PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 118820 | Return of Organization Exempt From Income Tax

Form **990**

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



<u>A</u> F	or th	e 2022 calendar year, or tax year beginning and	ending				
B c	Check if pplicab	e: C Name of organization		D Employer identifie	cation number		
	Addre	e SEMPRA EMPLOYEE GIVING NETWORK					
	Name Chang	71-0875246					
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r		
	Final returr			619-696-2000			
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,680,445.		
	Amer	SAN DIEGO, CA 92101		H(a) Is this a group re	eturn		
	Appli tion	F name and address of principal officer: FERRET REWELL		for subordinates	? Yes 🗴 No		
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
<u> 1</u>	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 📃 527	If "No," attach a	list. See instructions		
	Nebsi			H(c) Group exemptio	n number		
		organization: X Corporation Trust Association Other	L Year	of formation: 2002	State of legal domicile: CA		
Pa	art I	Summary					
¢	1	Briefly describe the organization's mission or most significant activities: TO ENCO		RGANIZE AND			
ũ		FACILITATE SUPPORT OF COMMUNITY BASED CHARITABLE ORGANIZATIO	NS.				
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more				
Ň	3				8		
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)			8		
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		0			
iti	6	Total number of volunteers (estimate if necessary)		10			
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		1,638,618.	1,680,315.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20.	130.		
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,638,638.	1,680,445.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·····	1,515,956.	1,554,462.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		υ.	0.		
ă			549.	42.868	E0.081		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		43,767.	50,971.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,559,723.	1,605,433.			
	19	Revenue less expenses. Subtract line 18 from line 12		78,915.	75,012.		
S OF	1		Ве	ginning of Current Year	End of Year		
Assets Balanc	3	Total assets (Part X, line 16)	······	352,964.	427,976.		
et A:	1	Total liabilities (Part X, line 26)		0.	0.		
ž	22	Net assets or fund balances. Subtract line 21 from line 20		352,964.	427,976.		
Pa	art II	Signature Block					

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

Sign	Signature of officer		Date	9				
Here	TOBY JACK, TREASURER							
Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	BRIAN YACKER	BRIAN YACKER	09/19/23	self-employed P00401346				
Preparer	Firm's name BAKER TILLY US, LLP		Firm	Firm's EIN 39-0859910				
Use Only	Firm's address 18500 VON KARMAN AVE, 10T	H FLOOR						
IRVINE, CA 92612 Phone no.949.222.								
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No				
				- 000 (2020)				

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2022) SEMPRA EMPLOYEE GIVING NETWORK	71-0875246	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	SEGN WAS FORMED BY AND FOR EMPLOYEES OF THE SEMPRA FAMILY OF COMPANIES		
	IN ORDER TO ENCOURAGE, ORGANIZE AND FACILITATE SUPPORT OF COMMUNITY		
	BASED CHARITABLE ORGANIZATIONS OF THE EMPLOYEE'S CHOICE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	L	Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,554,462 including grants of \$1,554,462.) (Revenue	\$)
	SEMPRA'S EMPLOYEE GIFT GIVING PROGRAM: CONTRIBUTIONS COLLECTED ARE		, ,
	DISTRIBUTED TO VARIOUS CHARITABLE ORGANIZATIONS ON BEHALF OF SEMPRA		
	EMPLOYEES.		
	·		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			, ,
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	١	
40	Total program service expenses 1,554,462.)	
-+0			- 000 (0000)

Form 990 (2022) SEMPRA EMPLOYEE GI SEMPRA EMPLOYEE GIVING NETWORK

			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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
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, VII, IX, or X,	10		
••	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		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? 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
20a	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	х	

Form 990 (EMPLOYEE		
Part IV	Checklist of	Required	Schedule	s (contin	nued)

			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		x
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			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L. Part I	25b		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			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			x
28	Was the organization a party to a business transaction with one of the following parties (see the 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? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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 on Schedule O for Part VI, lines 11b and 19?	<u> </u>	1	
		38	x	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
		5		

..... c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

	<u>990 (2022)</u> SEMPRA EMPLOYEE GIVING NETWORK 71-08	75246	P	_{age} 5							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2a	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	0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b									
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x							
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 Accounts (FBAR).	_									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	·····		x							
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?										
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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 contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pa	vor? 7a		х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?										
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
C	to file Form 8282?	7c		x							
А	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10									
d		7e		х							
e f				x							
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-	C? 7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
~	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.	0									
a	Did the sponsoring organization make any taxable distributions under section 4966?			<u> </u>							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>									
10	Section 501(c)(7) organizations. Enter:										
a	Initiation fees and capital contributions included on Part VIII, line 12										
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:										
	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	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?	<u>13a</u>									
	Note: 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										
	organization is licensed to issue qualified health plans										
с	Enter the amount of reserves on hand										
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes." complete Form 6069.										

