PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 118820

### Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change SEMPRA EMPLOYEE GIVING NETWORK Name change 71-0875246 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 488 8TH AVENUE HQ-08N1 (877) 696-4999 1,638,638. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SAN DIEGO, CA 92101 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JENI REYNOLDS for subordinates? ..... Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.SEMPRAEMPLOYEEGIVING.COM **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2002 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO ENCOURAGE ORGANIZE AND Governance FACILITATE SUPPORT OF COMMUNITY BASED CHARITABLE ORGANIZATIONS if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 0 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 10 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,594,361, 1,638,618. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0 Program service revenue (Part VIII, line 2g) 28 20. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0. 11 1,594,389 1,638,638. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,330,884. 1,515,956. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 60,920. 43,767. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,391,804. 1,559,723. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 202,585. 78,915. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 5 274.049 352,964. Total assets (Part X, line 16) 0 0 21 Total liabilities (Part X, line 26) 三年 274,049. 352,964. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KELLEN GILL, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature BRIAN YACKER BRIAN YACKER 11/11/22 P00401346 Paid Firm's name BAKER TILLY US, LLP 39-0859910 Preparer Firm's EIN ▶ Firm's address 18500 VON KARMAN AVE, 10TH FLOOR Use Only Phone no.949.222.2999 IRVINE, CA 92612

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Form	1990 (2021) SEMPRA EMPLOYEE GIVING NETWORK	71-0875246	Page 2
Pa	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		🖂
1	Briefly describe the organization's mission:		
-	SEGN WAS FORMED BY AND FOR EMPLOYEES OF THE SEMPRA ENERGY 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		
2		Vee	X No
	prior Form 990 or 990-EZ?	res	LA NO
_	If "Yes," describe these new services on Schedule O.		V
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? $\dots$	Yes	L <sup>X</sup> 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 m	easured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,515,956. including grants of \$ 1,515,956. ) (Revenue	\$	)
	SEMPRA ENERGY'S EMPLOYEE GIFT GIVING PROGRAM: CONTRIBUTIONS COLLECTED		
	ARE DISTRIBUTED TO VARIOUS CHARITABLE ORGANIZATIONS ON BEHALF OF SEMPRA		
	ENERGY EMPLOYEES.		
4b	(Code:) (Expenses \$		)
	7,1		′
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	•	)
70	(Code:) (Expenses 4	Ψ	
		,	
A -1	Other pregram continue (Decertine on Cohestate O.)		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ▶ 1,515,956.		000 /

# Form 990 (2021) SEMPRA EMPLOYEE GIPART IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
	If "Yes," complete Schedule A	1	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		,,
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
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	

Part IV   Checklist of Required Schedules (continued
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			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		х
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			
	, ,	23		x
240	Schedule J	23		<del></del>
<b>24</b> a	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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
_5	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		<del></del>
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			,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
UZ.	•	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
33		33		x
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
05	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2021) SEMPRA EMPLOYEE GIVING NETWORK

Part 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		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial 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?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		х
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
	• • • • • • • • • • • • • • • • • • • •			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	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		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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 (2021) SEMPRA EMPLOYEE GIVING NETWORK 71-0875246 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
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	8		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	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 990 was filed?			х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	Х	
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
	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 reached at the	0.0		
·	organization's mailing address? <i>If</i> "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 Revenue Code.)	1 -		
	(This occuping reguests information about policies not required by the internal nevertice dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	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 before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	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.	10.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	102		
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	)s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	, <b>,</b> )		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd 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 books and records			
	THE ORGANIZATION - (877) 696-4999			
	ARR RTH AVENUE HO_ORN1 SAN DIFCO CA 92101			

