

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: SOUTHERN CALIFORNIA GAS COMPANY RETIREMENT SAVINGS PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 10/01/1964
2a Plan sponsor's name (employer, if for a single-employer plan): SOUTHERN CALIFORNIA GAS COMPANY
2b Employer Identification Number (EIN): 95-1240705
2c Plan Sponsor's telephone number: 619-696-2000
2d Business code (see instructions): 221210

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

|                                                                                                                                                                                                     |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>SEMPRA P&B COMMITTEE<br>C/O SEMPRA<br>488 8TH AVENUE<br>MAILSTOP HQ04N5<br>SAN DIEGO, CA 92101 | <b>3b</b> Administrator's EIN<br>33-0732627                |
|                                                                                                                                                                                                     | <b>3c</b> Administrator's telephone number<br>619-696-2000 |

|                                                                                                                                                                                                                                                                                        |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |       |
|-------------------------------------------------------------------------|----------|-------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 10635 |
|-------------------------------------------------------------------------|----------|-------|

|                                                                                                                                                                                                  |              |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------|
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |              |       |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                          | <b>6a(1)</b> | 8998  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                | <b>6a(2)</b> | 8846  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                               | <b>6b</b>    | 479   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                               | <b>6c</b>    | 1084  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                      | <b>6d</b>    | 10409 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                       | <b>6e</b>    | 77    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                          | <b>6f</b>    | 10486 |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....                                         | <b>6g(1)</b> | 10459 |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                               | <b>6g(2)</b> | 10311 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                        | <b>6h</b>    | 59    |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2F 2G 2I 2J 2K 2O 2R 2S 2T 3F 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p> | <p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p> |
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

T ROWE PRICE RPS INC

100 EAST PRATT STREET  
BALTIMORE, MD 21202

| (b)<br>Service Code(s)                          | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 21 25 28<br>37 38 49 50<br>52 59 62 64<br>65 | NONE                                                                                              | 398326                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

CERDA MUNOZ ADVISORS INC

46-4459677

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 50                  | NONE                                                                                              | 7496                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

LAGUNA WEALTH ADVISORS LLC

46-2750136

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 50                  | NONE                                                                                              | 15807                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CHARLES SCHWAB & CO. INC.

94-1737782

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 33 50 62<br>71         | NONE                                                                                              | 3568                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

SOWELL FINANCIAL SERVICES LLC

02-0691794

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 50                  | NONE                                                                                              | 5119                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