Form	990 (2022) SEMPRA EMPLOYEE GIVING NETWORK		71-08752		Р	age 6
	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and for a	a "No" i	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.				•	
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	:	3		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the					
	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			4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?	-		7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?	-	-	8a	х	
b	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 read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	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 body	befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done	, ,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
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 approva					
	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 on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	'S			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			.,		
	X Own website Another's website X Upon request Other (explain)	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records			
	THE ORGANIZATION - 619-696-2000					
	488 8TH AVENUE HQ-08N1, SAN DIEGO, CA 92101					

Form 990 (71-0875246	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	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		
	ete this table for all persons required to be listed. Report compensation for the calendar year ending wit Il of the organization's current officers, directors, trustees (whether individuals or organizations), regard	0	

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	not c	Pos	itior) than (200	Reportable	Reportable	Estimated
	hours per	box	(do not check mor box, unless persor		erson is both an		n an	compensation	compensation	amount of
	week		officer and a director/		(of/irusiee)		from	from related	other	
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	dual t	Institutional trustee	-	m ploy	st col	5			organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			5
(1) AARON FRANZ	1.00									
VICE CHAIR/DIRECTOR		х		х				0.	0.	0.
(2) WILLIAM GARCIA	1.00									
VP/DIRECTOR		Х		х				٥.	٥.	0.
(3) DIAMANTE CINTRON	1.00									
DIRECTOR		Х						٥.	٥.	0.
(4) IMAN GARRETT-PRICE	1.00									
DIRECTOR		Х						0.	0.	0.
(5) SHALA JACKSON	1.00									
DIRECTOR		Х						0.	0.	0.
(6) GAYLE MONTGOMERY	1.00									
DIRECTOR		Х						0.	0.	0.
(7) GRECIA ROJAS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JOSHUA WILLIAMS	1.00									
DIRECTOR		х						0.	0.	0.
(9) KELLEN GILL	1.00									_
TREASURER				x				0.	0.	0.
(10) APRIL ROBINSON	1.00									
SECRETARY			<u> </u>	X	<u> </u>			0.	0.	0.
		1								
		1								
		-								
		1								
		1								
		1					1			

Form 990 (2022)	SEMPRA EMPLOY	YEE GIVING	NET	WOR	K					71-08	75246	6	Pa	age 8
Part VII Section A. O	fficers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A Name a)	(B) Average hours per week	(do box	not c , unle:	(C Posi heck i ss per	C) ition more rson is		one 1 an	(D) Reportable compensation from	(E) Reportable compensation from related		n amou		
		(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/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	I	fr org an	pensa om the anizat d relate anizatio	e ion ed
			-											
											-			
			-											
			-											
	ation sheets to Part VI	I, Section A							0.		0. 0. 0.			0. 0. 0.
									eceived more than \$100,	000 of reportable				0.
•	3												Yes	No
•	•	-			•	-		Ŭ	hest compensated emp			3		х
4 For any individual li	sted on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		x
5 Did any person liste	ed on line 1a receive or a	accrue compen	isati	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		x
Section B. Independent		piele Scriedule	<u> </u>	<u>or st</u>	<u>ICH </u>	Jers	<u>on</u> .				····	5		
	, ,	•	•						nat received more than \$ the organization's tax y		ensati	ion fro	om	
	(A) Name and business		NO						(B) Description of s		C	(C ompe	;) nsatio	n
	lependent contractors (ir		ot lin	nited	d to t		se lis	ted	above) who received mo	ore than				

