

# Return of Organization Exempt From Income Tax

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> SEMPRA EMPLOYEE GIVING NETWORK			<b>D Employer identification number</b> 71-0875246	
	Doing business as			<b>E Telephone number</b> (877) 696-4999	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 488 8TH AVENUE, HQ-08N1				
	City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92101-7123			<b>G Gross receipts \$</b> 1,695,999.	
<b>F Name and address of principal officer:</b> FRANCISCO URTASUN 488 8TH AVENUE, HQ-08N1 SAN DIEGO, CA 92101-7123			<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J Website:</b> ▶ WWW.SEMPRAEMPLOYEEGIVING.ORG					
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
				<b>L Year of formation:</b> 2002	
				<b>M State of legal domicile:</b> CA	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEGN'S PRIMARY PURPOSE IS TO ENCOURAGE, ORGANIZE, &amp; FACILITATE SUPPORT OF COMMUNITY BASED CHARITABLE ORGANIZATIONS ON THE PART OF SEMPRA ENERGY &amp; SUBS' EMPLOYEES.</u>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10.
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	0.
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	17.
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b>	Contributions and grants (Part VIII, line 1h)	1,503,147.	1,695,949.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52.	50.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,503,199.	1,695,999.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,581,720.	1,731,730.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	0.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,581,720.	1,731,730.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-78,521.	-35,731.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16)	542,764.	559,132.
	<b>21</b>	Total liabilities (Part X, line 26)	0.	0.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20.	542,764.	559,132.	

**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.

<b>Sign Here</b>	Signature of officer FRANCISCO URTASUN		Date CHAIRPERSON		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.**

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

SEGN'S PRIMARY PURPOSE IS TO ENCOURAGE, ORGANIZE, AND FACILITATE THE SUPPORT OF COMMUNITY-BASED CHARITABLE ORGANIZATIONS ON THE PART OF SEMPra ENERGY & SUBSIDIARIES' EMPLOYEES.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured 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, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 1,731,730. including grants of \$ 1,731,730. ) (Revenue \$ )

SEMPRA EMPLOYEE GIVING NETWORK IS SEMPra ENERGY'S EMPLOYEE GIFT GIVING PROGRAM. CONTRIBUTIONS COLLECTED ARE DISTRIBUTED TO VARIOUS CHARITABLE ORGANIZATIONS ON BEHALF OF SEMPra ENERGY EMPLOYEES.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 1,731,730.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 with various questions about organizational activities and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i> . . . . .		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:▶

FRANCISCO URTASUN 488 8TH AVENUE, HQ-08N1 SAN DIEGO, CA 92101-7123 877-696-4999

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VAUGHN WILLIAMS DIRECTOR	1.00 40.00	X						0.	0.	0.
(2) MARK NELSON DIRECTOR	1.00 40.00	X						0.	0.	0.
(3) KATHLEEN CORBIN TEORA DIRECTOR	1.00 40.00	X						0.	0.	0.
(4) CHRIS STILLE DIRECTOR	1.00 40.00	X						0.	0.	0.
(5) ARTURO ROMERO DIRECTOR	1.00 40.00	X						0.	0.	0.
(6) KAZEEM OMIDIJI DIRECTOR	1.00 40.00	X						0.	0.	0.
(7) BERYL BRYANT DIRECTOR	1.00 40.00	X						0.	0.	0.
(8) DAN HOWARD DIRECTOR	1.00 40.00	X						0.	0.	0.
(9) ANGELA FENTIMAN DIRECTOR	1.00 40.00	X						0.	0.	0.
(10) MELODY MCCULLOUGH DIRECTOR	1.00 40.00	X						0.	0.	0.
(11) SHANNON SWEAT DIRECTOR	1.00 40.00	X						0.	0.	0.
(12) RALPH ALVARADO DIRECTOR	1.00 40.00	X						0.	0.	0.
(13) AARON FRANZ DIRECTOR	1.00 40.00	X						0.	0.	0.
(14) FRANCISCO J URTASUN CHAIRPERSON	1.00 40.00			X				0.	0.	0.





Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts (1a-1f), Program Service Revenue (2a-2f), and Other Revenue (3-12).

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,676,287.	1,676,287.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	55,443.	55,443.		
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	0.			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	0.			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
<b>9</b> Other employee benefits . . . . .	0.			
<b>10</b> Payroll taxes . . . . .	0.			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	0.			
<b>c</b> Accounting . . . . .	0.			
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0.			
<b>f</b> Investment management fees . . . . .	0.			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	0.			
<b>12</b> Advertising and promotion . . . . .	0.			
<b>13</b> Office expenses . . . . .	0.			
<b>14</b> Information technology . . . . .	0.			
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	0.			
<b>17</b> Travel . . . . .	0.			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	0.			
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	0.			
<b>23</b> Insurance . . . . .	0.			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> -----				
<b>b</b> -----				
<b>c</b> -----				
<b>d</b> -----				
<b>e</b> All other expenses -----				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	1,731,730.	1,731,730.		
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments . . . . .	542,764.	<b>2</b>	559,132.
	<b>3</b> Pledges and grants receivable, net . . . . .	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net . . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0.	<b>9</b>	0.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .		<b>10a</b>	
	<b>b</b> Less: accumulated depreciation . . . . .	0.	<b>10c</b>	0.
	<b>11</b> Investments - publicly traded securities . . . . .	0.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	542,764.	<b>16</b>	559,132.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	0.	<b>17</b>	0.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	0.	<b>26</b>	0.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0.	<b>30</b>	0.
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0.	<b>31</b>	0.
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	542,764.	<b>32</b>	559,132.
<b>33</b> Total net assets or fund balances . . . . .	542,764.	<b>33</b>	559,132.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	542,764.	<b>34</b>	559,132.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,695,999.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,731,730.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-35,731.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	542,764.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	0.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	52,099.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	559,132.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		
<b>3a</b>		X
<b>3b</b>		