# Form 990 (2021)

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

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

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

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

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

Check this box if neither the organization n	organization compensate							irector, or trustee.		
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average		Positio (do not check more					Reportable	Reportable	Estimated
	hours per	box	box, unless person officer and a direct			erson is both an director/trustee)		compensation	compensation	amount of
	week	-	<u> </u>			T	T,	from	from related	other
	(list any hours for	lirect						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or (	tee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	100011120)	and related
	below	dual t	ntio na	_	oldm	st co	<u></u>	,		organizations
	line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) IAN STEWART	1.00									
CHAIR/DIRECTOR		Х		Х				0.	0.	0.
(2) AARON FRANZ	1.00									
VICE CHAIR/DIRECTOR		Х		Х				0.	0.	0.
(3) WILLIAM GARCIA	1.00									
VP/DIRECTOR		Х		Х				0.	0.	0.
(4) DIAMANTE CINTRON	1.00									
DIRECTOR		Х						0.	0.	0.
(5) IMAN GARRETT-PRICE	1.00	1								
DIRECTOR		Х						0.	0.	0.
(6) SHALA JACKSON	1.00	1								
DIRECTOR		Х						0.	0.	0.
(7) GAYLE MONTGOMERY	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JOSHUA WILLIAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KELLEN GILL	1.00									
TREASURER				Х				0.	0.	0.
(10) APRIL ROBINSON	1.00	1								
SECRETARY				Х				0.	0.	0.
		-								
		-								
		}								
		1								
		1								
		1								
			_		_					

Form 990 (2021) 132007 12-09-21

	990 (2021) SEMPRA EMPLOY									71-08	7524	6	Р	age 8
Part	Section A. Officers, Directors, 11us		oloy	ees,			ghes	t C		,			<b>(F)</b>	
	(A) Name and title	(B) Average hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	(D) Reportable compensation	(E) Reportable compensatio	n	an	(F) timate nount	of
		week (list any hours for related organizations below	tee or director	rustee			Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization: (W-2/1099-MIS 1099-NEC)	s	other compensati from the organizatic and relate organizatio		ation le tion ted
		line)	Individ	Institutional t	Officer	Key employee	Highes employ	Former				orga	ıı ıızaı	
1b \$	Subtotal	l						<u> </u>	0.		0.			0.
с	Total from continuation sheets to Part VI	, Section A						<b>•</b>	0.		0.			0.
	Fotal (add lines 1b and 1c)  Fotal number of individuals (including but n							o re		000 of reportable				0.
	compensation from the organization						,					ı		0
3 [	Did the organization list any <b>former</b> officer,	director truct	00 l	·0\/ 0	mnl	0.40	0.00	hic	shoot componented amp	lovos on	١		Yes	No
	ine 1a? If "Yes," complete Schedule J for s	-		•	•	•		_		•		3		х
4 F	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		•								4		Х
r	rendered to the organization? If "Yes." com	· ·				-			-			5		Х
	on B. Independent Contractors  Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	hat received more than \$	3100,000 of comp	ensat	ion fro	om	
	the organization. Report compensation for the											(C		
	Name and business	address	NO	NE					Description of s	ervices	С	ompei		n
	Total number of independent contractors (in \$100,000 of compensation from the organizers)	•	ot lin	nited	d to		se lis O	ted	above) who received me	ore than				