NORTHERN TRUST COMPANY

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 50                  | NONE                                                                                              | 50352                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO. INC.                                                             | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ADVISORS PREFERRED<br>1445 RESEARCH BLVD.<br>SUITE 530<br>ROCKVILLE, MD 20850         | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                                             | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN FUNDS<br>90-0924512                                                          | RATE OF 0.37% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                                             | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ARTISAN PARTNERS FUNDS<br>1330 AVENUE OF THE AMERICAS<br>STE 31<br>NEW YORK, NY 10019 | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO. INC.                                                                    | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLUEPRINT FUND MANAGEMENT<br>1250 REVOLUTION MILL DRIVE<br>SUITE 150<br>GREENSBORO, NC 27405 | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                                                    | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| COHEN & STEERS<br><br>14-1904657                                                             | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                                                    | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| COLUMBIA THREADNEEDLE<br><br>93-0577450                                                      | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO. INC.                                                       | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| CONESTOGA CAPITAL ADVISORS<br><br>23-3072906                                    | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                                       | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| EURO PACIFIC ASSET MANAGEMENT<br><br>LOTS 81-82<br>STREET C<br>DORADO, PR 00646 | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                                       | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| FMI FUNDS<br><br>39-1861095                                                     | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO. INC.                                                             | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GOLDMAN SACHS<br><br>46-5215217                                                       | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                                             | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GQG PARTNERS INC<br><br>450 E LAS OLAS BLVD<br>SUITE 750<br>FORT LAUDERDALE, FL 33301 | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                                             | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GUINNESS ATKINSON<br><br>98-0534338                                                   | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                                                            | (b) Service Codes<br>(see instructions)                                                                                                                                                                                            | (c) Enter amount of indirect compensation          |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| CHARLES SCHWAB & CO. INC.                                                                                          | 33 50 62 71                                                                                                                                                                                                                        | 0                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>HARBOR<br><br>04-2679462                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RANGE OF 0.08 - 0.35% OF AVERAGE DAILY BALANCE OF ASSETS |                                                    |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO. INC.                           | (b) Service Codes<br>(see instructions)<br><br>33 50 62 71                                                                                                                                                                         | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>HARTFORD MUTUAL FUNDS<br><br>13-3317783 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)       |                                                    |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO. INC.                           | (b) Service Codes<br>(see instructions)<br><br>33 50 62 71                                                                                                                                                                         | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>INVESCO FUNDS<br><br>58-2287224         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RANGE OF 0.10 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS |                                                    |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                                                                              | (b) Service Codes (see instructions)                                                                                                                                                                                               | (c) Enter amount of indirect compensation          |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| CHARLES SCHWAB & CO. INC.                                                                                                            | 33 50 62 71                                                                                                                                                                                                                        | 0                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>JANUS HENDERSON<br><br>43-1804048                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.35% OF AVERAGE DAILY BALANCE OF ASSET(S)       |                                                    |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO. INC.                                             | (b) Service Codes (see instructions)<br><br>33 50 62 71                                                                                                                                                                            | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>J. P. MORGAN & CO.<br><br>13-2624428                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RANGE OF 0.20 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS |                                                    |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO. INC.                                             | (b) Service Codes (see instructions)<br><br>33 50 62 71                                                                                                                                                                            | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>LEUTHOLD<br><br>150 S 5TH STREET<br>MINNEAPOLIS, MN 55402 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)       |                                                    |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2               | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO. INC.                                             | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| LONGLEAF PARTNERS<br>6410 POPULAR AVE<br>STE 900<br>MEMPHIS, TN 38119 | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2               | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                             | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MARSICO INVESTMENT FUND<br>PO BOX 3210<br>MILWAUKEE, WI 53201         | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2               | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                             | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| NATIXIS FUNDS<br>399 BOYLESTON STREET<br>BOSTON, MA 02116             | RANGE OF 0.35 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                           |                                           |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO. INC.                                                                    | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| OAKMARK<br><br>PO BOX 219558<br>KANSAS CITY, MO 64121                                        | RATE OF 0.35% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                                                    | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PARNASSUS<br><br>94-6579180                                                                  | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                                                    | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PERFORMANCE TRUST ASSET MGMT.<br><br>500 W. MADISON STREET<br>SUITE 500<br>CHICAGO, IL 60661 | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO. INC.                                           | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PGIM INVESTMENTS<br><br>22-3703799                                  | RANGE OF 0.27 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                           |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                           | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PRIMECAP ODYSSEY FUNDS<br><br>95-3868081                            | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                           | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PZENA<br><br>320 PARK AVENUE<br>8TH FLOOR<br>NEW YORK, NY 10022     | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO. INC.                                           | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ROYCE INVESTMENT PARTNERS<br>745 5TH AVE<br>NEW YORK, NY 10151      | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                           | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SELECTED FUNDS<br>30 DAN RD<br>CANTON, MA 02021                     | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                           | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SPROTT<br>500 FIFTH AVE<br>SUITE 3020<br>NEW YORK, NY 10110         | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2               | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO. INC.                                             | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| HOLBROOK HOLDINGS<br>3225 CUMBERLAND BLVD<br>ATLANTA, GA 30339        | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2               | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                             | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE-PRICE<br>100 EAST PRATT STREET<br>BALTIMORE, MD 21202          | RATE OF 0.15% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2               | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO. INC.                                             | 33 50 62 71                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| THE PACIFIC FINANCIAL GROUP<br>777 108TH AVE NE<br>BELLEVUE, WA 98004 | RATE OF 0.27% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                                                     | (b) Service Codes (see instructions)                                                                                                                                                                                         | (c) Enter amount of indirect compensation          |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| CHARLES SCHWAB & CO. INC.                                                                                   | 33 50 62 71                                                                                                                                                                                                                  | 0                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>TOUCHSTONE<br><br>31-0487145     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S) |                                                    |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO. INC.                    | (b) Service Codes (see instructions)<br><br>33 50 62 71                                                                                                                                                                      | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>VERACITY FUNDS<br><br>20-0872988 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S) |                                                    |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO. INC.                    | (b) Service Codes (see instructions)<br><br>33 50 62 71                                                                                                                                                                      | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>WASATCH<br><br>87-0319391        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S) |                                                    |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                                                          | (b) Service Codes (see instructions)                                                                                                                                                                                         | (c) Enter amount of indirect compensation          |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| CHARLES SCHWAB & CO. INC.                                                                                        | 33 50 62 71                                                                                                                                                                                                                  | 0                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>WILLIAM BLAIR FUNDS<br><br>36-2214610 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S) |                                                    |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO. INC.                         | (b) Service Codes (see instructions)<br><br>33 50 62 71                                                                                                                                                                      | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>VOYA<br><br>95-4516049                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S) |                                                    |
| (a) Enter service provider name as it appears on line 2                                                          | (b) Service Codes (see instructions)                                                                                                                                                                                         | (c) Enter amount of indirect compensation          |
| (d) Enter name and EIN (address) of source of indirect compensation                                              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.                                                           |                                                    |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------|
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|                                                                                                                |                                                                    |            |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>SOUTHERN CALIFORNIA GAS COMPANY RETIREMENT SAVINGS PLAN</u>                        | <b>B</b> Three-digit plan number (PN)                              | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>SOUTHERN CALIFORNIA GAS COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>95-1240705</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                   |                               |                                                                                                                       |
|-----------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEMPRA SAVINGS MASTER TRUST</u> |                               |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEMPRA</u>                   |                               |                                                                                                                       |
| <b>c</b> EIN-PN <u>33-0732627-006</u>                                             | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3012990590</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                    |                               |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                 |                               |                                                                                                                       |
| <b>c</b> EIN-PN                                                                   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                    |                               |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                 |                               |                                                                                                                       |
| <b>c</b> EIN-PN                                                                   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                    |                               |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                 |                               |                                                                                                                       |
| <b>c</b> EIN-PN                                                                   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                    |                               |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                 |                               |                                                                                                                       |
| <b>c</b> EIN-PN                                                                   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                    |                               |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                 |                               |                                                                                                                       |
| <b>c</b> EIN-PN                                                                   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                    |                               |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                 |                               |                                                                                                                       |
| <b>c</b> EIN-PN                                                                   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                   |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |                                                                    |
| <b>A</b> Name of plan<br><b>SOUTHERN CALIFORNIA GAS COMPANY RETIREMENT SAVINGS PLAN</b>                  | <b>B</b> Three-digit plan number (PN) <b>002</b>                   |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SOUTHERN CALIFORNIA GAS COMPANY</b>  | <b>D</b> Employer Identification Number (EIN)<br><b>95-1240705</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

|                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       | 156766                | 49393           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 1010789               | 0               |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    | 3209675               | 0               |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 4822563               | 4721155         |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 57843410              | 64050776        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 2615196378            | 3012990590      |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                                  |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
|--------------------------------------------------------------------------|--------------|------------------------------|------------------------|
| (1) Employer securities.....                                             | <b>1d(1)</b> |                              |                        |
| (2) Employer real property.....                                          | <b>1d(2)</b> |                              |                        |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                              |                        |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 2682239581                   | 3081811914             |
| <b>Liabilities</b>                                                       |              |                              |                        |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                              |                        |
| <b>h</b> Operating payables.....                                         | <b>1h</b>    |                              |                        |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities.....                                          | <b>1j</b>    |                              |                        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    |                              |                        |
| <b>Net Assets</b>                                                        |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 2682239581                   | 3081811914             |

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| <b>Income</b>                                                                                              |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
|------------------------------------------------------------------------------------------------------------|-----------------|-------------------|------------------|
| <b>a Contributions:</b>                                                                                    |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....                                         | <b>2a(1)(A)</b> | 32335344          |                  |
| <b>(B)</b> Participants.....                                                                               | <b>2a(1)(B)</b> | 110678387         |                  |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 5982928           |                  |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    |                   |                  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |                   | 148996659        |
| <b>b Earnings on investments:</b>                                                                          |                 |                   |                  |
| <b>(1) Interest:</b>                                                                                       |                 |                   |                  |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |                   |                  |
| <b>(B)</b> U.S. Government securities.....                                                                 | <b>2b(1)(B)</b> |                   |                  |
| <b>(C)</b> Corporate debt instruments.....                                                                 | <b>2b(1)(C)</b> |                   |                  |
| <b>(D)</b> Loans (other than to participants).....                                                         | <b>2b(1)(D)</b> |                   |                  |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 4326624           |                  |
| <b>(F)</b> Other.....                                                                                      | <b>2b(1)(F)</b> |                   |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   | 4326624          |
| <b>(2) Dividends:</b>                                                                                      |                 |                   |                  |
| <b>(A)</b> Preferred stock.....                                                                            | <b>2b(2)(A)</b> |                   |                  |
| <b>(B)</b> Common stock.....                                                                               | <b>2b(2)(B)</b> |                   |                  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |                   |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   |                  |
| <b>(3)</b> Rents.....                                                                                      | <b>2b(3)</b>    |                   |                  |
| <b>(4) Net gain (loss) on sale of assets:</b>                                                              |                 |                   |                  |
| <b>(A)</b> Aggregate proceeds.....                                                                         | <b>2b(4)(A)</b> |                   |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> |                   |                  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |                   |                  |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                               |                 |                   |                  |
| <b>(A)</b> Real estate.....                                                                                | <b>2b(5)(A)</b> |                   |                  |
| <b>(B)</b> Other.....                                                                                      | <b>2b(5)(B)</b> |                   |                  |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |                   |                  |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | 420027876 |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| <b>c</b> Other income .....                                                                     | 2c     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | 2d     |            | 573351159 |