						GIV	ING NETWORK			71-087524	6 Page 9
Pa	rt V	/111	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a resp	onse	or note to any line	e in this Part VIII		(C)	
								(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ς, γ	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	-	b	Membership dues								
n G			Fundraising events								
ifts, r A			Related organizations				50,971.				
, G nila			Government grants (contr				, , , , , , , , , , , , , , , , , , , ,				
Sir			All other contributions, gifts,		-						
her		•	similar amounts not included				1,629,344.				
ot		g	Noncash contributions included in			\$					
Con		•	Total. Add lines 1a-1f					1,680,315.			
0.0					<u></u>		Business Code	, , -			
Ð	2	а									
Program Service Revenue		b									
Ser		č									
am Ser		d									
Be		e									
Pro			All other program service	reve	nue						
		a	Total. Add lines 2a-2f								
	3	3	Investment income (includ								
	_						,	130.			130.
	4		Income from investment of								
	5		Royalties		-		F				
	_		···· j -·····		(i) Rea	al	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		c	Rental income or (loss)	6c							
			Net rental income or (loss								
			Gross amount from sales of	<u> </u>	(i) Secur	ities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e			and sales expenses	7b							
evenue		с	Gain or (loss)	7c							
			Net gain or (loss)								
Other R			Gross income from fundraisi								
Oth			including \$	-	of						
			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	fund	raising eve	nt <u>s</u>					
	9	а	Gross income from gamin	ng ac	tivities. Se	e					
			Part IV, line 19			9a					
			Less: direct expenses								
			Net income or (loss) from			es	·····				
	10	а	Gross sales of inventory,	less	returns						
			and allowances								
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from	sale	s of invento	ory					
s							Business Code				
Miscellaneous Revenue	11	а									
lanc		b									
scellaneo Revenue		С									
Mis			All other revenue								
			Total. Add lines 11a-11d						_	-	
	12		Total revenue. See instruction	ons				1,680,445.	0.	0.	130.

a	TIX Statement of Functional Expenses	6		
ecti	on 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All other	organizations must com	nplete column (A).
	Check if Schedule O contains a response			
	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
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,554,462.	1,554,462.	
2	Grants and other assistance to domestic			
3	Grants and other assistance to foreign			
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			
4	Benefits paid to or for members			
5	Compensation of current officers, directors,			
_	trustees, and key employees			
6	Compensation not included above to disqualified			
	persons (as defined under section $4958(f)(1)$) and			
_	persons described in section 4958(c)(3)(B)			
7	Other salaries and wages			
В	Pension plan accruals and contributions (include			
	section 401(k) and 403(b) employer contributions)			
Э	Other employee benefits			
)	Payroll taxes			
1	Fees for services (nonemployees):			
а	Management			
b				
С	Accounting			
d	Lobbying			
е	Professional fundraising services. See Part IV, line 17			
f	Investment management fees			
g	Other. (If line 11g amount exceeds 10% of line 25,			
	column (A), amount, list line 11g expenses on Sch 0.)			
2	Advertising and promotion			
3	Office expenses			
1	Information technology			
5	Royalties			
6	Occupancy			
7	Travel			
в	Payments of travel or entertainment expenses			
	for any federal, state, or local public officials			
9	Conferences, conventions, and meetings			
0	Interest			
1	Payments to affiliates			
2	Depreciation, depletion, and amortization			
3	Insurance			
1	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	PROCESSING FEES	50,971.		48,422.
a b				
c	-			
d				
	All other expenses			
е 5	All other expenses	1,605,433.	1,554,462.	48,422.
5 6	Joint costs. Complete this line only if the organization	-,,,	_,,	
J	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			

2,549.

2,549.

Page 10 46

(D) Fundraising expenses

	SEMPRA	EWPLOYEE	GIVING	NETWORK
et				

Part X	Balance Sneet			
	Check if Schedule O contains a response or note to any line in this Part X		·····	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	352,964.	2	427,976
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<u>ب</u>	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
₹ 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	352,964.	16	427,976
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ທ 22	Loans and other payables to any current or former officer, director,			
litie	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow FASB ASC 958, check here			
ces	and complete lines 27, 28, 32, and 33.			
<u>le</u> 27	Net assets without donor restrictions		27	
8 28	Net assets with donor restrictions		28	
pun	Organizations that do not follow FASB ASC 958, check here			
or Fund Balances	and complete lines 29 through 33.			
ວັ <u></u> ຊ 29	Capital stock or trust principal, or current funds		29	0
19 30	Paid-in or capital surplus, or land, building, or equipment fund		30	0.
Net Assets 30 31 35	Retained earnings, endowment, accumulated income, or other funds		31	427,976.
a 32	Total net assets or fund balances		32	427,976.
33	Total liabilities and net assets/fund balances	352,964.	33	427,976.