Form **990** (2015)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization SEMPRA EMPLOYEE GIVING NETWORK	Employer identification number 71-0875246
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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: \_\_\_\_\_
- 5  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)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) N/A					0.	0.
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2015

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.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (100.00%); 15 Public support percentage from 2014 Schedule A (99.99%); 16a 33 1/3% support test - 2015 (checked); 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2015, 2014. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2015, 2014. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SEMPRA EMPLOYEE GIVING NETWORK

Employer identification number

71-0875246

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SOUTH ASIA			GRANTMAKING	DISASTER RELIEF	55,443.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					55,443.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					55,443.

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

Schedule F (Form 990) 2015

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	DISASTER REL	10,443.	CHECK		N/A	
(2)			SOUTH ASIA	DISASTER REL	45,000.	CHECK		N/A	
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . **2.**

3 Enter total number of other organizations or entities. . . . . **2.**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No

**Part V** **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SEMPRA EMPLOYEE GIVING NETWORK

Employer identification number

71-0875246

**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 criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> WATCHTOWER BIBLE AND TRACT SOCIETY OF NY 25 COLUMBIA HTS BROOKLYN, NY 11201-1300	11-1753577	501(C)(3)	66,525.			N/A	GENERAL SUPPORT
<b>(2)</b> AMERICAN HEART ASSOCIATION INC 9404 GENESEE AVE LA JOLLA, CA 92037	13-5613797	501(C)(3)	10,087.			N/A	GENERAL SUPPORT
<b>(3)</b> AMERICAN CANCER SOCIETY INC 3333 WILSHIRE BLVD LOS ANGELES, CA 90010	23-7040934	501(C)(3)	12,389.			N/A	GENERAL SUPPORT
<b>(4)</b> CYSTIC FIBROSIS FOUNDATION 2150 TOWNE CENTER PL ANAHEIM, CA 92806	95-6219308	501(C)(3)	9,550.			N/A	GENERAL SUPPORT
<b>(5)</b> ST. VINCENT DE PAUL VILLAGE 3350 E STREET SAN DIEGO, CA 92102-3332	33-0492302	501(C)(3)	7,035.			N/A	GENERAL SUPPORT
<b>(6)</b> FEEDING AMERICA SAN DIEGO 9455 WAPLES ST, STE 135 SAN DIEGO, CA 92121	26-0457477	501(C)(3)	9,475.			N/A	GENERAL SUPPORT
<b>(7)</b> AMERICAN NATIONAL RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	12,257.			N/A	GENERAL SUPPORT
<b>(8)</b> UNITED WAY OF SOUTHWEST ALABAMA INC POST OFFICE DRAWER 89 MOBILE, AL 36601-0089	63-0351568	501(C)(3)	10,250.			N/A	GENERAL SUPPORT
<b>(9)</b> SALVATION ARMY 180 E. OCEAN BLVD. LONG BEACH, CA 90802	94-1156347	501(C)(3)	14,523.			N/A	GENERAL SUPPORT
<b>(10)</b> AMERICAN CANCER SOCIETY INC 2655 CAMINO DEL RIO N SAN DIEGO, CA 92108	94-1170350	501(C)(3)	5,575.			N/A	GENERAL SUPPORT
<b>(11)</b> ST. THERESE CATHOLIC CHURCH 6016 CAMINO RICO SAN DIEGO, CA 92120	95-1644613	501(C)(3)	11,151.			N/A	GENERAL SUPPORT
<b>(12)</b> MIDNIGHT MISSION 601 S SAN PEDRO ST LOS ANGELES, CA 90014	95-1691293	501(C)(3)	26,958.			N/A	GENERAL SUPPORT

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SEMPRA EMPLOYEE GIVING NETWORK

Employer identification number

71-0875246

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) YMCA OF SAN DIEGO COUNTY 3708 RUFFIN RD SAN DIEGO, CA 92123	95-2039198	501(C)(3)	8,125.			N/A	GENERAL SUPPORT
(2) UNITED WAY INC 1150 S. OLIVE ST. LOS ANGELES, CA 90015	95-2274801	501(C)(3)	34,157.			N/A	GENERAL SUPPORT
(3) NATIONAL MULTIPLE SCLEROSIS SOCIETY 12121 SCRIPPS SUMMIT DR. SD, CA 92131	95-2633200	501(C)(3)	23,107.			N/A	GENERAL SUPPORT
(4) NATIONAL FOUNDATION FOR AUTISM RESEARCH PO BOX 502177 SAN DIEGO, CA 92150	20-0538863	501(C)(3)	6,771.			N/A	GENERAL SUPPORT
(5) CITY OF HOPE 1500 E. DUARTE RD. DUARTE, CA 91010	95-3435919	501(C)(3)	17,979.			N/A	GENERAL SUPPORT
(6) RADY CHILDRENS HOSPITAL AND HEALTH CNTR 3020 CHILDRENS WAY SAN DIEGO, CA 92123	95-3545901	501(C)(3)	7,296.			N/A	GENERAL SUPPORT
(7) SPECIAL OLYMPICS SOUTHERN CALIFORNIA INC 10977 SD MISSION RD SAN DIEGO, CA 92108	95-4538450	501(C)(3)	11,457.			N/A	GENERAL SUPPORT
(8) OTHER CASH GRANTS LESS THAN OR EQUAL TO \$5K VARIOUS		501(C)(3)	704,450.			N/A	GENERAL SUPPORT
(9) LEUKEMIA & LYMPHOMA SOCIETY INC 6033 W CENTURY BLVD LOS ANGELES, CA 90045	13-5644916	501(C)(3)	59,164.			N/A	GENERAL SUPPORT
(10) MAMA'S KITCHEN 3960 HOME AVENUE SAN DIEGO, CA 92105	33-0434246	501(C)(3)	9,581.			N/A	GENERAL SUPPORT
(11) AMERICAN DIABETES ASSOCIATION INC 611 WILSHIRE BLVD. LOS ANGELES, CA 90017	13-1623888	501(C)(3)	13,947.			N/A	GENERAL SUPPORT
(12) CAMPANILE FOUNDATION 5500 CAMPANILE DR. SAN DIEGO, CA 92182	33-0868418	501(C)(3)	14,050.			N/A	GENERAL SUPPORT