**Expenses**

|                                                                                            |        |           |           |
|--------------------------------------------------------------------------------------------|--------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |        |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | 2e(1)  | 172918194 |           |
| (2) To insurance carriers for the provision of benefits .....                              | 2e(2)  |           |           |
| (3) Other.....                                                                             | 2e(3)  |           |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                              | 2e(4)  |           | 172918194 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | 2f     |           |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | 2g     |           | 31594     |
| <b>h</b> Interest expense.....                                                             | 2h     |           |           |
| <b>i</b> Administrative expenses:                                                          |        |           |           |
| (1) Salaries and allowances .....                                                          | 2i(1)  |           |           |
| (2) Contract administrator fees .....                                                      | 2i(2)  |           |           |
| (3) Recordkeeping fees .....                                                               | 2i(3)  | 396106    |           |
| (4) IQPA audit fees .....                                                                  | 2i(4)  |           |           |
| (5) Investment advisory and investment management fees .....                               | 2i(5)  |           |           |
| (6) Bank or trust company trustee/custodial fees .....                                     | 2i(6)  |           |           |
| (7) Actuarial fees .....                                                                   | 2i(7)  |           |           |
| (8) Legal fees .....                                                                       | 2i(8)  |           |           |
| (9) Valuation/appraisal fees .....                                                         | 2i(9)  |           |           |
| (10) Other trustee fees and expenses .....                                                 | 2i(10) |           |           |
| (11) Other expenses.....                                                                   | 2i(11) | 2220      |           |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                     | 2i(12) |           | 398326    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j     |           | 173348114 |

**Net Income and Reconciliation**

|                                                                |       |  |           |
|----------------------------------------------------------------|-------|--|-----------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 400003045 |
| <b>l</b> Transfers of assets:                                  |       |  |           |
| (1) To this plan.....                                          | 2l(1) |  | 1257808   |
| (2) From this plan .....                                       | 2l(2) |  | 1688520   |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **DELOITTE & TOUCHE**

(2) EIN: **13-3891517**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |           |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |           |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     | X  |           |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     | X  |           |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 125000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |           |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     | X  |           |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     | X  |           |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |           |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     |     | X  |           |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |           |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |           |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |           |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |     |    |           |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
| SDG&E COMPANY SAVINGS PLAN   | 95-1184800          | 001                |
| SEMPRA SAVINGS PLAN          | 33-0732627          | 002                |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                             |                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|                                                                                                         |                                                                    |            |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>SOUTHERN CALIFORNIA GAS COMPANY RETIREMENT SAVINGS PLAN</u>                 | <b>B</b> Three-digit plan number (PN) ▶                            | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SOUTHERN CALIFORNIA GAS COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>95-1240705</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

|   |  |   |
|---|--|---|
| 1 |  | 0 |
|---|--|---|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 58-1428634

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

|   |  |
|---|--|
| 3 |  |
|---|--|

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

|                                                                                                                                                 |           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                      | <b>6b</b> |  |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | <b>6c</b> |  |

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

|                                                                                                                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....                                                                                                 | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....                                                                                                                            | <b>14c</b> |  |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                       |            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                              | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers..... | <b>16b</b> |  |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

# Southern California Gas Company Retirement Savings Plan

Employer ID No: 95-1240705  
Plan Number: 002

Financial Statements as of December 31, 2024 and 2023,  
and for the Year Ended December 31, 2024, Supplemental  
Schedule as of December 31, 2024, and Independent Auditor's Report

# SOUTHERN CALIFORNIA GAS COMPANY RETIREMENT SAVINGS PLAN

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## **INDEPENDENT AUDITOR'S REPORT**

To the Plan Participants and Plan Administrator of  
Southern California Gas Company Retirement Savings Plan

### **Opinion**

We have audited the financial statements of the Southern California Gas Company Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

## **Supplemental Schedule Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Deloitte & Touche LLP

June 11, 2025

# SOUTHERN CALIFORNIA GAS COMPANY RETIREMENT SAVINGS PLAN

## GLOSSARY

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The following terms and abbreviations appearing in these financial statements have the meanings indicated below.

| <b>GLOSSARY</b>      |                                                                                                                                                                                                                |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Company              | Southern California Gas Company                                                                                                                                                                                |
| Employer             | Southern California Gas Company                                                                                                                                                                                |
| ERISA                | Employee Retirement Income Security Act of 1974                                                                                                                                                                |
| FIAM                 | Fidelity Institutional Asset Management                                                                                                                                                                        |
| IRC                  | U.S. Internal Revenue Code                                                                                                                                                                                     |
| IRS                  | U.S. Internal Revenue Service                                                                                                                                                                                  |
| Master Trust         | Sempra Savings Master Trust                                                                                                                                                                                    |
| NAV                  | net asset value                                                                                                                                                                                                |
| Newport              | Newport Trust Company                                                                                                                                                                                          |
| Plan                 | Southern California Gas Company Retirement Savings Plan                                                                                                                                                        |
| Plan Administrator   | Sempra Pension and Benefits Committee                                                                                                                                                                          |
| Plan Sponsor         | Southern California Gas Company                                                                                                                                                                                |
| Roth                 | Type of employee elective deferral contributions that are made on an after-tax basis and for which the distributions of such contributions and the earnings thereon are tax-free if certain conditions are met |
| SDBA                 | self-directed brokerage account                                                                                                                                                                                |
| Sempra P&B Committee | Sempra Pension and Benefits Committee                                                                                                                                                                          |
| Sempra Stock Fund    | Stock Investment Fund                                                                                                                                                                                          |
| SSGA                 | State Street Global Advisors                                                                                                                                                                                   |
| TRP                  | T. Rowe Price                                                                                                                                                                                                  |
| Trustee              | T. Rowe Price                                                                                                                                                                                                  |
| U.S. GAAP            | generally accepted accounting principles in the United States of America                                                                                                                                       |