71-0875246 Page **11**

Form **990** (2022)

SEMPRA EMPLOYEE GIVING NETWORK

 Form 990 (2022)
 S

 Part X
 Balance Sheet

Form	990 (2022) SEMPRA EMPLOYEE GIVING NETWORK	71-087524	5	Pa	_{ae} 12
	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	,680,	445.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	,605,	433.
3	Revenue less expenses. Subtract line 2 from line 1	3		75,	012.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		352,	964.
5	Net unrealized gains (losses) on investments	5			
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			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		427,	976.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022

Open to Public
Inspection

Nar	ne of t	he organization						Employer	identification number
								71-0875246	
	art I						See instruction	S.	
The	organi	zation is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	,			n 170(b)(1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
		university:							
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 5	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported org	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box on
		lines 12a through 12d that of	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	f the direc	ctors or truste	es of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.					
k		Type II. A supporting orga	anization supervised	l or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	:	Type III functionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.		
c		J Type III non-functionally	v integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	ted organiz	zation(s)
		that is not functionally inte	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .		
e		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	. Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated supportion	ng organiz	ation.			
		er the number of supported o	•						
<u>ç</u>		vide the following information			(iv) Is the orga	nization listed			
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No		istruction aj	
Tot	al								
							1		

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1 706 051	1 500 100	1 504 261	1 620 610	1 600 215	0 001 500
_	include any "unusual grants.")	1,726,051.	1,592,193.	1,594,361.	1,638,618.	1,680,315.	8,231,538.
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	Total. Add lines 1 through 3	1,726,051.	1,592,193.	1,594,361.	1,638,618.	1,680,315.	8,231,538.
5	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)						
	Public support. Subtract line 5 from line 4.						8,231,538.
Sec	tion B. Total Support					1	1
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,726,051.	1,592,193.	1,594,361.	1,638,618.	1,680,315.	8,231,538.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	37.	40.	28.	20.	130.	255.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8,231,793.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	100.00 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	100.00 %
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on li				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-	-	• • • •	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						
				.,,, or	,		· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990) 2022 SEMPRA EMPLOYEE GIVING NETWORK 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.) o oti o m

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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 disgualified persons						
t	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 12 for the upon						
	amount on line 13 for the year						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					1	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ł	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 on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
<u> </u>							
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•			15	<u>%</u>
<u>16</u>	Public support percentage from 2021 ction D. Computation of Invest					16	%
						47	0/
	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from a 33 1/3% support tests - 2022. If the					18	ling 17 is not
198							
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	re than 33 1/	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	tructions	

1

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

232024 12-09-22

SEMPRA EMPLOYEE GIVING NETWORK

71-0875246 Page **5**

Yes

Yes No

1

2

No

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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. Section C. Type II Supporting Organizations

			L
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		ſ
	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(a)	1	ł

	Joillea oigai	112011011137.	
Section D.	All Type	III Supporting	Organizations

			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			
	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 on line 2, above, 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			
	supported organizations played in this regard	3		

Section 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).
- a 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.*

c 🗌	The organization supported a get	overnmental entity. Describe in	Part VI how you supported a	governmental entity (see instruction <u>s).</u>
-----	----------------------------------	---------------------------------	-----------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b Did the activities described on line 2a, above, 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.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? *If "Yes" or "No" provide details in* **Part VI.**
- **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* **Part VI** *the role played by the organization in this regard.*