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SEMPRA EMPLOYEE GIVING NETWORK

Employer identification number

71-0875246

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CHILDRENS HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	95-1690977	501(C)(3)	9,860.			N/A	GENERAL SUPPORT
<b>(2)</b> SOLDIERS ANGELS 2700 NE LOOP 410, STE 310 ANTONIO, TX 78217	20-0583415	501(C)(3)	20,425.			N/A	GENERAL SUPPORT
<b>(3)</b> ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 SAINT JUDE PL. MEMPHIS, TN 38105	62-0646012	501(C)(3)	22,360.			N/A	GENERAL SUPPORT
<b>(4)</b> SAN DIEGO HUMANE SOCIETY & SPCA 5500 GAINES ST. SAN DIEGO, CA 92110	95-1661688	501(C)(3)	15,965.			N/A	GENERAL SUPPORT
<b>(5)</b> AMERICAN LUNG ASSOCIATION 2020 CAMINO DEL RIO N SAN DIEGO, CA 92108	94-0362650	501(C)(3)	29,073.			N/A	GENERAL SUPPORT
<b>(6)</b> ASPCA 424 EAST 92ND STREET NEW YORK, NY 10128	13-1623829	501(C)(3)	15,424.			N/A	GENERAL SUPPORT
<b>(7)</b> ALZHEIMERS DISEASE AND RELATED DISORDERS AS 6632 CONVOY COURT SAN DIEGO, CA 92111	95-3565388	501(C)(3)	37,556.			N/A	GENERAL SUPPORT
<b>(8)</b> SAN DIEGO LGBT COMMUNITY CENTER PO BOX 3357 SAN DIEGO, CA 92163	23-7332048	501(C)(3)	23,308.			N/A	GENERAL SUPPORT
<b>(9)</b> SAN DIEGO COUNCIL OF THE NAVY LEAGUE 2115 PARK BLVD SAN DIEGO, CA 92101	95-3864195	501(C)(3)	33,075.			N/A	GENERAL SUPPORT
<b>(10)</b> WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	18,967.			N/A	GENERAL SUPPORT
<b>(11)</b> SUSAN G KOMEN BREAST CANCER FOUNDATION 4699 MURPHY CANYON RD SAN DIEGO, CA 92123	33-0638911	501(C)(3)	19,047.			N/A	GENERAL SUPPORT
<b>(12)</b> CATHOLIC CHARITIES OF THE DIOCESE OF SD 349 CEDAR STREET SAN DIEGO, CA 92101	23-7334012	501(C)(3)	6,620.			N/A	GENERAL SUPPORT

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

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

Schedule I (Form 990) (2015)



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SEMPRA EMPLOYEE GIVING NETWORK

Employer identification number

71-0875246

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> JUNIOR ACHIEVEMENT OF SAN DIEGO & IMPERIAL 4756 MISSION GORGE PL SAN DIEGO, CA 92120	95-1727087	501(C)(3)	12,651.			N/A	GENERAL SUPPORT
<b>(2)</b> WOODLAND PARK BIBLE CHURCH 1093 ROCK SPRINGS RD SAN MARCOS, CA 92069	95-2976578	501(C)(3)	5,720.			N/A	GENERAL SUPPORT
<b>(3)</b> ST STEPHEN MARTYR CATHOLIC CHURCH 320 W GARVEY AVE MONTEREY PARK, CA 91754	95-1643363	501(C)(3)	6,100.			N/A	GENERAL SUPPORT
<b>(4)</b> AMERICAN CANCER SOCIETY 2655 CAMINO DEL RIO N SAN DIEGO, CA 92108	13-1788491	501(C)(3)	21,675.			N/A	GENERAL SUPPORT
<b>(5)</b> MOTHERS AGAINST DRUNK DRIVING 18726 S WESTERN AVE GARDENA, CA 90248	94-2707273	501(C)(3)	6,578.			N/A	GENERAL SUPPORT
<b>(6)</b> BURN INSTITUTE 8825 AERO DR STE 200 SAN DIEGO, CA 92123	23-7260718	501(C)(3)	36,745.			N/A	GENERAL SUPPORT
<b>(7)</b> SAN DIEGO CENTER FOR CHILDREN 3002 ARMSTRONG ST SAN DIEGO, CA 92111	95-1661089	501(C)(3)	5,750.			N/A	GENERAL SUPPORT
<b>(8)</b> TEMPLO DEL EVANGELIO DE LAS ASAMBLEAS DE DI PO BOX 96 PERRIS, CA 92572	43-2117272	501(C)(3)	5,200.			N/A	GENERAL SUPPORT
<b>(9)</b> ALL SAINTS CHURCH 132 N. EUCLID AVE. PASADENA, CA 91101-1796	95-1980801	501(C)(3)	5,200.			N/A	GENERAL SUPPORT
<b>(10)</b> VISTA ASSEMBLY OF GOD 290 N. MELROSE DR. VISTA, CA 92083	95-2312927	501(C)(3)	5,200.			N/A	GENERAL SUPPORT
<b>(11)</b> THE UNITARIAN UNIVERSALIST CHURCH IN FULLER 1600 N ACACIA AVE FULLERTON, CA 92831-1207	95-2704979	501(C)(3)	6,950.			N/A	GENERAL SUPPORT
<b>(12)</b> JACOBS AND CUSHMAN SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVE SAN DIEGO, CA 92121	20-4374795	501(C)(3)	27,000.			N/A	GENERAL SUPPORT