Form 990 (2021) **Part VIII** Statement of Revenue

		Check if Schedule O	conta	ins a resp	onse	or note to any lin	e in this Part VIII			
						,	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
40										300010113 0 12 0 14
nts	1 a									
Sra Iou	b									
S, (	С	Fundraising events								
를 a	d	Related organizations		1d		43,767.				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contr	ibutic	ons) <b>1e</b>						
r Si	f	All other contributions, gifts,	grants	s, and						
the		similar amounts not included	above	e 1f		1,594,851.				
Ę Ó	g	Noncash contributions included in	lines 1a	a-1f <b>1g</b>	\$					
Sa	h	Total. Add lines 1a-1f				<b>•</b>	1,638,618.			
<u> </u>						Business Code				
	2 a									
ij	z a b									
er ne										
n S	С									
Ja Se	d									
Program Service Revenue	е									
۵.	f	1 3								
	g	Total. Add lines 2a-2f				<b></b>				
	3	Investment income (include	ding d	lividends,	intere	st, and				
		other similar amounts)				<b>&gt;</b>	20.			20.
	4	Income from investment of	of tax-	exempt b	ond p	roceeds				
	5	Royalties	. <u></u>			<b>&gt;</b>				
				(i) Re		(ii) Personal				
	6 a	Gross rents	6a							
	b		6b							
	c		6c							
	d									
		Gross amount from sales of	′Г <sup></sup> Т	(i) Secu	rities	(ii) Other				
	<i>i</i> a			(i) Occur	itios	(ii) Otrici				
	_	assets other than inventory	7a							
	b	Less: cost or other basis								
ğ l		and sales expenses	7b							
Š		Gain or (loss)	7с							
æ	d	Net gain or (loss)				<b></b>				
ther Revenue	8 a	Gross income from fundraisi	-							
ð		including \$		of						
		contributions reported on	line 1	Ic). See						
		Part IV, line 18			8a					
	b	Less: direct expenses			- 1					
	С	Net income or (loss) from	fundr	aising eve	ents					
	9 a	Gross income from gamin	g act	ivities. Se	е					
		Part IV, line 19	-		- 1					
	h	Less: direct expenses								
		Net income or (loss) from								
		Gross sales of inventory, I			~ <u>~</u>					
	10 a				40-					
		and allowances								
		Less: cost of goods sold								
	С	Net income or (loss) from	sales	of invent	ory					
ω						Business Code				
Miscellaneous Revenue	11 a	·								
ane	b									
e Sel	С									
Ais. B	d	All other revenue								
_	е	Total. Add lines 11a-11d								
	12	Total revenue. See instruction	ns			<b>—</b>	1,638,638.	0.	0.	20.

	990 (2021) SEMPRA EMPLOYEE GI			71-08	75246 Page <b>10</b>
	on 501(c)(3) and 501(c)(4) organizations must compl		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons			, , ,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21	1,515,956.	1,515,956.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
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.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) PROCESSING FEES	43,767.		41,579.	2,188.

1,559,723.

1,515,956.

2,188.

41,579.

e All other expenses

**25** Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

b С d

# Form 990 (2021) Part X Balance Sheet

		Check if Schedule O contains a response or no	ote to any line in this Part X			
				<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		274,049.	2	352,964.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, subs				
		controlled entity or family member of any of the	· · · · · · · · · · · · · · · · · · ·		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describe			6	
w	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9				9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	Ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must eq		274,049.	16	352,964.
	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	David IV at Calcadi da D		21	
	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, sub-				
iig		controlled entity or family member of any of the	· ·		22	
<u>E</u>	23	Secured mortgages and notes payable to unre	-   -		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on line	•			
		·	, · · ·		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow FASB ASC 958, ch	eck here			
es		and complete lines 27, 28, 32, and 33.	Jen Here P			
Š	27				27	
3al	28	Net assets with donor restrictions			28	
Ē		Organizations that do not follow FASB ASC				
Ē		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds	,	0.	29	0.
ets	30	Paid-in or capital surplus, or land, building, or e		0.	30	0.
Ass	31	Retained earnings, endowment, accumulated i		274,049.	31	352,964.
Net Assets or Fund Balances	32	Total net assets or fund balances		274,049.	32	352,964.
Z	33	Total liabilities and net assets/fund balances		274,049.	33	352,964.
	-			•		

Form **990** (2021)

Pa	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,638,	638.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,559,72				
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
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			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10		352,	964.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		Х		
	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	audit,					
	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	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		За		Х		
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	<u></u>	3b				
			Form	990	(2021)		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** SEMPRA EMPLOYEE GIVING NETWORK 71-0875246 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,924,114.	1,726,051.	1,592,193.	1,594,361.	1,638,618.	8,475,337.
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	1,924,114.	1,726,051.	1,592,193.	1,594,361.	1,638,618.	8,475,337.
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.						8,475,337.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,924,114.	1,726,051.	1,592,193.	1,594,361.	1,638,618.	8,475,337.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	50.	37.	40.	28.	20.	175.
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	<b>Total support.</b> Add lines 7 through 10						8,475,512.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, fo	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor						<b>&gt;</b>
Sec	tion C. Computation of Publi	c Support Per	centage			Г	
	Public support percentage for 2021 (I					14	100.00 %
	Public support percentage from 2020					15	100.00 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on lii	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check this	s box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not cl	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	r more,
	and if the organization meets the fact	s-and-circumstance	es test, check this I	box and stop her	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pub	olicly supported or	ganization		▶□
b	10% -facts-and-circumstances test	- <b>2020.</b> If the orga	anization did not cl	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and sto	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu		-		• • •		▶∐
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	, check this box a	nd see instructions	<b>_</b>

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did n	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ition	<b>&gt;</b>
k	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

Page 4

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.
- 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")? |f "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?
- 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).
- 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
С	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove 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.	1		
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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		—
000	tion 6. Type it oupporting organizations		V	NI-
4	Ware a majority of the erganization's directors or trustees during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).	ıs).		
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.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	inatu iatia m		
2	Activities Test. Answer lines 2a and 2b below.	rinstruction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b	i l	ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
•	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see
	inate actional	, 5	5 9-	`

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continue)</sub>	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose		3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pr		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	he organization is responsive			
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		-	10	
Section	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
	Underdistributions, if any, for years prior to 2021 (reason-			$\neg$	
_	able cause required - explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years			$\neg$	
	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
÷	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
•	line 7: \$				
a	Applied to underdistributions of prior years			$\neg$	
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if				
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
_	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
_					

Schedule A (Form 990) 2021

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

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

2021

Schedule B (Form 990) (2021)

Employer identification number

SEN	MPRA EMPLOYEE GIVING NETWORK	71-0875246
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	le. See instructions.  g \$5,000 or more (in money or stotal contributions.  test of the regulations under and that received from any one Form 990, Part VIII, line 1h;  any one cientific, entering  any one contributor, during the more than \$1,000. If this box as, charitable, etc., received nonexclusively
	501(c)(3) taxable private foundation	
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
General Rule		
derier di Tidio		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	· · · · · · · · · · · · · · · · · · ·
Special Rules		
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Figure 1. Complete Parts I and II.	d that received from any one
For an organization	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	any one
	the year, total contributions of more than \$1,000 exclusively for religious, charitable, sci	
•	onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (ei ) instead of the contributor name and address), II, and III.	ntering
WA III COIGIIII (D	instead of the contributor hame and address, ii, and iii.	
	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	,
•	exclusively for religious, charitable, etc., purposes, but no such contributions totaled mo	
	nere the total contributions that were received during the year for an exclusively religious replete any of the parts unless the <b>General Rule</b> applies to this organization because it r	
	e, etc., contributions totaling \$5,000 or more during the year	,
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	• •

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

Name of organization

Employer identification number

SEMPRA EMPLOYEE GIVING NETWORK

71-0875246

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(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 noncash contributions.

Name of organization

Employer identification number

SEMPRA EMPLOYEE GIVING NETWORK

71-0875246

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(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

Name of organization **Employer identification number** SEMPRA EMPLOYEE GIVING NETWORK 71 - 0875246Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** 71-0875246 SEMPRA EMPLOYEE GIVING NETWORK Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 1 criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) ALZHEIMERS SAN DIEGO 6632 CONVOY COURT 47-5534541 501(C)(3) SAN DIEGO, CA 92111 26,418. 0 GENERAL SUPPORT AMERICAN CANCER SOCIETY-GLOBAL HEADOUARTERS - 250 WILLIAMS ST. NW STE 6000 - ATLANTA, GA 30303 13-1788491 501(C)(3) 0. GENERAL SUPPORT 14,960 AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR #900, #900 13-1623888 501(C)(3) ARLINGTON, VA 22202 9.892 0 GENERAL SUPPORT AMERICAN HEART ASSOCIATION INC. 7272 GREENVILLE AVENUE 13-5613797 501(C)(3) GENERAL SUPPORT DALLAS TX 75231-4596 5 984 0. AMERICAN LEBANESE SYRIAN ASSOC CHAR INC - 501 SAINT JUDE PL -MEMPHIS TN 38105 35-1044585 501(C)(3) 0. GENERAL SUPPORT 19 404 AMERICAN NATIONAL RED CROSS 101 STATION LANDING, SUITE 510 MEDFORD MA 02155 53-0196605 501(C)(3) 10 642 0 GENERAL SUPPORT 54. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0. Enter total number of other organizations listed in the line 1 table