Yes No

Schedule	А	(Form	990	2022

Integrated 509(a)(3) Supporting Organizations sfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instruc	g Organi	rt V V Type III Non-Euroctionally Integrated 500(a)(3) Supportin	
fied the Integral Part Test as a gualifying trust on Nov. 20, 1970 (explain in Part VI). See instruc		True Type in Non-1 unctionally integrated 505(a)(5) Supporting	Pa
5 1 <i>7</i> 5 <i>7 7</i>	trust on N	Check here if the organization satisfied the Integral Part Test as a qualifyin	1
tegrated supporting organizations must complete Sections A through E.	complete \$	All other Type III non-functionally integrated supporting organizations must	
(A) Prior Year (B) Current Ye (optional)		tion A - Adjusted Net Income	ect
1	1	Net short-term capital gain	1
2	2	Recoveries of prior-year distributions	2
3	3	Other gross income (see instructions)	3
4	4	Add lines 1 through 3.	4
5	5	Depreciation and depletion	5
urred for production or		Portion of operating expenses paid or incurred for production or	6
ment, conservation, or		collection of gross income or for management, conservation, or	
tion of income (see instructions) 6	6	maintenance of property held for production of income (see instructions)	
7	7	Other expenses (see instructions)	7
6, and 7 from line 4) 8	8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8
(A) Prior Year (B) Current Ye (optional)		tion B - Minimum Asset Amount	ect
empt-use assets (see		Aggregate fair market value of all non-exempt-use assets (see	1
eld for part of year):		instructions for short tax year or assets held for part of year):	
1a	1a	Average monthly value of securities	а
1b	1b	Average monthly cash balances	b
e assets 1c	1c	Fair market value of other non-exempt-use assets	с
1d	1d	Total (add lines 1a, 1b, and 1c)	d
actors		Discount claimed for blockage or other factors	е
		(explain in detail in Part VI):	
on-exempt-use assets 2	2	Acquisition indebtedness applicable to non-exempt-use assets	2
3	3	Subtract line 2 from line 1d.	3
0.015 of line 3 (for greater amount,		Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	4
4	4	see instructions).	
tract line 4 from line 3) 5	5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5
6	6	Multiply line 5 by 0.035.	6
7	7	Recoveries of prior-year distributions	7
ine 6) 8	8	Minimum Asset Amount (add line 7 to line 6)	8
Current Year		Section C - Distributable Amount	
Section A, line 8, column A) 1	1	Adjusted net income for prior year (from Section A, line 8, column A)	1
2	2	Enter 0.85 of line 1.	2
m Section B, line 8, column A) 3	3	Minimum asset amount for prior year (from Section B, line 8, column A)	3
4	4	Enter greater of line 2 or line 3.	4
	5	Income tax imposed in prior year	5
5			~
		Distributable Amount. Subtract line 5 from line 4, unless subject to	6
actors 2 on-exempt-use assets 2 3 3 · 0.015 of line 3 (for greater amount, 4 tract line 4 from line 3) 5 6 6 7 6 ine 6) 8 Section A, line 8, column A) 1 2 2 m Section B, line 8, column A) 3 4 4	2 3 4 5 6 7 8 8 1 1 2 3 3 4	Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year	e 2 3 4 5 6 7 8 ect 1 2 3 4 5

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Sche	dule A (Form 990) 2022 SEMPRA EMPLOYEE GIV				71-0875246 P
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 202
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				

Schedule A	(Form 990) 2022 SEMPRA EMPLOYEE GIVING NETWORK	71-0875246	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a 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 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; Par Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	s 1 and 2; Part IV, Sectior t V, Section B, line 1e; Pa	n C,

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Department of the Treasury
Internal Revenue Service

Schedule B

(Form 990)

Name of the organization

S	EMPRA EMPLOYEE GIVING NETWORK	71-0875246
Organization type (check	c one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$50,971.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

SEMPRA EMPLOYEE GIVING NETWORK

Schedule B (Form 990) (2022)

Part I

(a)

71-0875246

(c)

noncash contributions.)

(d)

Employer identification number

(b)

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

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
		\$	
(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
		\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	

Employer identification number

71-0875246

Schedule B (Form 990) (2022)

SEMPRA EMPLOYEE GIVING NETWORK

Name of organization

Page 4

Name of o	rganization		Employer identification number
SEMPRA E	EMPLOYEE GIVING NETWORK		71-0875246
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)) through (e) and the following line ent charitable, etc., contributions of \$1,000 or l	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047	
Department of the Treasury	-	-	Attach to Form				Open to Public	;
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection	
Name of the organization SEMPRA EMPLOYE	E GIVING NETW	VORK					Employer identification num 71-0875246	ber
Part I General Information on Grants ar	nd Assistance							
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?							No
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990. Part	: IV. line 21. for any	
recipient that received more than \$	-					,,,	····, ···· = · , · = · = · · j	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
ALZHEIMERS SAN DIEGO 6632 CONVOY COURT								
SAN DIEGO, CA 92111	47-5534541	501(C)(3)	22,602.	0.			GENERAL SUPPORT	
AMERICAN CANCER SOCIETY-GLOBAL HEADQUARTERS - 250 WILLIAMS ST. NW STE 6000 - ATLANTA, GA 30303	13-1788491	501(C)(3)	12,959.	0.			GENERAL SUPPORT	
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR #900 ARLINGTON, VA 22202	13-1623888	501(C)(3)	8,214.	0.			GENERAL SUPPORT	
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231-4596	13-5613797	501(C)(3)	5,968.	0.			GENERAL SUPPORT	
AMERICAN LEBANESE SYRIAN ASSOC CHAR INC - 501 SAINT JUDE PL - MEMPHIS, TN 38105	35-1044585	501(C)(3)	45,154.	0.			GENERAL SUPPORT	
AMERICAN NATIONAL RED CROSS 101 STATION LANDING, SUITE 510 MEDFORD, MA 02155	53-0196605	501(C)(3)	22,130.	0.			GENERAL SUPPORT	
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in th	e line 1 table			•	·	49.
3 Enter total number of other organizations	listed in the line	1 table						٥.

