR CLIMATE EDUCATION FUND 333 SE 2ND AVE PORTLAND, OR 97214-1025	26-3059927	501(C)(3)	11,000.	0.			TO PLAN A GENERATIONAL JUSTICE CAMPAIGN
CITIZENS' CLIMATE EDUCATION 1330 ORANGE AVE # 309 CORONADO, CA 92118-2949	26-2948811	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT OF MISSION TO EMPOWER INDIVIDUALS TO EDUCATE ELECTED OFFICIALS,
AUDUBON SOCIETY OF NEW YORK STATE INC - 134 COVE ROAD - OYSTER BAY, NY 11771-2418	14-1698061	501(C)(3)	12,600.	0.			TO SUPPORT THE THEODORE ROOSEVELT SANCTUARY & AUDUBON CENTERS'S FOR THE BIRDS! PROGRAM AT POWELLS
BORN FREE FOUNDATION 100 COVEY DRIVE, STE. 204 FRANKLIN, TN 37067	47-3722377	501(C)(3)	5,383.	0.			FOR THE CENTRAL INDIA TIGER HABITAT PROTECTION PROJECT

Part III Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.			
PART I, LINE 2:							
ALL GRANTEES ARE REQUIRED TO SIGN A	AND RETUR	N A GRANT	AGREEMENT	WHICH STATES			
FUNDS MAY BE SPENT ONLY IN ACCORDAN	NCE WITH	THE BUDGET	AND PURPO	SES AS			
STATED IN THE APPROVED PROJECT PROI	POSAL, TH	AT NO PORT	ION OF THE	GRANT FUNDS			
SHALL BE USED TO CARRY ON PROPAGANI	DA, OR OT	HERWISE AT	TEMPT TO I	NFLUENCE			
LEGISLATION OR THE OUTCOME OF ANY 1	PUBLIC EL	ECTION, OR	R FOR ANY				
NON-CHARITABLE, NON-EDUCATIONAL PUR	RPOSES; T	HAT THE AC	TIVITIES S	UPPORTED BY			
THE GRANT ARE CARRIED OUT FOR PUBLIC BENEFIT AND ANY WORK PRODUCTS							
ASSOCIATED WITH THE GRANT SHOULD BE MADE AVAILABLE TO THE GENERAL PUBLIC							

Part IV | Supplemental Information

UPON REQUESTS; AND THE FOUNDATION EXAMINES THE GRANTEE'S PROGRESS BY REQUIRING FINANCIAL AND NARRATIVE REPORTS.

PART II, LINE 1, COLUMN (H):

SOLAR, NOT NATURAL GAS

NAME OF ORGANIZATION OR GOVERNMENT: ROCKY MOUNTAIN INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PARTNER WITH THE SIERRA CLUB'S

BEYOND COAL CAMPAIGN TO ACCELERATE THE RETIREMENT OF THE REMAINING COAL

FLEET IN THE U.S. AND REPLACE IT WITH CLEAN ENERGY SUCH AS WIND AND

NAME OF ORGANIZATION OR GOVERNMENT: GRASSROOTS INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BEAI FUND TO MAKE GRANTS TO

ENVIRONMENTAL JUSTICE ORGANIZATIONS AND TO CONTINUE TO SHIFT PHILANTHROPY

TO MOVE MORE RESOURCES TO THE GRASSROOTS ENVIRONMENTAL JUSTICE SECTOR

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF COLORADO FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD AND IMPLEMENT AN

INTERNATIONAL ADVOCACY STRATEGY TO ELEVATE AND COMPLEMENT THE SIERRA CLUB

FOUNDATION'S AND GWICH'IN STEERING COMMITTEE'S EXISTING CAMPAIGN TO

OPPOSE DRILLING IN THE ARTIC NATIONAL WILDLIFE REFUGE

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CA BERKELEY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO RECORD THE ORAL HISTORY FROM