Part II Continuation of Grants and Othe	r Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	т и;
(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
ARMENIA FUND INC							
111 N JACKSON ST STE 205							
GLENDALE, CA 91206	95-4485698	501(C)(3)	5,865.	0.			GENERAL SUPPORT
ASPCA							
424 E 92ND ST							
NEW YORK, NY 10128	13-1623829	501(C)(3)	10,258.	0.			GENERAL SUPPORT
,			, ,				
BURN INSTITUTE							
8825 AERO DRIVE, SUITE 200							
SAN DIEGO, CA 92123	23-7260718	501(C)(3)	20,853.	0.			GENERAL SUPPORT
CAMPANTI E BOUNDABTON							
CAMPANILE FOUNDATION 5250 CAMPANILE DRIVE							
SAN DIEGO, CA 92182	33-0868418	501(C)(3)	6,387.	0.			GENERAL SUPPORT
	33 0000410	301(0)(3)	0,307.	0.			CHARLES BOTTOKT
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)	13,952.	0.			GENERAL SUPPORT
	30 2030377		10,502.	9.			
CHILDRENS HUNGER FUND							
13931 BALBOA BLVD							
SYLMAR, CA 91342	95-4335462	501(C)(3)	6,231.	0.			GENERAL SUPPORT
CHRISTS CHURCH OF THE VALLEY							
1404 W COVINA BLVD.	05 600605	E01/a)/2)	11.05:	_			
SAN DIMAS, CA 91773	95-6006335	DOT(C)(3)	11,054.	0.			GENERAL SUPPORT

Assistance to Dor	nectic Organizations	and Domostic Co		adula I (Farm 000) Da	-4 II \	
Toolotailoo to Bol	nestic Organizations	and Domestic Go	vernments (Sche	edule i (Form 990), Pa	rt II.)	
(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
95-3435919	501(C)(3)	10 489.	0.			GENERAL SUPPORT
M 						
13-1930701	501(C)(3)	6,542.	0.			GENERAL SUPPORT
13-3433452	501(C)(3)	5,485.	0.			GENERAL SUPPORT
33-0565679	501(C)(3)	13,570.	0.			GENERAL SUPPORT
06.0455455	504 ( 7 ) ( 2 )	20.500				
26-0457477	501(C)(3)	39,602.	0.			GENERAL SUPPORT
95_1660359	501(C)(3)	12 500	0			GENERAL SUPPORT
73-1000338	301(0)(3)	12,300.	0.			GENERAL BUFFORT
95-3188150	501(C)(3)	5 118	0			GENERAL SUPPORT
		-,220.				
	501(C)(3)	37.987.	0.			GENERAL SUPPORT
		, ,				
	i e e e e e e e e e e e e e e e e e e e	1	1		i	I
	95-3435919 N 13-1930701 13-3433452 33-0565679 26-0457477 95-1660358	95-3435919 501(C)(3)  13-1930701 501(C)(3)  13-3433452 501(C)(3)  33-0565679 501(C)(3)  26-0457477 501(C)(3)  95-1660358 501(C)(3)	95-3435919 501(C)(3) 10,489.  13-1930701 501(C)(3) 6,542.  13-3433452 501(C)(3) 5,485.  33-0565679 501(C)(3) 13,570.  26-0457477 501(C)(3) 39,602.  95-1660358 501(C)(3) 12,500.	### gapplicable   Cash grant   noncash assistance    95-3435919   501(C)(3)   10,489.   0.  13-1930701   501(C)(3)   6,542.   0.  13-3433452   501(C)(3)   5,485.   0.  33-0565679   501(C)(3)   13,570.   0.  26-0457477   501(C)(3)   39,602.   0.  95-1660358   501(C)(3)   12,500.   0.  95-3188150   501(C)(3)   5,118.   0.	if applicable cash grant noncash assistance valuation (book, FMV, appraisal, other)  95-3435919 501(C)(3)	if applicable cash grant noncash assistance (book, FMV, appraisal, other) non-cash assistance 95-3435919 501(C)(3) 10,489. 0. 13-1930701 501(C)(3) 6,542. 0. 13-3433452 501(C)(3) 5,485. 0. 33-0565679 501(C)(3) 13,570. 0. 26-0457477 501(C)(3) 39,602. 0. 95-1660358 501(C)(3) 12,500. 0. 95-3188150 501(C)(3) 5,118. 0.

Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ug
(a) Name and address of organization or government	<b>(b)</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
LIFEBRIDGE CHURCH							
17645 W BERNARDO DR							
SAN DIEGO, CA 92127-1134	95-3144968	501(C)(3)	12,400.	0.			GENERAL SUPPORT
LIGHTHOUSE BAPTIST TEMPLE SAN							
DIEGO CALIFORNIA - 1345 SKYLINE DR							
- LEMON GROVE, CA 91945-4447	95-3126325	501(C)(3)	7,800.	0.			GENERAL SUPPORT
LOS ANGELES REGIONAL FOOD BANK							
1734 E 41ST STREET							
LOS ANGELES, CA 90058	95-3135649	501(C)(3)	25,994.	0.			GENERAL SUPPORT
MAKE A WIGH GAN DIEGO							
MAKE-A-WISH SAN DIEGO 2440 HOTEL CIRCLE N #200							
SAN DIEGO, CA 92108	33-0039466	501(C)(3)	5,327.	0.			GENERAL SUPPORT
			,,,,,	••			
MIDNIGHT MISSION							
601 S SAN PEDRO ST							
LOS ANGELES, CA 90014	95-1691293	501(C)(3)	7,059.	0.			GENERAL SUPPORT
MONARCH SCHOOL							
1625 NEWTON AVENUE							
SAN DIEGO, CA 92113	33-0871354	501(C)(3)	7,582.	0.			GENERAL SUPPORT
MORNINGSTAR CHRISTIAN CHAPEL							
16241 LEFFINGWELL RD	05 0004400	504 (5) (2)					
WHITTIER, CA 90603-3215	95-3981182	501(C)(3)	7,300.	0.			GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS							
SOCIETY - 733 THIRD AVENUE, 3RD							
FLOOR - NEW YORK, NY 10017	13-5661935	501(C)(3)	5,203.	0.			GENERAL SUPPORT
NORTH COAST CHURCH							
2405 N SANTA FE AVE	95-3265364	F01/G\/3\	0.705	_			CENEDAL GUDDODA
VISTA, CA 92084-1651	33-3203304	DOT(C)(2)	9,705.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</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
PEDAL THE CAUSE - SAN DIEGO							
2445 5TH AVE, SUITE 402							
SAN DIEGO, CA 92101	46-0552414	501(C)(3)	7,268.	0.			GENERAL SUPPORT
•			1				
POLYTECHNIC SCHOOL							
1030 E. CALIFORNIA BLVD.							
PASADENA, CA 91106	95-1641456	501(C)(3)	5,200.	0.			GENERAL SUPPORT
PROMISES2KIDS							
9400 RUFFIN COURT, SUITE A				_			
SAN DIEGO, CA 92123	95-3655288	501(C)(3)	5,285.	0.			GENERAL SUPPORT
RADY CHILDRENS HOSPITAL							
FOUNDATION- SAN DIEGO - 3020							
CHILDRENS WAY MC 5005 - SAN DIEGO, CA 92123	33-0170626	E01/C\/2\	14,381.	0.			GENERAL SUPPORT
CA 92123	33-01/0020	501(C)(3)	14,361.	0.			GENERAL SUPPORT
RADY CHILDRENS HOSPITAL-SAN DIEGO							
3020 CHILDRENS WAY MC 5005							
SAN DIEGO, CA 92123	95-1691313	501(C)(3)	5,562.	0.			GENERAL SUPPORT
,			1				
RHYTHM CHURCH INC							
30840 HAWTHORNE BLVD							
RANCHO PALOS VERDES, CA 90275	83-4429630	501(C)(3)	7,200.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF							
SAN DIEGO, INC 2929 CHILDRENS							
WAY - SAN DIEGO, CA 92123	95-3251490	501(C)(3)	22,403.	0.			GENERAL SUPPORT
any panga anympa							
SAN DIEGO CENTER FOR CHILDREN							
3002 ARMSTRONG STREET	05 1661000	E01/G)/3)	6 100	_			GENERAL GURRORM
SAN DIEGO, CA 92111	95-1661089	DOT(C)(3)	6,108.	0.			GENERAL SUPPORT
SAN DIEGO HUMANE SOCIETY							
5500 GAINES ST							
SAN DIEGO, CA 92110	95-1661688	501(C)(3)	17,320.	0.			GENERAL SUPPORT
, — — ·		1			L	L	Schodulo I /Forr

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ray
(a) Name and address of organization or government	<b>(b)</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
SAN DIEGO LESBIAN GAY BISEXUAL AND							
TRANSGENDER COMMUNITY CENTER - PO							
BOX 3357 - SAN DIEGO, CA 92163	23-7332048	501(C)(3)	7,524.	0.			GENERAL SUPPORT
,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SAN DIEGO RESCUE MISSION							
PO BOX 80427							
SAN DIEGO, CA 92138	95-1874073	501(C)(3)	9,977.	0.			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH							
HOSPITAL - 501 ST. JUDE PLACE -							
MEMPHIS, TN 38105	62-0646012	501(C)(3)	23,609.	0.			GENERAL SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY,							
INC 3 INTERNATIONAL DRIVE,	12 5644016	E01/G\/3\	45.050	0			GENERAL GURRORE
SUITE 200 - RYE BROOK, NY 10573	13-5644916	501(C)(3)	45,859.	0.			GENERAL SUPPORT
THE SALVATION ARMY							
180 E OCEAN BLVD 4TH FLOOR CRD							
LONG BEACH, CA 90802	94-1156347	501(C)(3)	6,939.	0.			GENERAL SUPPORT
,			1	-			
TORREY PINES CHRISTIAN CHURCH							
8320 LA JOLLA SCENIC DR N							
LA JOLLA, CA 92037-2219	95-2219569	501(C)(3)	5,200.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER LOS ANGELES							
1150 S OLIVE ST STE T500							
LOS ANGELES, CA 90015	95-2274801	501(C)(3)	28,163.	0.			GENERAL SUPPORT
MIGHA AGGEMELY OF SOC							
VISTA ASSEMBLY OF GOD							
290 N MELROSE DR	05 2212027	E01/a)/3)	7 900	0			GENERAL GURRORE
VISTA, CA 92083-5724	95-2312927	DOT(C)(2)	7,800.	0.			GENERAL SUPPORT
VOICES FOR CHILDREN							
2851 MEADOW LARK DRIVE, JUVENILE CO							
SAN DIEGO, CA 92123	95-3786047	501(C)(3)	9,040.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ı age
(a) Name and address of organization or government	<b>(b)</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
WATCH TOWER BIBLE AND TRACT							
SOCIETY OF PENNSYLVANIA - 25							
COLUMBIA HTS - BROOKLYN, NY 11201	11-1857820	501(C)(3)	8,305.	0.			GENERAL SUPPORT
WATCHTOWER BIBLE AND TRACT SOCIETY							
OF NEW YORK INC - 900 RED MILLS RD							
- WALLKILL, NY 12589	11-1753577	501(C)(3)	29,648.	0.			GENERAL SUPPORT
MOUNDED WARD OR DEGIT ING							
WOUNDED WARRIOR PROJECT INC PO BOX 758517							
TOPEKA, KS 66675	20-2370934	501(C)(3)	8,889.	0.			GENERAL SUPPORT
,			,				
			I				Only about 1/Farms 00

71-0875246 Page **2** 

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV   Supplemental Information. Provide the information re-	uired in Part I, lin	e 2; Part III, column	h (b); and any other ac	Iditional information.	
ART I, LINE 2:			•		
GANIZATIONS SELECTED FOR GRANTS ARE CONFIRMED TO	D RE VALITO 501	(C)(3)			
GANIZATIONS ON THE IRS WEBSITE LISTING CHARITABI					

## **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SEMPRA EMPLOYEE GIVING NETWORK

**Employer identification number** 71-0875246

FORM 990, PART VI, SECTION A, LINE 6:
SEMPRA EMPLOYEE GIVING NETWORK HAS THREE TYPES OF MEMBERS: THE STATUTORY
MEMBER HAS RIGHTS, POWERS AND DUTIES ACCORDING TO THE ORGANIZATION'S
BYLAWS, INCLUDING THE POWER TO APPROVE CERTAIN DECISIONS OF THE GOVERNING
BODY. CONTRIBUTING MEMBERS HAVE THE RIGHT TO VOTE ON THE ELECTION OF
MEMBERS OF THE LOCAL BOARD TO WHICH THEY ARE ASSIGNED BY THE NATIONAL
BOARD, ASSOCIATE MEMBERS HAVE NO VOTING RIGHTS.
FORM 990, PART VI, SECTION A, LINE 7A:
ALL VOTING MEMBERS OF THE SEMPRA EMPLOYEE GIVING NETWORK HAVE THE RIGHT TO
ELECT LOCAL ADVISORY COUNCIL MEMBERS IN THEIR CHAPTERS.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE COMPLETED FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE FOR
REVIEW AND APPROVAL. ONCE APPROVED, A COPY 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.

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

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

71-0875246

(a)	(b)	(c)	(d)	(e		1	(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea	ar assets	1	controlling ntity	g
Part II Identification of Related Tax-Exempt Orgonizations during the tax year.	ganizations. Complete if the organizati	ion answered "Yes" on Form 990	D, Part IV, line 34,	l because it had on	e or more	related tax-exe	mpt	
(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) ct controlling entity	cont	g) 512(b)(13) crolled tity?
		, or origin occurrity,		501(c)(3))			Yes	No
EMPRA FOUNDATION - 26-1325469 88 8TH AVENUE AN DIEGO, CA 92101	PRIVATE FOUNDATION	CALIFORNIA	501(C)(3)	PF				х
,								

SEMPRA EMPLOYEE GIVING NETWORK

		0 11 10 1	"'' " " " " " " " " " " " " " " " " " "	D 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
n	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990.	Part IV. line 34. b	ecause it had one or	more related
				,,		
	organizations treated as a partnership during the tax year.					
	organizations troated as a partitoronip during the tax year.					

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	the come share of total income income and of share of end-of-year assets (h) (i) (i) (i) (i) (i) (i) (i) (i) (i) (i		Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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

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

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

Х

Yes No

Part V 7	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 34	, 35b, or 36.
----------	--	---------------------------------------	------------------	---------------------	---------------

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		Х				
С	Gift, grant, or capital contribution from related organization(s)				1c	Х					
					1d		Х				
е	Loans or loan guarantees by related organization(s)				1e		Х				
f	Dividends from related organization(s)				1f		Х				
	Sale of assets to related organization(s)				<b>1</b> g		Х				
h	Purchase of assets from related organization(s)				1h		Х				
i	Exchange of assets with related organization(s)				1i		Х				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
	Lease of facilities, equipment, or other assets from related organization(s)				1k 1l		<u>x</u>				
Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
0	Sharing of paid employees with related organization(s)				10		X				
_	Deirelt was an ant a sid to valet ad a vanishtica (a) for a vanish				4		Х				
p	Reimbursement paid to related organization(s) for expenses				1p		<u>x</u>				
q	Reimbursement paid by related organization(s) for expenses				1q						
_	Other transfer of each or property to related eventilation(a)				4		х				
	Other transfer of cash or property to related organization(s)  Other transfer of cash or property from related organization(s)				1r 1s		<u>x</u>				
	If the answer to any of the above is "Yes," see the instructions for information on wh				15						
	·	(b)	(c)	(d)							
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved						
		type (a-s)									
(1)											
(2)											
<b>'</b> 0\											
(3)											
(A)											
(4)											
(5)											
( <i>U</i> )											
(6)											
	11-17-21		1	Schedule	R (Forr	n 990)	2021				
					•	-,					

Schedule R (Form 990) 2021 SEMPRA EMPLOYEE GIVING NETWORK 71-0875246 Page 4

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)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) Percentage ownership

132165 11-17-21 Schedule R (Form 990) 2021