**SOUTHERN CALIFORNIA GAS COMPANY RETIREMENT SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**AS OF DECEMBER 31, 2024 AND 2023**  
(Dollars in thousands)

|                                              | <u>December 31,</u><br><u>2024</u> | <u>December 31,</u><br><u>2023</u> |
|----------------------------------------------|------------------------------------|------------------------------------|
| ASSETS                                       |                                    |                                    |
| NON-INTEREST BEARING CASH                    | \$ 49                              | \$ 157                             |
| INVESTMENT:                                  |                                    |                                    |
| Plan interest in Master Trust, at fair value | <u>3,012,991</u>                   | <u>2,615,196</u>                   |
| RECEIVABLES:                                 |                                    |                                    |
| Notes receivable from participants           | 65,272                             | 59,033                             |
| Dividends                                    | 4,721                              | 4,823                              |
| Employer contributions                       | —                                  | 1,011                              |
| Participant contributions                    | <u>—</u>                           | <u>3,210</u>                       |
| Total receivables                            | <u>69,993</u>                      | <u>68,077</u>                      |
| TOTAL ASSETS                                 | <u>3,083,033</u>                   | <u>2,683,430</u>                   |
| LIABILITIES                                  | <u>—</u>                           | <u>—</u>                           |
| NET ASSETS AVAILABLE FOR BENEFITS            | <u>\$ 3,083,033</u>                | <u>\$ 2,683,430</u>                |

See Notes to Financial Statements.

**SOUTHERN CALIFORNIA GAS COMPANY RETIREMENT SAVINGS PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**  
(Dollars in thousands)

---

ADDITIONS:

|                                                     |            |
|-----------------------------------------------------|------------|
| Net investment gain — Plan interest in Master Trust | \$ 420,027 |
|-----------------------------------------------------|------------|

Contributions:

|                              |        |
|------------------------------|--------|
| Employer, net of forfeitures | 32,335 |
|------------------------------|--------|

|             |         |
|-------------|---------|
| Participant | 110,678 |
|-------------|---------|

|                       |       |
|-----------------------|-------|
| Participant rollovers | 5,983 |
|-----------------------|-------|

|                     |                |
|---------------------|----------------|
| Total contributions | <u>148,996</u> |
|---------------------|----------------|

|                                                       |              |
|-------------------------------------------------------|--------------|
| Interest income on notes receivable from participants | <u>4,327</u> |
|-------------------------------------------------------|--------------|

|                 |                |
|-----------------|----------------|
| Total additions | <u>573,350</u> |
|-----------------|----------------|

DEDUCTIONS:

|                                                      |         |
|------------------------------------------------------|---------|
| Distributions to participants or their beneficiaries | 172,918 |
|------------------------------------------------------|---------|

|                         |     |
|-------------------------|-----|
| Administrative expenses | 398 |
|-------------------------|-----|

|                  |                |
|------------------|----------------|
| Total deductions | <u>173,316</u> |
|------------------|----------------|

|                                              |                |
|----------------------------------------------|----------------|
| INCREASE IN NET ASSETS BEFORE PLAN TRANSFERS | <u>400,034</u> |
|----------------------------------------------|----------------|

PLAN TRANSFERS:

|                                |       |
|--------------------------------|-------|
| From plans of related entities | 1,258 |
|--------------------------------|-------|

|                              |                |
|------------------------------|----------------|
| To plans of related entities | <u>(1,689)</u> |
|------------------------------|----------------|

|                    |              |
|--------------------|--------------|
| Net plan transfers | <u>(431)</u> |
|--------------------|--------------|

|                            |         |
|----------------------------|---------|
| NET INCREASE IN NET ASSETS | 399,603 |
|----------------------------|---------|

NET ASSETS AVAILABLE FOR BENEFITS:

|                   |                  |
|-------------------|------------------|
| Beginning of year | <u>2,683,430</u> |
|-------------------|------------------|

|             |                            |
|-------------|----------------------------|
| End of year | <u><u>\$ 3,083,033</u></u> |
|-------------|----------------------------|

See Notes to Financial Statements.

# SOUTHERN CALIFORNIA GAS COMPANY RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023 AND FOR THE YEAR ENDED DECEMBER 31, 2024

---

### 1. PLAN DESCRIPTION AND RELATED INFORMATION

The following description of the Plan is provided for general information purposes only. Participants in the Plan should refer to the Plan document for a more complete description of the Plan's provisions.

**General** — The Plan is a defined contribution plan that provides employees of the Company with retirement benefits. All employees, both full-time and part-time, are eligible to participate immediately in the Plan after their date of hire. Participants may make elective deferral contributions and are eligible to receive an Employer matching contribution based on each participant's level of elective deferral contributions.

Employees may make regular savings investments in the common stock of Sempra, the indirect parent company of the Employer, through the Sempra Stock Fund, which is invested solely in Sempra common stock. Participants may alternatively, or also, elect to invest in other investments permitted by the Plan (further discussed below). The Sempra P&B Committee manages the operation and administration of the Plan as the Plan Administrator. TRP serves as the Trustee of the Plan. The Plan is subject to the provisions of ERISA.

**Plan Transfers** — Employees transfer between the Company and related entities for various reasons, and this results in the transfer of participation and participant assets from one plan to another.

**Contributions** — Contributions to the Plan can be made under the following provisions:

*Participating Employee Contributions* — Under the terms of the Plan, participants may contribute up to 50% of eligible pay (in increments of 1%) on a pre-tax basis, a designated Roth after-tax basis, a regular after-tax basis or a combination thereof. The IRC limited total individual pre-tax and/or designated Roth after-tax contributions to \$23,000 for 2024. In addition, a participant's overall annual employee contributions and employer contributions (as described below, excluding any catch-up and rollover contributions) is limited to the lesser of (a) 100% of the participant's annual compensation and (b) \$69,000 for 2024. Catch-up contributions are permitted for participants of at least 50 years of age. The catch-up provision provided these participants the opportunity to contribute an additional \$7,500 on a pre-tax and/or designated Roth after-tax basis for 2024. Participants may also make rollover contributions (including Roth rollover contributions) into the Plan from other eligible retirement plans and eligible participants may also make in-Plan Roth conversions.

The Plan allows for automatic enrollment of and automatic deferral for newly hired employees who either do not elect a specific deferral percentage or do not opt out of the Plan. The automatic deferral percentage for participants is 6% of eligible pay, increasing each May 1<sup>st</sup> by 1% up to a maximum of 11%. The default investment vehicle is the T. Rowe Price Retirement Trust option that most closely aligns with the employee's expected year of retirement at age 65.