SIERRA CLUB VOLUNTEERS, STAFF, AND MEMBERS FOR PRESERVATION AT BANCROFT

LIBRARY TO SERVE AS INVALUABLE HISTORICAL RESOURCES, OFFERING WISDOM FOR

FUTURE LEADERS AND DOCUMENTING MISTAKES THAT SHOULD NOT BE REPEATED

NAME OF ORGANIZATION OR GOVERNMENT: CITIZENS' CLIMATE EDUCATION

Schedule I (Form 990)

Part IV   Supplemental Information
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT OF MISSION TO
EMPOWER INDIVIDUALS TO EDUCATE ELECTED OFFICIALS, COMMUNITY LEADERS, AND
THE GENERAL PUBLIC ABOUT CLIMATE CHANGE AND CLIMATE CHANGE SOLUTIONS
NAME OF ORGANIZATION OR GOVERNMENT: AUDUBON SOCIETY OF NEW YORK STATE INC
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE THEODORE ROOSEVELT
SANCTUARY & AUDUBON CENTERS'S FOR THE BIRDS! PROGRAM AT POWELLS LANE
ELEMENTARY SCHOOL IN WESTBUTY, NY

# SCHEDULE J (Form 990)

**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.

Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

SIERRA CLUB FOUNDATION

Employer identification number 94-6069890

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant    X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a	Х	<u> </u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section E01(a)(2) E01(a)(4) and E01(a)(00) agreening tions must complete lines E.O.			
_	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:	En		y
a h	The organization?	5a		X
D	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	5b		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
_		6a		х
	The organization?			X
D	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	6b		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•		7		х
8				
5		8		х
9				
J		9		
8 9	not described on lines 5 and 6? If "Yes," describe in Part III  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  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	8		X

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DAN CHU	(i)	243,360.	11,700.	0.	24,539.	25,079.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
(2) HENRY HOLMES	(i)	122,784.	4,368.	0.	21,344.	8,937.	157,433.	0.
SR DIRECTOR, PROGRAMS & COMPLIANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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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:
SIMBA NDEMERA, CHIEF FINANCIAL OFFICER, RECEIVED \$25,425 IN TOTAL SEVERANCE
PAYMENT.

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

Employer identification number SIERRA CLUB FOUNDATION 94-6069890

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion am	ounts	i
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	Х	1,323	867.694.	FAIR MARKET	VAT	UE	
7	Boats and planes			001,700 = 0			<del></del>	
8	Intellectual property							
9	Securities - Publicly traded	Х	224	2.386.524.	FAIR MARKET	VAT	UE	
10	Securities - Closely held stock			2/300/3210		V1111	<u></u>	
11	Securities - Partnership, LLC, or							
• • •								
12	0 " 11" "							
13	Qualified conservation contribution -							
13	Historia atmost mas							
14	Qualified conservation contribution - Other							
15	***************************************							
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	X	2	/30 153	FAIR MARKET	777 T	TTD	
25	Other (SOFTWARE LICE)			430,133.	FAIR MARKET	VAL	OE	
26	Other ()							
27	Other ()							
28	Other (	L		<u> </u>				
29	Number of Forms 8283 received by the organiz	-					_	
	for which the organization completed Form 826	83, Part IV, [	Donee Acknowledg	gement 29		1.	5	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	sed for			7.7
	exempt purposes for the entire holding period?	?				30a		_X_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				ions?	31	X	
32a	Does the organization hire or use third parties		•					
	contributions?					32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT
THE NUMBER OF ITEMS CONTRIBUTED.
SCHEDULE M, LINE 32B:
THE ORGANIZATION USES A THIRD PARTY TO MANAGE THEIR VEHICLE DONATION
PROGRAM. CARS, SAN DIEGO, CA MANAGES ALL ASPECTS OF THE PROGRAM,
INCLUDING TAX REPORTING AND DEPOSITS NET PROCEEDS DIRECTLY TO THE
FOUNDATION'S BANK ACCOUNT.

### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

► Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Name of the organization

SIERRA CLUB FOUNDATION

Employer identification number 94-6069890

FORM 990, PART I, LINE 6:
VOLUNTEERS INCLUDE BOARD MEMBERS AND PROPERTY MANAGEMENT VOLUNTEERS IN
MT. SHASTA FOR HORSE CAMP. ESTIMATED BASED ON THE BOARD ROSTERS AND
HORSE CAMP COMMITTEE MEMBERS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE SIERRA CLUB FOUNDATION PROMOTES EFFORTS TO EDUCATE AND EMPOWER
PEOPLE TO PROTECT AND IMPROVE THE NATURAL AND HUMAN ENVIRONMENT.
GOALS:
- SOLVE THE CLIMATE CRISIS PRIMARILY THROUGH A SUCCESSFUL TRANSITION TO
A RESOURCE-EFFICIENT CLEAN ENERGY ECONOMY THAT BETTER SERVES PEOPLE AND
NATURE;
- SECURE PROTECTIONS FOR PUBLIC LANDS AND WATERS, PROMOTE HEALTHY
ECOSYSTEMS AND COMMUNITIES, AND FIGHT FOR CLEAN AIR AND WATER;
- EXPAND OPPORTUNITIES FOR MORE PEOPLE TO EXPLORE, ENJOY, AND PROTECT
THE PLANET BY SUPPORTING PROGRAMS AND POLICIES THAT REACH ACROSS
ECONOMIC, CULTURAL, AND COMMUNITY LINES TO GET PEOPLE OUTDOORS; AND
- BUILD A DIVERSE, INCLUSIVE ENVIRONMENTAL MOVEMENT THAT REFLECTS AND
REPRESENTS TODAY'S AMERICAN PUBLIC, AND PRIORITIZES IMPORTANT
CONNECTIONS BETWEEN ENVIRONMENTAL HEALTH AND SOCIAL JUSTICE.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
TO EXPLORE, ENJOY, AND PROTECT THE NATURAL WORLD.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE SIERRA CLUB FOUNDATION PROVIDES A BROAD RANGE OF ADDITIONAL GRANTS

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

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Page 2 **Employer identification number** Name of the organization SIERRA CLUB FOUNDATION 94-6069890 TO SUPPORT CHARITABLE, EDUCATION, SCIENTIFIC, LITERARY AND LEGAL ENDEAVORS THAT FURTHER ITS CHARITABLE MISSION. EXPENSES \$ 31,365,122. INCLUDING GRANTS OF \$ 30,956,213. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE FINAL FORM 990 WAS REVIEWED BY SENIOR STAFF AND AUDIT COMMITTEE WITH THE PAID PREPARERS BY A CONFERENCE CALL AND ALL QUESTIONS WERE ADDRESSED PRIOR TO BEING TRANSMITTED TO THE FULL BOARD BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE FURNISHED ANNUALLY WITH A CONFLICT OF INTEREST QUESTIONNAIRE FOR THE PURPOSE OF IDENTIFYING AND REVIEWING TRANSACTIONS OR RELATIONSHIPS THAT HAVE THE POTENTIAL TO LEAD TO CONFLICT OF INTERESTS. FORM 990, PART VI, SECTION B, LINE 15: IN ACCORDANCE WITH ORGANIZATION POLICY, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER BASED ON JOB DUTIES, PERFORMANCE AND SALARY SURVEY INFORMATION FROM OTHER COMPARABLE NONPROFIT ORGANIZATIONS AND RECOMMENDS APPROVAL BY THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, NV OH, OK, OR, PA, RI, SC, TN, UT, VA, WV, WA, WI FORM 990, PART VI, SECTION C, LINE 19:

Schedule O (Form 990 or 990-EZ) (2019)