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

Schedule I (Form 990)	SEMPRA	EMPLOYEE	GIVING	NETWORK
-----------------------	--------	----------	--------	---------

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPCA							
424 E 92ND ST							
NEW YORK, NY 10128	13-1623829	501(C)(3)	9,626.	0.			GENERAL SUPPORT
BURN INSTITUTE							
8825 AERO DRIVE, SUITE 200							
SAN DIEGO, CA 92123	23-7260718	501(C)(3)	18,580.	0.			GENERAL SUPPORT
CAMPANILE FOUNDATION							
5250 CAMPANILE DRIVE							
SAN DIEGO, CA 92182	33-0868418	501(C)(3)	5,748.	0.			GENERAL SUPPORT
CATHOLIC EDUCATION FOUNDATION							
3424 WILSHIRE BLVD 3RD FL							
LOS ANGELES, CA 90010	75-6725640	501(C)(3)	5,200.	0.			GENERAL SUPPORT
CENTER OF HOPE LA							
9550 CRENSHAW BLVD							
INGLEWOOD, CA 90305-2912	83-0763730	501(C)(3)	5,200.	0.			GENERAL SUPPORT
CHILDRENS HOSPITAL LOS ANGELES							
4650 SUNSET BLVD.							
LOS ANGELES, CA 90027	95-1690977	501(C)(3)	11,028.	0.			GENERAL SUPPORT
CHRISTS CHURCH OF THE VALLEY							
1404 W COVINA BLVD.							
SAN DIMAS, CA 91773	95-6006335	501(C)(3)	11,354.	0.			GENERAL SUPPORT
CITY OF HOPE							
1500 E. DUARTE RD.							
DUARTE, CA 91010	95-3435919	501(C)(3)	9,114.	0.			GENERAL SUPPORT
CYSTIC FIBROSIS FOUNDATION	л						
4550 MONTGOMERY AVENUE, SUITE 1100) BETHESDA, MD 20814	13-1930701	501(C)(3)	7,076.	0.			GENERAL SUPPORT
SETHESDA, MD 20014	T2-T22010T		/, //••	υ.		1	PENERAL SUFFORT

Schedule I	(Form 990)	SEMPRA	EMPLOYEE	GIVING	NETWORK

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIRECT RELIEF							
6100 WALLACE BECKNELL RD.							
SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	17,101.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA INC							
40 RECTOR ST 16TH FL							
NEW YORK, NY 10006	13-3433452	501(C)(3)	5,649.	0.			GENERAL SUPPORT
EASTLAKE COMMUNITY CHURCH OF CHULA							
VISTA CA - 990 LANE AVE - CHULA							
VISTA, CA 91914-3502	33-0565679	501(C)(3)	18,638.	0.			GENERAL SUPPORT
FEEDING SAN DIEGO							
9455 WAPLES ST							
SAN DIEGO, CA 92121	26-0457477	501(C)(3)	19,992.	0.			GENERAL SUPPORT
FRANCIS PARKER SCHOOL							
6501 LINDA VISTA RD							
SAN DIEGO, CA 92111	95-1696720	501(C)(3)	6,330.	0.			GENERAL SUPPORT
GENERACIONES CHURCH							
9817 CAROB AVE	05 2052265	F01(a)(2)	7 505	0			
FONTANA, CA 92335-6306	85-3053365	501(C)(3)	7,505.	0.			GENERAL SUPPORT
INTERNATIONAL MEDICAL CORPS							
12400 WILSHIRE BLVD STE 1500							
LOS ANGELES, CA 90025	95-3949646	501(C)(3)	8,242.	0.			GENERAL SUPPORT
INTERNATIONAL RESCUE COMMITTEE							
122 E 42ND ST							
NEW YORK, NY 10168	13-5660870	501(C)(3)	6,416.	0.			GENERAL SUPPORT
JACOBS & CUSHMAN SAN DIEGO FOOD							
BANK - 9850 DISTRIBUTION AVE - SAN							
DIEGO, CA 92121	20-4374795	501(C)(3)	19,115.	0.			GENERAL SUPPORT