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SEMPRA EMPLOYEE GIVING NETWORK

Employer identification number

71-0875246

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CALVARY CHAPEL GOLDEN SPRINGS 22324 GOLDEN SPRINGS DIAMOND BAR, CA 91765	51-0184304	501(C)(3)	11,600.			N/A	GENERAL SUPPORT
<b>(2)</b> SAN DIEGO RESCUE MISSION P.O. BOX 80427 SAN DIEGO, CA 92138-0427	95-1874073	501(C)(3)	6,735.			N/A	GENERAL SUPPORT
<b>(3)</b> RONALD MCDONALD HOUSE CHARITIES OF SO CAL 11365 ANDERSON STREET LOMA LINDA, CA 92354	95-3167869	501(C)(3)	6,553.			N/A	GENERAL SUPPORT
<b>(4)</b> TUCKLETS 9555 WHELLOCK WAY SAN DIEGO, CA 92129	80-0748674	501(C)(3)	7,308.			N/A	GENERAL SUPPORT
<b>(5)</b> FIRST PRESBYTERIAN CHURCH OF SAN DIEGO 320 DATE STREET SAN DIEGO, CA 92101	95-1660358	501(C)(3)	13,000.			N/A	GENERAL SUPPORT
<b>(6)</b> NORTH COAST CHURCH 2405 N. SANTA FE AVE VISTA, CA 92084	95-3265364	501(C)(3)	5,067.			N/A	GENERAL SUPPORT
<b>(7)</b> JUVENILE DIABETES RESEARCH FOUNDATION 5665 OBERLIN DR. SAN DIEGO, CA 92121	23-1907729	501(C)(3)	5,092.			N/A	GENERAL SUPPORT
<b>(8)</b> CLOUD & FIRE 6850 VAN NUYS BLVD VAN NUYS, CA 91405-4629	88-0564057	501(C)(3)	5,093.			N/A	GENERAL SUPPORT
<b>(9)</b> DOCTORS WITHOUT BORDERS 333 7TH AVE NEW YORK, NY 10001-5004	13-3433452	501(C)(3)	5,172.			N/A	GENERAL SUPPORT
<b>(10)</b> MORNINGSTAR CHRISTIAN CHAPEL 16241 LEFFINGWELL RD WHITTIER, CA 90603	95-3981182	501(C)(3)	5,200.			N/A	GENERAL SUPPORT
<b>(11)</b> UNITED NEGRO COLLEGE FUND 3699 WILSHIRE BLVD LOS ANGELES, CA 90010	13-1624241	501(C)(3)	5,527.			N/A	GENERAL SUPPORT
<b>(12)</b> SECOND HARVEST FOOD BANK OF O.C. 8014 MARINE WAY IRVINE, CA 92618	32-0362611	501(C)(3)	5,860.			N/A	GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
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Department of the Treasury  
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SEMPRA EMPLOYEE GIVING NETWORK

Employer identification number

71-0875246

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPRGS, CO 80920	95-3188150	501(C)(3)	6,442.			N/A	GENERAL SUPPORT
<b>(2)</b> MERCY HOUSE TRANSITIONAL LIVING CENTERS P.O. BOX 1905 SANTA ANA, CA 92702-1905	33-0315864	501(C)(3)	7,000.			N/A	GENERAL SUPPORT
<b>(3)</b> EASTLAKE COMMUNITY CHURCH OF CHULA VISTA 990 LANE AVENUE CHULA VISTA, CA 91914	33-0565679	501(C)(3)	7,035.			N/A	GENERAL SUPPORT
<b>(4)</b> YWCA-SAN DIEGO COUNTY 1012 C STREET SAN DIEGO, CA 92101	95-1661119	501(C)(3)	9,310.			N/A	GENERAL SUPPORT
<b>(5)</b> U.C. SAN DIEGO FOUNDATION 9500 GILMAN DR LA JOLLA, CA 92093-0940	95-2872494	501(C)(3)	9,482.			N/A	GENERAL SUPPORT
<b>(6)</b> UNITED SERVICE ORGANIZATION 303 A STREET SAN DIEGO, CA 92101-4216	95-1644030	501(C)(3)	9,637.			N/A	GENERAL SUPPORT
<b>(7)</b> 2015 SPECIAL OLYMPICS WORLD SUMMER GAMES 633 W. 5TH ST. LOS ANGELES, CA 90071	45-2853870	501(C)(3)	11,381.			N/A	GENERAL SUPPORT
<b>(8)</b> LUPUS FOUNDATION OF AMERICA, INC. 18000 STUDBAKER RD. CERRITOS, CA 90703	95-3773064	501(C)(3)	15,557.			N/A	GENERAL SUPPORT
<b>(9)</b> LOS ANGELES REGIONAL FOODBANK 1734 E 41ST ST. LOS ANGELES, CA 90058	95-3135649	501(C)(3)	15,928.			N/A	GENERAL SUPPORT
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1,067.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART 1 GENERAL INFORMATION ON GRANTS & ASSISTANCE