*Employer Matching Contributions* — Each pay period, the Employer makes matching contributions to the Plan for all participants equal to 50% of each participant's contribution, up to the first 6% of eligible pay, and an additional 0.2% for each 1% incremental increase to each participant's contribution over 6%, up to 11% of eligible pay. Employer matching contributions can be made in Sempra common stock, cash or any combination thereof at the discretion of the Plan Sponsor. Employer matching contributions made in cash are subsequently invested into any of the Plan's designated investments according to each participant's investment election; Employer matching contributions made in Sempra common stock can be transferred, all or in part, into any of the Plan's other designated investments at the election of the participant.

**Participant Accounts** — A separate account is established and maintained in the name of each participant. Each participant's account reflects the participant's contributions, Employer matching contributions, the earnings and losses attributed to each investment, benefit distributions, and certain administrative expenses as described in Note 2. Participants are allocated a share of each fund's investment earnings/losses, less investment fees, on a daily basis, based on their account balance.

**Vesting** — Participant contributions are fully vested at all times. Vesting of Employer matching contributions in a participant's account occurs upon the earliest of the date: they are credited with one year of vesting service; they attain the normal retirement age, which is the first day of the calendar month following the month of their 65<sup>th</sup> birthday; or of their death while an employee of the Company. Additionally, Employer matching contributions in a participant's account become fully vested upon the termination or discontinuation of the Plan.

**Investment Options** — All investments are held in the Master Trust (see Note 4). Employees elect to have their contributions and Employer matching contributions made in cash invested in increments of 1% in various investment options. Available investment options as of December 31, 2024 included:

- Sempra common stock through the Sempra Stock Fund;
- Mutual funds and common/collective trusts including those offered by TRP, Pacific Investment Management Company LLC, SSGA, and The Vanguard Group, Inc.;
- Custom investment funds (see below) offered through TRP and Northern Trust Company; and
- A broad range of investments through an SDBA. The Plan allows participants to invest a maximum of 50% of the entire value of their Plan account in their SDBA. The SDBA allows participants to invest in any listed fund or security except Sempra common stock.

Certain custom investment funds are offered to participants as investment options. These custom funds are proprietary investments designed specifically for the Plan and similar employee benefit plans sponsored by Sempra and are invested in one or more underlying investments, which may include mutual funds and/or common/collective trusts. The Sempra P&B Committee makes the decisions about selecting, monitoring and allocating assets between the investment managers and underlying investments within each custom investment fund. The custom investment funds and their underlying target investment allocations are as follows below. Actual allocations may periodically deviate from target allocations due to market conditions and other factors.

- The International Equity Fund is a multi-manager structure with target allocations at December 31, 2024 and December 31, 2023 as follows:

|                                                     | <b>Target Allocation %</b>   |                              |
|-----------------------------------------------------|------------------------------|------------------------------|
|                                                     | <b>December 31,<br/>2024</b> | <b>December 31,<br/>2023</b> |
| Schroder International Equity Trust                 | 58.7%                        | 56.1%                        |
| FIAM Select Emerging Market Equity Commingled Pool  | 23.2%                        | 28.5%                        |
| FIAM Select International Small Cap Commingled Pool | 13.1%                        | 10.4%                        |
| SSGA All Cap Equity ex-U.S. Index Non-Lending Fund  | 5.0%                         | 5.0%                         |

- The Diversified Fixed Income Fund is a multi-manager structure that includes a 95% target allocation in the MetWest Total Return Bond Fund and a 5% target allocation in the Vanguard Total Bond Market Index.
- The U.S. Small/Mid Cap Equity Fund is a multi-manager structure with target allocations at December 31, 2024 and December 31, 2023 as follows:

|                                                                          | <b>Target Allocation %</b>   |                              |
|--------------------------------------------------------------------------|------------------------------|------------------------------|
|                                                                          | <b>December 31,<br/>2024</b> | <b>December 31,<br/>2023</b> |
| T. Rowe Price Institutional Small-Cap Stock Fund                         | 32.0%                        | 32.0%                        |
| AllianceBernstein U.S. Small & Mid Cap Value Collective Investment Trust | 31.5%                        | 31.5%                        |
| Loomis Sayles Small/Mid Cap Growth Trust                                 | 31.5%                        | 31.5%                        |
| State Street Russell Small/Mid Cap Index Non-Lending Series Fund         | 5.0%                         | 5.0%                         |

- The U.S. Large Cap Equity Fund invests all underlying assets in the Vanguard Institutional 500 Index Trust, a common/collective trust that invests in the Vanguard 500 Index Fund.

**Payment of Dividends** — Active participants may elect at any time either to receive distributions of cash dividends on the shares of Sempra common stock held in their account through the Sempra Stock Fund or to reinvest those dividends in the Sempra Stock Fund. Terminated participants that elect to leave their account balance in the Plan and receive cash dividends from Sempra common stock held in their account will receive such dividends in cash or have them reinvested in Sempra common stock held through the Sempra Stock Fund, based on their election on the date of termination of employment with the Company, retirement or permanent disability.

**Payment of Benefits** — Upon termination of employment with the Company, retirement, permanent disability or death, participants or the named beneficiary(ies) (in the event of death) with an account balance greater than \$5,000 are given the option to have their vested account balance remain in the Plan (subject to the required minimum distribution rules under U.S. federal tax laws), roll the entire amount to another eligible retirement plan, receive a partial withdrawal, or receive their vested account balance in a single lump-sum payment in cash or in Sempra common stock for any portion of their account held in Sempra common stock. Plan participants, in addition to the benefit payment options above, may elect to have all or a portion of their Plan benefits paid in monthly, quarterly, semi-annual or annual installments over a period of years not to exceed their life expectancy based on the appropriate tables in the IRS regulations.

The accounts of terminated participants with account balances from \$1,001 to \$5,000 that do not elect a lump-sum payment or a rollover to an eligible retirement plan will be automatically rolled into an individual retirement account. Terminated participants with account balances of \$1,000 or less automatically receive a lump-sum cash payment, with the ability to elect to rollover the balance to another eligible retirement plan if the account balance is greater than \$200.

**Plan Termination** — Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions and to terminate the Plan at any time, subject to the provisions of ERISA. In the event of termination, participants would become 100% vested in their Employer contributions and the net assets of the Plan would be distributed to the participants.