THE FOUNDATION'S FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE

PUBLIC THROUGH THE ORGANIZATION'S WEBSITE AND UPON REQUEST FOR THE SAME

SIERRA CLUB FOUNDATION	94-6069890
PERIOD OF TIME AS SET FORTH IN SEC. 6104(D). THE FORM 990	IS ALSO AVAILABLE
ON GUIDESTAR.ORG. THE FOUNDATION MAKES AVAILABLE COPIES OF	' ITS ORGANIZING
DOCUMENTS AND CONFLICT OF INTEREST POLICIES TO MEMBERS OF	THE PUBLIC WHO
REQUEST COPIES.	
FORM 990, PART VI, SECTION B, LINE 16:	
THE SIERRA CLUB FOUNDATION HAS INVESTMENTS IN SEVERAL INVE	STMENT
PARTNERSHIPS THROUGH PRIVATE EQUITY FUNDS. THE PRIMARY PUR	POSE OF THE
ORGANIZATION'S INVESTMENT IN THE PARTNERSHIPS IS THE PRODU	CTION OF
INCOME OR APPRECIATION OF PROPERTY.	
FORM 990, PART IX, LINE 24A, FUNDRAISING REIMBURSEMENT:	
IN ACCORDANCE WITH A COST SHARING AGREEMENT BETWEEN THE FO	UNDATION AND
THE SIERRA CLUB, THE FOUNDATION AGREED TO REIMBURSE THE SI	ERRA CLUB FOR
FUNDRAISING SALARIES AND OTHER FUNDRAISING EXPENSES INCURR	ED ON BEHALF
OF THE FOUNDATION; THE REIMBURSED AMOUNTS ARE REFLECTED AS	"FUNDRAISING
REIMBURSEMENT" ON THE STATEMENT OF FUNCTIONAL EXPENSES, FO	RM 990, PART
IX.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	2,512,966.

### **SCHEDULE R** (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

	SIERRA CLUB FO	UNDATION					94-60698	90	
Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	i.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	ctivity Legal domicile (state or foreign country)		(e) me End-of-year		Direct c	<b>(f)</b> controlling ntity	9
	Identification of Related Tax-Exempt Organiza	tions. Complete if the organization	answered "Yes" on Form 990	Part IV. line 34. h	pecause it had one	or more	related tax-exe	mot	
Part II	organizations during the tax year.		T		•				
	(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity			<b>g)</b> 512(b)(13) rolled ity?
					501(c)(3))			Yes	No

Page 2

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>(b)</b> Primary activity	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			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(t contr ent	b)(13) rolled ity?
		country)						Yes	No
CHARITABLE REMAINDER TRUSTS (30)			THE SIERRA						
2101 WEBSTER STREET, SUITE 1250			CLUB						
OAKLAND, CA 94612	INVESTMENT	CA	FOUNDATION	TRUST				Х	L
CHARITABLE LEAD TRUSTS (2)			THE SIERRA						
2101 WEBSTER STREET, SUITE 1250			CLUB						
OAKLAND, CA 94612	INVESTMENT	CA	FOUNDATION	TRUST				X	
POOLED INCOME FUNDS (2)			THE SIERRA						
2101 WEBSTER STREET, SUITE 1250			CLUB						
OAKLAND, CA 94612	INVESTMENT	CA	FOUNDATION	TRUST				X	
GIFT ANNUITY POOLS (1)			THE SIERRA						
2101 WEBSTER STREET, SUITE 1250			CLUB						
OAKLAND, CA 94612	INVESTMENT	CA	FOUNDATION	TRUST				X	L
									1

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

Yes No

1a

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

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>b</b> Gift, grant, or capital contribution to related organization(s)			1b				
c Gift, grant, or capital contribution from related organization(s)			1c	X			
d Loans or loan guarantees to or for related organization(s)			1d	X			
e Loans or loan guarantees by related organization(s)			1e	X			
f Dividends from related organization(s)			1f	X			
g Sale of assets to related organization(s)			1g	X			
h Purchase of assets from related organization(s)			1h	X			
i Exchange of assets with related organization(s)			1i	X			
j Lease of facilities, equipment, or other assets to related organization(s)			1j	X			
k Lease of facilities, equipment, or other assets from related organization(s)			1k	X			
I 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)							
Sharing of paid employees with related organization(s)							
				X			
p Reimbursement paid to related organization(s) for expenses							
q Reimbursement paid by related organization(s) for expenses			1q	X			
				37			
r Other transfer of cash or property to related organization(s)			1r	X			
s Other transfer of cash or property from related organization(s)			1s	X			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	ne, including covered re	elationships and transaction thresholds.					
(a) (b)  Name of related organization (type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved				
31-7-7							
(4)							
(1)							
(2)							
(3)							
(4)							
(5)							
(O)							
(6)							

Schedule R (Form 990) 2019

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040