QUESTION 2

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

ORGANIZATIONS ON THE IRS WEBSITE LISTING CHARITABLE ORGANIZATIONS. ONCE

LEGITIMATE ORGANIZATIONS ARE CONFIRMED, LOCAL ADVISORY COUNCILS APPROVE

THE DISTRIBUTIONS OF THE FUNDS. DISASTER RELIEF GRANTS ARE A MULTI-STEP

PROCESS. THE PROCESS INVOLVES SUBMITTING THE ELECTRONIC APPLICATIONS ON

THE WEB SITE. THEN THE APPLICANT IS REQUIRED TO SUBMIT VERIFICATION

DOCUMENTS OF THEIR DISASTER. INFORMATION SUBMITTED IS VERIFIED AND FIELD

INVESTIGATIONS ARE PERFORMED. ONCE THE APPLICANT'S INFORMATION IS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

VERIFIED, LOCAL ADVISORY COUNCILS APPROVE THE DISTRIBUTIONS OF THE FUNDS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

SEMPRA EMPLOYEE GIVING NETWORK

Employer identification number

71-0875246

PART VI GOVERNANCE, MANAGEMENT, & DISCLOSURE

SECTION A GOVERNING BODY & MANAGEMENT, 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.

PART VI GOVERNANCE, MANAGEMENT, & DISCLOSURE

SECTION A GOVERNING BODY & MANAGEMENT, LINE 7A

ALL VOTING MEMBERS OF THE SEMPRA EMPLOYEE GIVING NETWORK HAVE THE RIGHT TO ELECT LOCAL ADVISORY COUNCIL MEMBERS IN THEIR CHAPTERS. BASED UPON THAT ELECTION, THE LOCAL ADVISORY COUNCIL OFFICERS ELECT THEIR NATIONAL BOARD OF REPRESENTATIVES ONCE A YEAR.

PART VI GOVERNANCE, MANAGEMENT, & DISCLOSURE

SECTION A GOVERNING BODY & MANAGEMENT, LINE 8B

SEMPRA EMPLOYEE GIVING NETWORK HAS NO COMMITTEES.

PART VI GOVERNANCE, MANAGEMENT, & DISCLOSURE

SECTION B POLICIES, LINE 12C

OFFICERS AND DIRECTORS SIGN AN ANNUAL CERTIFICATION AGREEING TO REVIEW AND COMPLY WITH THE CONFLICT OF INTEREST POLICY.

Name of the organization SEMPRA EMPLOYEE GIVING NETWORK	Employer identification number 71-0875246
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## PART VI GOVERNANCE, MANAGEMENT, &amp; DISCLOSURE

## SECTION C DISCLOSURE, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST AT ITS OFFICE IN SAN DIEGO CA.

## PART VI GOVERNANCE, MANAGEMENT, &amp; DISCLOSURE

## SECTION B POLICIES, LINE 11B

A COPY OF THE COMPLETED FORM 990 IS PRESENTED TO THE BOARD CHAIRPERSON FOR REVIEW. ONCE THIS REVIEW IS COMPLETE, A COPY IS SENT TO EACH BOARD MEMBER OF THE GOVERNING BODY FOUR OR FIVE DAYS PRIOR TO THE BI-MONTHLY BOARD MEETING. THE TOPIC IS OPEN FOR QUESTIONS AND DISCUSSION DURING THE BOARD MEETING, AND IF IN AGREEMENT, THE BOARD WILL RATIFY THE RETURN. THE CHAIRPERSON WILL SIGN THE FORM 990 FOR FILING.

## PART VII COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES

## SECTION A, LINE 1A, COLUMN (E)

ALL OFFICERS AND DIRECTORS LISTED IN SECTION A LINE 1A ARE EMPLOYEES OF SEMPra ENERGY (A RELATED ORGANIZATION) OR ONE OF ITS SUBSIDIARIES. COMPENSATION PAID BY SEMPra ENERGY AND ITS SUBSIDIARIES IS NOT REPORTABLE IN COLUMN (E) DUE TO THE VOLUNTEER EXCEPTION (ALL OFFICERS AND DIRECTORS ARE VOLUNTEERS OF SEMPra EMPLOYEE GIVING NETWORK).

## PART XI RECONCILIATION OF NET ASSETS

LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES \$52,099 REPRESENTS THE AMOUNT OF GRANT CHECKS THAT WERE VOIDED IN 2015, BUT THAT WERE REPORTED AS GRANTS PAID ON FORM 990 IN 2014 OR PRIOR YEARS.

Name of the organization SEMPRA EMPLOYEE GIVING NETWORK	Employer identification number 71-0875246
--	--

ATTACHMENT 1

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL</u> <u>REVENUE</u>	(B) <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	(C) <u>UNRELATED</u> <u>BUSINESS REV.</u>	(D) <u>EXCLUDED</u> <u>REVENUE</u>
BANK INTEREST EARNED	50.			50.
TOTALS	50.			50.



SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

SEMPRA EMPLOYEE GIVING NETWORK

Employer identification number

71-0875246

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

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

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

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-7 are empty.