**Related Party and Exempt Party-in-Interest Transactions** — The Plan's investment held in the Master Trust includes shares of certain investment funds managed by TRP. Additionally, the Plan issues loans to participants (reported as notes receivable from participants), which are secured by the balances in the participants' accounts. These transactions qualify as exempt party-in-interest transactions.

Additionally, at December 31, 2024 and 2023, the Plan held, through the Master Trust, 7,584,471 shares and 8,051,467 shares, respectively, of Sempra common stock with a cost basis of \$336,751,000 and \$342,175,000, respectively. For shares of Sempra common stock held during the year ended December 31, 2024, the Plan recorded related dividend income of \$19,352,000 which is included in Net investment gain – Plan interest in Master Trust in the Statement of Changes in Net Assets Available for Benefits.

Newport is the independent fiduciary and investment manager of the Sempra Stock Fund. Newport has sole fiduciary responsibility under the Plan for deciding, among other things, whether to restrict investment in the Sempra Stock Fund or to sell or otherwise dispose of all or any portion of the stock held in the Sempra Stock Fund. Under the terms of the Plan, Newport will continue to maintain the Sempra Stock Fund as a Plan investment option consistent with the terms of the Plan unless otherwise prohibited by ERISA. In the event Newport determines to sell or dispose of stock in the Sempra Stock Fund, Newport would designate an alternative investment fund under the Plan for the temporary investment of any proceeds from the sale or other disposition of Sempra common stock pending further investment directions from Plan participants.

Certain administrative functions of the Plan are performed by officers or employees of Sempra and the Company. No such officer or employee receives compensation from the Plan.

**Notes Receivable from Participants** — The Plan permits participants to borrow against the balances in their individual accounts. A participant is limited to borrowing a maximum of 50% of the value of his/her vested account balance, or \$50,000 less the participant's highest outstanding loan balance in the preceding 12 months, whichever is less. The minimum amount that can be borrowed is \$1,000. The fee charged for processing a loan is paid by the participant who takes out the loan and the participant also is charged an annual maintenance fee for each year a loan is outstanding. Participants may have up to two loans outstanding, both of which can be primary residence loans. Primary residence loans are amortized over a maximum repayment period of 15 years, and other loans have a maximum repayment period of five years. All participant loans bear interest at 1% above the prime rate at the time the loan was made. At December 31, 2024 and 2023, interest rates on participant loans ranged from 4.25% to 9.50% and 4.16% to 9.50%, respectively, and participant loans outstanding at December 31, 2024 had maturity dates through January 2040.

**Forfeited Accounts** — If a participant's employment terminates prior to being fully vested in their Employer contributions, the non-vested portion of their account is forfeited on the earlier of the date the participant takes a complete distribution of their vested account balance or has five consecutive one-year breaks in service. Participants' forfeited accounts are transferred to a forfeiture account, which is maintained for the benefit of the Plan as a whole and is not attributable to any given participant. The balance of the forfeiture account is used to reduce future Employer contributions. At December 31, 2024 and 2023, the balances of forfeited non-vested accounts totaled \$5,000 for both years. In 2024, Employer contributions were reduced by \$53,000 from forfeited accounts.

**Withdrawals** — The Plan offers a dividend pass-through withdrawal option for cash dividends received on shares of Sempra common stock held in participants' accounts through the Sempra Stock Fund and for any of the following in-service withdrawal options:

- After-tax and rollover accounts;
- Hardship withdrawals;
- Military service withdrawals;
- Disability withdrawals; and
- Withdrawals at any time on or after a participant attains age 59-1/2.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** — The accompanying financial statements have been prepared in accordance with U.S. GAAP.

**Use of Estimates** — The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

**Risks and Uncertainties** — As discussed in Notes 1 and 4, the Plan invests in various investment instruments in the Master Trust. Investments, in general, are exposed to various risks and uncertainties, such as interest rate risk, credit risk, and market risk. Market risks include global events which could impact the value of investments, such as a pandemic or international conflict. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near-term and that such changes could materially affect the value of the participants' account balances and the amounts reported in the financial statements.

**Investment Valuation and Income/Loss Recognition** — The Plan's investment consists of an interest in the Master Trust. The Plan's interest in the Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust. See Note 5 for discussion of fair value measurements.

Investment income related to the Plan's interest in the Master Trust is presented in Net investment gain – Plan interest in Master Trust in the Statement of Changes in Net Assets Available for Benefits and consists of net appreciation (depreciation) in the fair value of investments and dividend income. Net appreciation (depreciation) includes realized gains and losses on investments sold during the year and unrealized gains and losses on investments held as of year-end. Purchases and sales of investments are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date.

**Concentrations of Investments** — Included in the Plan's investment held in the Master Trust at December 31, 2024 and 2023, are shares of Sempra common stock with a fair value of \$665,310,000 and \$601,686,000, respectively. This investment represents 22.08% and 23.01% of the Plan's investment at December 31, 2024 and 2023, respectively. A significant decline in the market value of Sempra common stock would significantly affect the Plan's net assets available for benefits.

Additionally, the Master Trust has a significant concentration of investments in mutual funds and common/collective trusts offered by TRP and The Vanguard Group, Inc. at December 31, 2024 and 2023. A significant decline in the market value of these investments would significantly affect the Plan's net assets available for benefits. The Plan's share of these investments held in the Master Trust are as follows (dollars in thousands):

|                          | December 31, 2024 |                        | December 31, 2023 |                        |
|--------------------------|-------------------|------------------------|-------------------|------------------------|
|                          | Amount            | % of Plan's Investment | Amount            | % of Plan's Investment |
| TRP                      | \$ 1,426,615      | 47.35 %                | \$ 1,266,769      | 48.44 %                |
| The Vanguard Group, Inc. | 579,637           | 19.24 %                | 464,357           | 17.76 %                |

**Benefit Payments** — Benefits are recorded when paid. There were no amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not yet been paid as of December 31, 2024 or 2023.

**Notes Receivable from Participants** — Notes receivable from participants are reported at their outstanding principal balances plus accrued interest. Interest income is recorded on an accrual basis. If a participant does not make regular loan payments for 90 days, the loan is considered to be in default. For participant loans that become delinquent, are not cured and result in default, the amount of unpaid principal and interest due to the Plan is treated as a deemed distribution to the participant. Deemed distributions are reported as taxable distributions to participants for purposes of reporting in the Form 5500; however, deemed distributions remain classified as notes receivable from participants until a qualifying distributable event occurs for purposes of reporting in conformity with U.S. GAAP.