Schedule I	(Form 990)	SEMPRA	EMPLOYEE	GIVING	NETWORK

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUST CALL US VOLUNTEERS							
2801 B STREET 238							
SAN DIEGO, CA 92102-2208	27-2451575	501(C)(3)	11,495.	0.			GENERAL SUPPORT
LA FAMILY HOUSING							
7843 LANKERSHIM BLVD.							
NORTH HOLLYWOOD, CA 91605	95-3920560	501(C)(3)	6,000.	0.			GENERAL SUPPORT
LIFEBRIDGE CHURCH							
17645 W BERNARDO DR							
SAN DIEGO, CA 92127-1134	95-3144968	501(C)(3)	13,000.	0.			GENERAL SUPPORT
LOS ANGELES REGIONAL FOOD BANK							
1734 E 41ST STREET							
LOS ANGELES, CA 90058	95-3135649	501(C)(3)	19,836.	0.			GENERAL SUPPORT
	55 5155015	501(0)(0)		••			
MIDNIGHT MISSION							
601 S SAN PEDRO ST							
LOS ANGELES, CA 90014	95-1691293	501(C)(3)	7,459.	0.			GENERAL SUPPORT
MINDS MATTER							
19360 RINALDI ST, #705							
PORTER RANCH, CA 91326	27-2984343	501(C)(3)	5,667.	0.			GENERAL SUPPORT
			, , , ,				
MONARCH SCHOOL 1625 LLC							
1625 NEWTON AVE							
SAN DIEGO, CA 92113	45-4308482	501(C)(3)	7,910.	0.			GENERAL SUPPORT
MORNINGSTAR CHRISTIAN CHAPEL							
16241 LEFFINGWELL RD							
WHITTIER, CA 90603-3215	95-3981182	501(C)(3)	8,600.	0.			GENERAL SUPPORT
				•			
NAVY LEAGUE OF THE UNITED STATES,							
SAN DIEGO COUNCIL - 2115 PARK							
BLVD. – SAN DIEGO, CA 92101	95-3864195	501(C)(3)	10,808.	0.			GENERAL SUPPORT

Schedule I (Form 990)	SEMPRA	EMPLOYEE	GIVING	NETWORK
-----------------------	--------	----------	--------	---------

Part II Continuation of Grants and Other A			s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	71-08/5246 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IORTH COAST CHURCH							
2405 N SANTA FE AVE							
/ISTA, CA 92084-1651	95-3265364	501(C)(3)	9,425.	0.			GENERAL SUPPORT
POLYTECHNIC SCHOOL							
.030 E. CALIFORNIA BLVD.							
PASADENA, CA 91106	95-1641456	501(C)(3)	5,200.	0.			GENERAL SUPPORT
RADY CHILDRENS HOSPITAL							
FOUNDATION- SAN DIEGO - 3020							
CHILDRENS WAY MC 5005 - SAN DIEGO,							
CA 92123	33-0170626	501(C)(3)	11,244.	0.			GENERAL SUPPORT
RHYTHM CHURCH INC							
30840 HAWTHORNE BLVD							
RANCHO PALOS VERDES, CA 90275	83-4429630	501(C)(3)	10,400.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF							
SAN DIEGO, INC. – 2929 CHILDRENS WAY – SAN DIEGO, CA 92123	95-3251490	501(C)(3)	18,609.	0.			GENERAL SUPPORT
WAI - SAN DIEGO, CA 92123	95-3251490	501(C)(3)	18,809.	0.			GENERAL SUPPORT
SAN DIEGO HUMANE SOCIETY							
5500 GAINES ST							
SAN DIEGO, CA 92110	95-1661688	501(C)(3)	16,804.	0.			GENERAL SUPPORT
SAN DIEGO LESBIAN GAY BISEXUAL AND							
TRANSGENDER COMMUNITY CENTER - PO							
BOX 3357 - SAN DIEGO, CA 92163	23-7332048	501(C)(3)	7,576.	0.			GENERAL SUPPORT
SAN DIEGO RESCUE MISSION							
PO BOX 80427							
SAN DIEGO, CA 92138	95-1874073	501(C)(3)	6,084.	0.			GENERAL SUPPORT
SAVE THE CHILDREN							
501 KINGS HWY E, #400	06 0706407	E01(0)(2)	12 005	^			GENERAL GURRADE
FAIRFIELD, CT 06825	06-0726487	DOT(C)(3)	13,205.	0.			GENERAL SUPPORT

Schedule I (Form 990)	SEMPRA	EMPLOYEE	GIVING	NETWORK
-----------------------	--------	----------	--------	---------

71-0875246 Page 1

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TANGO2 RESEARCH FOUNDATION INCORPORATED - 1201 W LA VETA AVE - ORANGE, CA 92868	82-3667557	501(C)(3)	6,062.	0.			GENERAL SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY, INC 3 INTERNATIONAL DRIVE, SUITE 200 - RYE BROOK, NY 10573	13-5644916	501(C)(3)	46,535.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER LOS ANGELES 1150 S OLIVE ST STE T500 LOS ANGELES, CA 90015	95-2274801	501(C)(3)	26,513.	0.			GENERAL SUPPORT
VISTA ASSEMBLY OF GOD 290 N MELROSE DR VISTA, CA 92083-5724	95-2312927	501(C)(3)	7,800.	0.			GENERAL SUPPORT
VOICES FOR CHILDREN 2851 MEADOW LARK DRIVE, JUVENILE CO SAN DIEGO, CA 92123	95-3786047	501(C)(3)	6,895.	0.			GENERAL SUPPORT
WATCHTOWER BIBLE AND TRACT SOCIETY OF NEW YORK INC - 900 RED MILLS RD - WALLKILL, NY 12589	11-1753577	501(C)(3)	36,863.	0.			GENERAL SUPPORT
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	20-2370934	501(C)(3)	11,025.	0.			GENERAL SUPPORT

SEMPRA EMPLOYEE GIVING NETWORK

Page 2

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

(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
-	(b) Number of recipients	(b) Number of recipients (c) Amount of cash grant	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash assistance (d) Amount of non-cash assistance (d) Amount of non-cash assistance (d) Amount of non-cash assistance (d) Amount of non-cash assistance (d) Amount of no	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Image:

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

PART I, LINE 2:

ORGANIZATIONS SELECTED FOR GRANTS ARE CONFIRMED TO BE VALID 501(C)(3)

ORGANIZATIONS ON THE IRS WEBSITE LISTING CHARITABLE ORGANIZATIONS.

SCHEDULE	0
(Form 990)	

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 71-0875246

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

SEMPRA EMPLOYEE GIVING NETWORK HAS THREE TYPES OF MEMBERS: THE STATUTORY

SEMPRA EMPLOYEE GIVING NETWORK

MEMBER HAS RIGHTS, POWERS AND DUTIES ACCORDING TO THE ORGANIZATION'S

BYLAWS, INCLUDING THE POWER TO APPROVE CERTAIN DECISIONS OF THE GOVERNING

BODY. ASSOCIATE MEMBERS HAVE NO VOTING RIGHTS.

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

AS THE STATUTORY MEMBER, SEMPRA HAS THE POWER TO ELECT OR APPOINT ONE OR

MORE MEMBERS OF THE GOVERNING BODY, AS DESCRIBED IN THE SEGN A&R BYLAWS.

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

A COPY OF FORM 990 IS SENT TO EACH BOARD MEMBER OF THE GOVERNING BODY. THE

TREASURER WILL SIGN THE FORM 990 FOR FILING.

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

OFFICERS AND DIRECTORS SIGN AN ANNUAL CERTIFICATION AGREEING TO REVIEW AND

COMPLY WITH THE CONFLICT OF INTEREST POLICY.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY AVAILABLE UPON REQUEST AT ITS OFFICE IN SAN DIEGO CA.

232161 09-14-22 LHA

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Name of the organization

Department of the Treasury Internal Revenue Service

SEMPRA EMPLOYEE GIVING NETWORK

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
SEMPRA FOUNDATION - 26-1325469							
488 8TH AVENUE							
SAN DIEGO, CA 92101	PRIVATE FOUNDATION	CALIFORNIA	501(C)(3)	PF			х
	-						
	-						
	-						

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

Schedule R (Form 990) 2022

OMB No. 1545-0047

2022 Open to Public

Employer identification number

71-0875246

Inspection

SCH	IEDULE R
/	

(Form 990)

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.

-	l	-					1			1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule	Gene	ral or F	Percentage ownership
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	part	iging her?	ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			1.00	1.10	,	1.00		
	1											
											-+	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(i contr	i) tion b)(13) rolled ity?
		country)						Yes	No
SEMPRA - 33-0732627									
488 8TH AVE, HQ-08N1									
SAN DIEGO, CA 92101	HOLDING COMPANY	CA		C CORP	0.	0.	.00%		х
	-								
	-								

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es I
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	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	11		
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SEMPRA	с	50,971.	FMV
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2022 SEMPRA EMPLOYEE GIVING NETWORK

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(r Disprotion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2022 SEMPRA Part VII Supplemental Information SEMPRA EMPLOYEE GIVING NETWORK Provide additional information for responses to questions on Schedule R. See instructions.