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

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SEMpra ENERGY 33-0732627 488 8TH AVE, HQ-08N1 SAN DIEGO, CA 92101-7123	HOLDING COMPA	CA	N/A	C CORP					X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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California Exempt Organization Annual Information Return

2015

199

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)
Corporation/Organization name: SEMBRA EMPLOYEE GIVING NETWORK
California corporation number: 2406754
FEIN: 71-0875246
Street address (suite or room): 488 8TH AVENUE, HQ-08N1
City: SAN DIEGO
State: CA
Zip code: 92101-7123

A First Return... B Amended Return... C IRC Section 4947(a)(1) trust... D Final Information Return... E Check accounting method... F Federal return filed... G Is this a group filing?... H Is this organization in a group exemption... I Did the organization have any changes to its guidelines not reported to the FTB?... J If exempt under R&TC Section 23701d, has the organization engaged in political activities?... K Is the organization exempt under R&TC Section 23701g?... L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box... M Is the organization a Limited Liability Company?... N Did the organization file Form 100 or Form 109 to report taxable income?... O Is the organization under audit by the IRS or has the IRS audited in a prior year?... P Is federal Form 1023/1024 pending?...

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-17). Total gross income is 1,695,999.00. Total expenses and disbursements is 1,731,730.00. Balance due is 00.

Sign Here: 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: FRANCISCO URTASUN, Title: CHAIRPERSON, Telephone: 877-696-4999. Preparer's signature, Date, Check if self-employed, Firm's name (or yours, if self-employed) and address, Telephone.

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

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	50	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6		00
	7	Other income. Attach schedule	•	7		00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	50	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	1,731,730	00
Expenses and Disbursements	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11		00
	12	Other salaries and wages	•	12		00
	13	Interest	•	13		00
	14	Taxes	•	14		00
	15	Rents	•	15		00
	16	Depreciation and depletion (See instructions)	•	16		00
	17	Other Expenses and Disbursements. Attach schedule	•	17		00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	1,731,730	00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		542,764.		559,132.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets				
b Less accumulated depreciation	( )	( )		
11 Land				
12 Other assets. Attach schedule				
13 <b>Total assets</b>		542,764.		559,132.
<b>Liabilities and net worth</b>				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		542,764.		559,132.
22 <b>Total liabilities and net worth</b>		542,764.		559,132.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	16,368.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule	•	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•	
6	<b>Total.</b> Add line 1 through line 5	•	16,368.
7	Income recorded on books this year not included in this return. Attach schedule	•	
8	Deductions in this return not charged against book income this year. Attach schedule	•	52,099.
9	<b>Total.</b> Add line 7 and line 8	•	52,099.
10	<b>Net income per return.</b> Subtract line 9 from line 6	•	-35,731.

CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNT RECEIVED

EMPLOYEES PAYROLL DONATIONS	1,695,949.
TOTAL CONTRIBUTIONS, GIFTS, GRANTS, & SIMILAR AMOUNT PAID	<u>1,695,949.</u>



FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 2

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
<u>GRANTS PAID</u>			
WATCHTOWER BIBLE AND TRACT SOCIETY OF NY 25 COLUMBIA HTS BROOKLYN, NY 11201-1300	501(C)(3)	GENERAL SUPPORT	66,525.
AMERICAN HEART ASSOCIATION INC 9404 GENESEE AVE SUITE 240 LA JOLLA, CA 92037	501(C)(3)	GENERAL SUPPORT	10,087.
AMERICAN CANCER SOCIETY INC 3333 WILSHIRE BLVD STE 900 LOS ANGELES, CA 90010	501(C)(3)	GENERAL SUPPORT	12,389.
CYSTIC FIBROSIS FOUNDATION 2150 TOWNE CENTER PL STE 120 ANAHEIM, CA 92806	501(C)(3)	GENERAL SUPPORT	9,550.
ST. VINCENT DE PAUL VILLAGE 3350 E STREET SAN DIEGO, CA 92102-3332	501(C)(3)	GENERAL SUPPORT	7,035.
FEEDING AMERICA SAN DIEGO 9455 WAPLES ST, STE 135 SAN DIEGO, CA 92121	501(C)(3)	GENERAL SUPPORT	9,475.
AMERICAN NATIONAL RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	501(C)(3)	GENERAL SUPPORT	12,257.

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 2 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR</u> <u>AND</u> <u>STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
UNITED WAY OF SOUTHWEST ALABAMA INC POST OFFICE DRAWER 89 MOBILE, AL 36601-0089	501(C)(3)	GENERAL SUPPORT	10,250.
SALVATION ARMY 180 E. OCEAN BLVD. STE. 500 LONG BEACH, CA 90802	501(C)(3)	GENERAL SUPPORT	14,523.
AMERICAN CANCER SOCIETY INC 2655 CAMINO DEL RIO N STE 100 SAN DIEGO, CA 92108	501(C)(3)	GENERAL SUPPORT	5,575.
ST. THERESE CATHOLIC CHURCH 6016 CAMINO RICO SAN DIEGO, CA 92120	501(C)(3)	GENERAL SUPPORT	11,151.
MIDNIGHT MISSION 601 S SAN PEDRO ST LOS ANGELES, CA 90014	501(C)(3)	GENERAL SUPPORT	26,958.
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN RD SAN DIEGO, CA 92123	501(C)(3)	GENERAL SUPPORT	8,125.
UNITED WAY INC 1150 S. OLIVE ST. SUITE T500 LOS ANGELES, CA 90015	501(C)(3)	GENERAL SUPPORT	34,157.
NATIONAL MULTIPLE SCLEROSIS SOCIETY 12121 SCRIPPS SUMMIT DR. SD, CA 92131	501(C)(3)	GENERAL SUPPORT	23,107.

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 2 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
NATIONAL FOUNDATION FOR AUTISM RESEARCH PO BOX 502177 SAN DIEGO, CA 92150	501(C)(3)	GENERAL SUPPORT	6,771.
CITY OF HOPE 1500 E. DUARTE RD. DUARTE, CA 91010	501(C)(3)	GENERAL SUPPORT	17,979.
RADY CHILDRENS HOSPITAL AND HEALTH CNTR 3020 CHILDRENS WAY SAN DIEGO, CA 92123	501(C)(3)	GENERAL SUPPORT	7,296.
SPECIAL OLYMPICS SOUTHERN CALIFORNIA INC 10977 SD MISSION RD SAN DIEGO, CA 92108	501(C)(3)	GENERAL SUPPORT	11,457.
OTHER CASH GRANTS LESS THAN OR EQUAL TO \$5K	501(C)(3)	GENERAL SUPPORT	704,450.
LEUKEMIA & LYMPHOMA SOCIETY INC 6033 W CENTURY BLVD STE 300 LOS ANGELES, CA 90045	501(C)(3)	GENERAL SUPPORT	59,164.
MAMA'S KITCHEN 3960 HOME AVENUE SAN DIEGO, CA 92105	501(C)(3)	GENERAL SUPPORT	9,581.
AMERICAN DIABETES ASSOCIATION INC 611 WILSHIRE BLVD. SUITE 900 LOS ANGELES, CA 90017	501(C)(3)	GENERAL SUPPORT	13,947.

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 2 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
CAMPANILE FOUNDATION 5500 CAMPANILE DR. SAN DIEGO, CA 92182	501(C)(3)	GENERAL SUPPORT	14,050.
CHILDRENS HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	501(C)(3)	GENERAL SUPPORT	9,860.
SOLDIERS ANGELS 2700 NE LOOP 410, STE 310 ANTONIO, TX 78217	501(C)(3)	GENERAL SUPPORT	20,425.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 SAINT JUDE PL. MEMPHIS, TN 38105	501(C)(3)	GENERAL SUPPORT	22,360.
SAN DIEGO HUMANE SOCIETY & SPCA 5500 GAINES ST. SAN DIEGO, CA 92110	501(C)(3)	GENERAL SUPPORT	15,965.
AMERICAN LUNG ASSOCIATION 2020 CAMINO DEL RIO N SAN DIEGO, CA 92108	501(C)(3)	GENERAL SUPPORT	29,073.
ASPCA 424 EAST 92ND STREET NEW YORK, NY 10128	501(C)(3)	GENERAL SUPPORT	15,424.
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOC. 6632 CONVOY COURT SAN DIEGO, CA 92111	501(C)(3)	GENERAL SUPPORT	37,556.

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 2 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR</u> <u>AND</u> <u>STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SAN DIEGO LGBT COMMUNITY CENTER PO BOX 3357 SAN DIEGO, CA 92163	501(C)(3)	GENERAL SUPPORT	23,308.
SAN DIEGO COUNCIL OF THE NAVY LEAGUE 2115 PARK BLVD SAN DIEGO, CA 92101	501(C)(3)	GENERAL SUPPORT	33,075.
WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256	501(C)(3)	GENERAL SUPPORT	18,967.
SUSAN G KOMEN BREAST CANCER FOUNDATION 4699 MURPHY CANYON RD STE 102B SAN DIEGO, CA 92123	501(C)(3)	GENERAL SUPPORT	19,047.
CATHOLIC CHARITIES OF THE DIOCESE OF SD 349 CEDAR STREET SAN DIEGO, CA 92101	501(C)(3)	GENERAL SUPPORT	6,620.
JUNIOR ACHIEVEMENT OF SAN DIEGO & IMPERIAL COUNTY 4756 MISSION GORGE PL SAN DIEGO, CA 92120	501(C)(3)	GENERAL SUPPORT	12,651.
WOODLAND PARK BIBLE CHURCH 1093 ROCK SPRINGS RD SAN MARCOS, CA 92069	501(C)(3)	GENERAL SUPPORT	5,720.
ST STEPHEN MARTYR CATHOLIC CHURCH 320 W GARVEY AVE MONTEREY PARK, CA 91754	501(C)(3)	GENERAL SUPPORT	6,100.

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 2 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR</u> <u>AND</u> <u>STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
AMERICAN CANCER SOCIETY 2655 CAMINO DEL RIO N STE 100 SAN DIEGO, CA 92108	501(C)(3)	GENERAL SUPPORT	21,675.
MOTHERS AGAINST DRUNK DRIVING 18726 S WESTERN AVE GARDENA, CA 90248	501(C)(3)	GENERAL SUPPORT	6,578.
BURN INSTITUTE 8825 AERO DR STE 200 SAN DIEGO, CA 92123	501(C)(3)	GENERAL SUPPORT	36,745.
SAN DIEGO CENTER FOR CHILDREN 3002 ARMSTRONG ST SAN DIEGO, CA 92111	501(C)(3)	GENERAL SUPPORT	5,750.
TEMPLO DEL EVANGELIO DE LAS ASAMBLEAS DE DIOS PO BOX 96 PERRIS, CA 92572	501(C)(3)	GENERAL SUPPORT	5,200.
ALL SAINTS CHURCH 132 N. EUCLID AVE. PASADENA, CA 91101-1796	501(C)(3)	GENERAL SUPPORT	5,200.
VISTA ASSEMBLY OF GOD 290 N. MELROSE DR. VISTA, CA 92083	501(C)(3)	GENERAL SUPPORT	5,200.
THE UNITARIAN UNIVERSALIST CHURCH IN FULLERTON 1600 N ACACIA AVE FULLERTON, CA 92831-1207	501(C)(3)	GENERAL SUPPORT	6,950.

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 2 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR</u> <u>AND</u> <u>STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
JACOBS AND CUSHMAN SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVE SAN DIEGO, CA 92121	501(C)(3)	GENERAL SUPPORT	27,000.
CALVARY CHAPEL GOLDEN SPRINGS 22324 GOLDEN SPRINGS DIAMOND BAR, CA 91765	501(C)(3)	GENERAL SUPPORT	11,600.
SAN DIEGO RESCUE MISSION P.O. BOX 80427 SAN DIEGO, CA 92138-0427	501(C)(3)	GENERAL SUPPORT	6,735.
RONALD MCDONALD HOUSE CHARITIES OF SO CAL 11365 ANDERSON STREET LOMA LINDA, CA 92354	501(C)(3)	GENERAL SUPPORT	6,553.
TUCKLETS 9555 WHELLOCK WAY SAN DIEGO, CA 92129	501(C)(3)	GENERAL SUPPORT	7,308.
FIRST PRESBYTERIAN CHURCH OF SAN DIEGO 320 DATE STREET SAN DIEGO, CA 92101	501(C)(3)	GENERAL SUPPORT	13,000.
NORTH COAST CHURCH 2405 N. SANTA FE AVE VISTA, CA 92084	501(C)(3)	GENERAL SUPPORT	5,067.
JUVENILE DIABETES RESEARCH FOUNDATION 5665 OBERLIN DR. STE 1065 SAN DIEGO, CA 92121	501(C)(3)	GENERAL SUPPORT	5,092.

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 2 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
CLOUD & FIRE 6850 VAN NUYS BLVD STE 208 VAN NUYS, CA 91405-4629	501(C)(3)	GENERAL SUPPORT	5,093.
DOCTORS WITHOUT BORDERS 333 7TH AVE 2ND FLOOR NEW YORK, NY 10001-5004	501(C)(3)	GENERAL SUPPORT	5,172.
MORNINGSTAR CHRISTIAN CHAPEL 16241 LEFFINGWELL RD WHITTIER, CA 90603	501(C)(3)	GENERAL SUPPORT	5,200.
UNITED NEGRO COLLEGE FUND 3699 WILSHIRE BLVD STE 675 LOS ANGELES, CA 90010	501(C)(3)	GENERAL SUPPORT	5,527.
SECOND HARVEST FOOD BANK OF O.C. 8014 MARINE WAY IRVINE, CA 92618	501(C)(3)	GENERAL SUPPORT	5,860.
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPRGS, CO 80920	501(C)(3)	GENERAL SUPPORT	6,442.
MERCY HOUSE TRANSITIONAL LIVING CENTERS P.O. BOX 1905 SANTA ANA, CA 92702-1905	501(C)(3)	GENERAL SUPPORT	7,000.
EASTLAKE COMMUNITY CHURCH OF CHULA VISTA 990 LANE AVENUE CHULA VISTA, CA 91914	501(C)(3)	GENERAL SUPPORT	7,035.



FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 2 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
YWCA-SAN DIEGO COUNTY 1012 C STREET SAN DIEGO, CA 92101	501(C)(3)	GENERAL SUPPORT	9,310.
U.C. SAN DIEGO FOUNDATION 9500 GILMAN DR LA JOLLA, CA 92093-0940	501(C)(3)	GENERAL SUPPORT	9,482.
UNITED SERVICE ORGANIZATION 303 A STREET STE 100 SAN DIEGO, CA 92101-4216	501(C)(3)	GENERAL SUPPORT	9,637.
AMERICAN HIMALAYAN FOUNDATION 909 MONTGOMERY ST STE 400 SAN FRANCISCO, CA 94133-4652	501(C)(3)	DISASTER RELIEF	10,443.
2015 SPECIAL OLYMPICS WORLD SUMMER GAMES 633 W. 5TH ST. STE 4000 LOS ANGELES, CA 90071	501(C)(3)	GENERAL SUPPORT	11,381.
LUPUS FOUNDATION OF AMERICA, INC. 18000 STUDBAKER RD. STE 700 CERRITOS, CA 90703	501(C)(3)	GENERAL SUPPORT	15,557.
LOS ANGELES REGIONAL FOODBANK 1734 E 41ST ST. LOS ANGELES, CA 90058	501(C)(3)	GENERAL SUPPORT	15,928.

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 2 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
AMERICAN NATIONAL RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	501(C)(3)	DISASTER RELIEF	45,000.
TOTAL CONTRIBUTIONS PAID			<u>1,731,730.</u>

SCHEDULE M-1 - DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK

GRANTS PREVIOUSLY DEDUCTED FOR BOOKS	52,099.
TOTAL DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK	<u>52,099.</u>

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

**WEB SITE ADDRESS:**

<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.

<p><b>State Charity Registration Number:</b> <u>118820</u></p> <hr/> <p>SEMPRA EMPLOYEE GIVING NETWORK  <small>Name of Organization</small></p> <hr/> <p>488 8TH AVENUE, HQ-08N1  <small>Address (Number and Street)</small></p> <hr/> <p>SAN DIEGO CA 92101-7123  <small>City or Town, State and ZIP Code</small></p>	<p><b>Check if:</b></p> <p><input checked="" type="checkbox"/> <b>Change of address</b></p> <p><input type="checkbox"/> <b>Amended report</b></p> <hr/> <p><b>Corporate or Organization No.</b> <u>2406754</u></p> <hr/> <p><b>Federal Employer I.D. No.</b> <u>71-0875246</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
**Make Check Payable to Attorney General's Registry of Charitable Trusts**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between 1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2015 ending 12/31/2015 ) list:

Gross annual revenue \$ 1,695,999. Total assets \$ 559,132.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes", provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes", provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes", provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number (877) 696-4999

Organization's e-mail address SEMPRAEMPLOYEEGIVING@SEMPRA.COM

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

Signature of authorized officer
FRANCISCO URTASUN
CHAIRPERSON
Date