**Administrative Expenses** — Each participant is charged an annual recordkeeping fee, which is paid on a monthly basis. The Company pays this fee for each participant during their first 23 months of employment. After 23 months of employment, this fee is charged to participants and deducted from participants' accounts. Additionally, loan origination fees, loan maintenance fees and rollover fees charged by the receiving financial institution, when applicable, are charged to participants and deducted from participants' accounts. Investment management fees (including fees associated with brokerage activity in the SDBA) are included in Net investment gain – Plan interest in Master Trust in the Statement of Changes in Net Assets Available for Benefits.

Certain administrative expenses of the Plan are paid directly by the Company, such as legal and accounting fees, and not allocated to the Plan.

**Subsequent Events** — Subsequent events were evaluated through the date the financial statements were issued.

### 3. FEDERAL INCOME TAX STATUS

The IRS has determined and informed the Company by a letter dated August 7, 2017 that the Plan and the Master Trust were designed in accordance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. Additionally, on an annual basis, the IRS publishes a Required Amendments List for individually designed plans that specifies changes in statutory and administrative requirements. The Company and Plan management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and that the Plan and the Master Trust continue to remain tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

#### **4. INTEREST IN THE MASTER TRUST**

The Plan's investment consists of a divided interest, as discussed below, in the Master Trust. A portion of this interest in the Master Trust is held in a trust account at TRP and the remainder is held in a trust account at the Northern Trust Company, who acts as an agent for TRP and is the custodian of the custom investment funds, except the U.S. Large Cap Equity Fund for which TRP is the custodian. Use of the Master Trust permits the commingling of the trust assets of this and other similar employee benefit plans sponsored by Sempra or an affiliate for investment and administrative purposes. The Plan's interest in the Master Trust is based on the individual Plan participants' investment balances (divided interest). Investment income (loss) is allocated by the Trustee on a daily basis through a valuation of the Master Trust's investments and each individual Plan participant's share of each investment. Administrative expenses of the Master Trust are allocated to the Plan based upon each individual Plan participant's share of each investment or the participant's transaction in a specific investment.

The net assets available for benefits of the Master Trust at December 31, 2024 and 2023 are summarized as follows (dollars in thousands):

|                                                       | <b>December 31, 2024</b>         |                                                         |
|-------------------------------------------------------|----------------------------------|---------------------------------------------------------|
|                                                       | <b>Master Trust<br/>Balances</b> | <b>Plan's Interest<br/>in Master Trust<br/>Balances</b> |
| Sempra common stock                                   | \$ 1,165,804                     | \$ 665,310                                              |
| Mutual funds                                          | 400,835                          | 216,826                                                 |
| Common/collective trusts                              | 4,040,716                        | 2,130,855                                               |
| Master Trust investments                              | 5,607,355                        | 3,012,991                                               |
| Plus:                                                 |                                  |                                                         |
| Non-interest bearing cash                             | 50                               | 49                                                      |
| Dividends receivable                                  | 8,271                            | 4,721                                                   |
| Employer contributions receivable                     | 3                                | —                                                       |
| Participant contributions receivable                  | —                                | —                                                       |
| Net assets available for benefits of the Master Trust | <u>\$ 5,615,679</u>              | <u>\$ 3,017,761</u>                                     |
|                                                       |                                  |                                                         |
|                                                       | <b>December 31, 2023</b>         |                                                         |
|                                                       | <b>Master Trust<br/>Balances</b> | <b>Plan's Interest<br/>in Master Trust<br/>Balances</b> |
| Sempra common stock                                   | \$ 1,061,316                     | \$ 601,686                                              |
| Mutual funds                                          | 338,327                          | 174,420                                                 |
| Common/collective trusts                              | 3,496,115                        | 1,839,090                                               |
| Master Trust investments                              | 4,895,758                        | 2,615,196                                               |
| Plus:                                                 |                                  |                                                         |
| Non-interest bearing cash                             | 425                              | 157                                                     |
| Dividends receivable                                  | 8,520                            | 4,823                                                   |
| Employer contributions receivable                     | 1,715                            | 1,011                                                   |
| Participant contributions receivable                  | 5,545                            | 3,210                                                   |
| Net assets available for benefits of the Master Trust | <u>\$ 4,911,963</u>              | <u>\$ 2,624,397</u>                                     |

Net appreciation in fair value of investments and dividend income for the Master Trust for the year ended December 31, 2024, are as follows (dollars in thousands):

|                                                | <b>Year Ended<br/>December 31, 2024</b> |
|------------------------------------------------|-----------------------------------------|
| Net appreciation in fair value of investments: |                                         |
| Sempra common stock                            | \$ 177,237                              |
| Mutual funds                                   | 44,381                                  |
| Common/collective trusts                       | <u>519,242</u>                          |
| Net appreciation in fair value of investments  | <u>\$ 740,860</u>                       |
| Dividend income                                | <u>\$ 39,190</u>                        |

## 5. FAIR VALUE MEASUREMENTS

Plan management applies recurring fair value measurements to certain assets and liabilities. “Fair value” is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price). A fair value measurement reflects the assumptions market participants would use in pricing an asset or liability based on the best available information. These assumptions include the risk inherent in a particular valuation technique (such as a pricing model) and the risks inherent in the inputs to the model.

The fair value hierarchy used by Plan management prioritizes the inputs used to measure fair value, with the highest priority given to observable inputs and the lowest priority given to unobservable inputs, as follows:

- Level 1, which refers to investments valued using observable inputs that reflect quoted (unadjusted) prices for identical assets in active markets;
- Level 2, which refers to investments valued using inputs other than quoted prices in active markets and for which observable market data is readily available; and
- Level 3, which refers to investments valued based on unobservable inputs, which are determined based on estimates of assumptions that market participants would use in pricing the asset or liability.

Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

The following table sets forth by level within the fair value hierarchy a summary of the Master Trust's investments measured at fair value on a recurring basis at December 31, 2024 and 2023 (dollars in thousands):

|                                | <b>December 31,<br/>2024</b> | <b>December 31,<br/>2023</b> |
|--------------------------------|------------------------------|------------------------------|
| Level 1 investments:           |                              |                              |
| Sempra common stock            | \$ 1,165,804                 | \$ 1,061,316                 |
| Mutual funds                   | 400,835                      | 338,327                      |
| Total Level 1 investments      | 1,566,639                    | 1,399,643                    |
| Investments measured at NAV*:  |                              |                              |
| Common/collective trusts       | 4,040,716                    | 3,496,115                    |
| Total Master Trust investments | <u>\$ 5,607,355</u>          | <u>\$ 4,895,758</u>          |

\* Investments for which fair value is estimated based on NAV as a practical expedient have not been classified in the fair value hierarchy, but are presented to permit reconciliation to the total Master Trust investments in Note 4.

There were no investments classified as Level 2 or Level 3 in the Master Trust as of December 31, 2024 or 2023.

The following is a description of the valuation methodologies and assumptions used to estimate the fair values of the investments in the Master Trust:

*Common Stocks* — Common stocks are valued using quoted prices listed on nationally recognized securities exchanges (Level 1 inputs).

*Mutual Funds* — The fair values of mutual funds are determined by obtaining quoted prices listed on nationally recognized securities exchanges (Level 1 inputs). These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Master Trust are deemed to be actively traded.

*Common/Collective Trusts* — NAV is used as a practical expedient to estimate the fair value of participation units held in common/collective trust funds, for which the reported NAV reflects recent transaction prices. The NAV is provided by the trustee of each common/collective trust. Apart from the stable value fund, each common/collective trust allows for daily redemptions by the Plan at its reported NAV per share, with no advance notice requirement, has no unfunded commitments, and has no other redemption restrictions.

The T. Rowe Price Stable Value Common Trust Fund invests in fully benefit-responsive contracts that are held at contract value. NAV is determined to be contract value, the value at which participants ordinarily transact. This practical expedient is not used if it is determined to be probable that the fund will sell its investment for an amount different from the reported NAV. The Plan is required to give notice 12 months in advance of a partial or total liquidation of the investment in the stable value fund for any purpose other than for benefit payments, participant loans, participant-directed investment transfers, and payment of administrative fees. The Plan Administrator is also required to give a 30-day notice of the liquidation of the investment in the fund due to termination of the Master Trust. There are no unfunded commitments related to the stable value fund.

The valuation methods described above are intended to produce a fair value calculation that is indicative of net realizable value or reflective of future fair values. However, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements at the reporting date.

## 6. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits at December 31, 2024 and 2023 as reported in the financial statements compared to the Form 5500 (dollars in thousands):

|                                                                                                                                | <b>December 31,<br/>2024</b> | <b>December 31,<br/>2023</b> |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| Net assets available for benefits per the financial statements                                                                 | \$ 3,083,033                 | \$ 2,683,430                 |
| Delinquent notes receivable in the financial statements reported as deemed distributions of participant loans in the Form 5500 | (1,221)                      | (1,189)                      |
| Net assets available for benefits per the Form 5500                                                                            | <u>\$ 3,081,812</u>          | <u>\$ 2,682,241</u>          |

The following is a reconciliation of the change in net assets available for benefits for the year ended December 31, 2024 as reported in the financial statements compared to the Form 5500 (dollars in thousands):

|                                                                                                   |                   |
|---------------------------------------------------------------------------------------------------|-------------------|
| Net increase in net assets per the financial statements                                           | \$ 399,603        |
| Add: Deemed distributions of participant loans reported in the Form 5500 as of December 31, 2023  | 1,189             |
| Less: Deemed distributions of participant loans reported in the Form 5500 as of December 31, 2024 | (1,221)           |
| Net increase in net assets per the Form 5500                                                      | <u>\$ 399,571</u> |

\*\*\*\*\*

## **SUPPLEMENTAL SCHEDULE**

# SOUTHERN CALIFORNIA GAS COMPANY RETIREMENT SAVINGS PLAN

Employer ID No: 95-1240705

Plan Number: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2024

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| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| *   | Participant loans                                               | Interest rates from 4.25% to 9.50%;<br>maturities through January 2040                                               | **          | <u>\$ 64,050,776</u>    |

\* Party-in-interest to the Plan.

\*\* Cost not required to be presented for participant-directed investments.

|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Form 5500</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p>OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

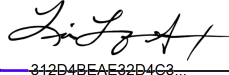
**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information**—enter all requested information

|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1a</b> Name of plan</p> <p>SOUTHERN CALIFORNIA GAS COMPANY RETIREMENT SAVINGS PLAN</p>                                                                                                                                                                                                                                                                                                            | <p><b>1b</b> Three-digit plan number (PN) ▶ 002</p>                                                                                                                                                                                                          |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)</p> <p>Mailing address (include room, apt., suite no. and street, or P.O. Box)</p> <p>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>SOUTHERN CALIFORNIA GAS COMPANY</p> <p>C/O SEMPRA</p> <p>488 8TH AVENUE<br/>MAILSTOP HQ04N5<br/>SAN DIEGO, CA 92101</p> | <p><b>1c</b> Effective date of plan<br/>10/01/1964</p> <p><b>2b</b> Employer Identification Number (EIN)<br/>95-1240705</p> <p><b>2c</b> Plan Sponsor's telephone number<br/>(619) 696-2000</p> <p><b>2d</b> Business code (see instructions)<br/>221210</p> |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                                                                                                 |           |                                                              |
|------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <p>Signed by: </p> <p>342D48EAE32D4C3...</p> | 6/24/2025 | Lisa Larroque Alexander                                      |
|                  | <b>Signature of plan administrator</b>                                                                                          | Date      | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                                                                                                 |           |                                                              |
|                  | <b>Signature of employer/plan sponsor</b>                                                                                       | Date      | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                                                                 |           |                                                              |
|                  | <b>Signature of DFE</b>                                                                                                         | Date      | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                         |                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br>SEMPRA P&B COMMITTEE<br><br>C/O SEMPRA<br><br>488 8TH AVENUE<br>MAILSTOP HQ04N5<br>SAN DIEGO, CA 92101 | <b>3b</b> Administrator's EIN<br>33-0732627<br><br><b>3c</b> Administrator's telephone number<br>(619) 696-2000 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                        |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |       |
|-------------------------------------------------------------------------|----------|-------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 10635 |
|-------------------------------------------------------------------------|----------|-------|

|                                                                                                                                                                                                  |              |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------|
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |              |       |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                          | <b>6a(1)</b> | 8998  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                | <b>6a(2)</b> | 8846  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                               | <b>6b</b>    | 479   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                               | <b>6c</b>    | 1084  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                      | <b>6d</b>    | 10409 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                       | <b>6e</b>    | 77    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                          | <b>6f</b>    | 10486 |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....                                         | <b>6g(1)</b> | 10459 |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                               | <b>6g(2)</b> | 10311 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                        | <b>6h</b>    | 59    |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2F 2G 2I 2J 2K 2O 2R 2S 2T 3F 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p> | <p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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|                         |                                                                |
|-------------------------|----------------------------------------------------------------|
| <b>Plan Name</b>        | <b>Southern California Gas Company Retirement Savings Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>95-1184800</b>                                              |
| <b>ERISA Plan #</b>     | <b>002</b>                                                     |
| <b>Plan Year Ending</b> | <b>December 31, 2024</b>                                       |

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|----------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         |                   |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |