Payment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPOR
I. Agency Name			Date Stamp	California 201
San Bernardino County Em	ployees' Retirement Association	า		Form OUI
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Administration				
Street Address				
	uite 100, San Bernardino, CA 92	408		
Area Code/Phone Number	Email	100		
909.885.7980	dcherney@sbcera.org		Amendment (exp	lain in comment section)
			Date of Original Filin	a.
Agency Contact (name and title)	constitute Officer		Date of original rinni	(month, day, year)
Deborah Cherney, Chief Ex	ecutive Officer			
2. Donor Name and Addre	SS			
☐ Individual			AIF Global	
Last Name	First Name	_		Name
7 Winged Foot Drive	Larchmont	t	NY	10538
Address	City		State	Zip Code
	nomic think tank focusing on inst		ent policy	
If "Other" is marked, describe the entity	s business activity (if business) or its nature a	nd interests.		
If applicable is	dentify the name of each source and	d the amount(e) r	aceived by the donor t	for this navment:
ii applicable, i	actions the harme of each source and	u ine amouni(s) fe	conved by the dollor	or this payment.
Name	\$Amount		Name	\$Amount
			Name	Amount
3. Payment Information (C	Complete Sections 3.1 (a or	b), 3.2, 3.3)		44.45.0005
3.1 (a) Travel Payment	New York, NY		Janu 	ary 14-15, 2025
	Location of Travel			Dates (month, day, year)
	Rail Air [	∃Bus ⊟Auto	Other	
Transportation Provider	Check Applicat	ble Boxes		Name of Lodging Facility
\$	466.00	\$		<sub>\$</sub> 466.00
Lodging Expenses	Meal Expenses \$Transportation	on Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel			\$	
., .		Dates (month, o	day, year)	Total Expenses
3.2. Payment Description	. Provide a specific description	on of the payme	ent and its agency	purpose and use.
Complimentary registry	ation for all qualified invest-	ore to ettend t	the 2025 AIE "20	th Appiversory"
. ,	ation for all qualified investor		lile 2025 AIF 20	Jul Alliliversary
Annual investors wiee	ting. SBCERA is a qualifie	u ilivesioi.		
3.3. Identify the officials v	who used the payment in Sect	ion 3.1 (See instru	ctions)	
Abbott	Jacob	Senior Inves	stment Officer I	nvestments
Last Name	First Name	Posi	ition/Title	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
. Verification				
	of the reported payment(s) as in	n compliance wi	th FPPC regulation	e
Docusigned by:				s. 4/2/2025
Deboral S. Cherney	Deborah Cherney	Cnief	Executive Officer	
Signature 08DBE0D1C62140B	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment f	or any additional information)			
	/			EDDC Form 904 / Jon/s

. Agency Name			Document		PAYMENT TO AGENCY REP
				Date Stam	California gn
San Bernardino County Employees' Retirement Association					Form OU
Division, Department, or R	egion (if applicable)				For Official Use Only
Street Address					
348 W. Hospitality Lane,	Suite 100, San Bern	ardino, CA 9240	08		
Area Code/Phone Number 909.885.7980	Email dcherney@sbce	ra.org		Amendment	t (explain in comment section)
Agency Contact (name and titl Deborah Cherney, Chief				Date of Original	Filing:(month, day, year)
Donor Name and Add	ress				
☐ Individual			_	NEPC, LLC	
Last Name	First	t Name			Name
255 State Street Boston				MA 02109	
Address		City			tate Zip Code
NEPC, LLC is one of the		•		nent consulting	Tirms.
If "Other" is marked, describe the ent	lity's business activity (if business	ness) or its nature and	interests.		
	e, identify the name of e	each source and t	the amount(s) re	eceived by the do	nor for this payment:
	\$				\$
Name	Ψ	Amount		Name	Amount
Payment Information	(Complete Sectio	ns 3.1 (a or b	), 3.2, 3.3)		
3.1 (a) Travel Payment	Tempe, AZ			F	ebruary 3-4, 2025
,		Location of Travel			Dates (month, day, year)
	Rail	☐ Air ☐	Bus □ Auto	o	Гетре Mission Palms Hotel
Transportation Provide	er —	Check Applicable			Name of Lodging Facility
\$ 570.00	\$ 212.00	\$	\$		\$ 782.00
Lodging Expenses	Meal Expenses	\$ Transportation	Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not i	related to travel:		- · · · · · · · · · · · · · · · · · · ·	<u> </u>	7.15
			Dates (month, o		Total Expenses
	on Provide a speci	ific description			
3.2. Payment Description	on Trovido a opoo	ilic description	of the payme	ent and its age	ncy purpose and use.
-	tration for all qua	•		_	ncy purpose and use. Public Funds Workshop
Complimentary regis	tration for all qua	lified investor	rs to attend	NEPC 2025 F	Public Funds Workshop
Complimentary regis SBCERA is a qualifie	tration for all qua	lified investor	rs to attend	NEPC 2025 F	
Complimentary regis SBCERA is a qualifie 3.3. Identify the officials	tration for all qua ed investor. s who used the pay	lified investor	rs to attend on 3.1 (See instru	NEPC 2025 F	Public Funds Workshop
Complimentary regis SBCERA is a qualifie 3.3. Identify the officials Newcomer	tration for all qualed investor.  s who used the pay  Jared	lified investor	n 3.1 (See instru  Trustee	NEPC 2025 F	Public Funds Workshop  Board of Trustees
Complimentary regis: SBCERA is a qualifie  3.3. Identify the officials Newcomer  Last Name  Verification	tration for all qualed investor.  s who used the pay  Jared  First Nar	lified investor	n 3.1 (See instru  Trustee  Posi	NEPC 2025 F	Board of Trustees  Department/Division  Department/Division
Complimentary regis: SBCERA is a qualifie  3.3. Identify the officials Newcomer  Last Name  Verification	tration for all qualed investor.  s who used the pay  Jared  First Nar	lified investor	n 3.1 (See instru  Trustee  Posi	NEPC 2025 F	Board of Trustees  Department/Division  Department/Division
Complimentary regis SBCERA is a qualified 3.3. Identify the officials Newcomer  Last Name  Last Name	tration for all qualed investor.  s who used the pay  Jared  First Nar	lified investor	n 3.1 (See instru  Trustee  Posi  Pos	NEPC 2025 F	Board of Trustees  Department/Division  Department/Division
Complimentary regis: SBCERA is a qualifie  3.3. Identify the officials Newcomer  Last Name  Verification	tration for all qualed investor.  s who used the pay  Jared  First Nar  First Nar	lified investor	n 3.1 (See instru  Trustee  Posi  Pos	NEPC 2025 Fections)  tion/Title  th FPPC regula	Board of Trustees  Department/Division  Department/Division

Payment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California 201
San Bernardino County Em	nployees' Retirement Association	ı	·	Form OUI
Division, Department, or Reg	<b>jion</b> (if applicable)			For Official Use Only
Street Address				
348 W. Hospitality Lane Su	uite 100, San Bernardino, CA 92	408		
Area Code/Phone Number	Email			
909.885.7980	dcherney@sbcera.org		Amendment (expla	in in comment section)
Agency Contact (name and title)	Tachenia y @cascola.org		Date of Original Filing	:
Deborah Cherney, Chief Ex	vecutive Officer			(month, day, year)
2. Donor Name and Addre	SS		NEDO LA O	
☐ Individual			NEPC, LLC	
Last Name	First Name	<del>_</del>	B.4.A	Name 02100
255 State Street Address	Boston		MA State	02109 Zip Code
	,	Loonios invest-		•
	dustry's largest independent, full		nent consulting illms	
ii Other is marked, describe the entity	's business activity (if business) or its nature a	nu interests.		
If applicable, i	dentify the name of each source and	d the amount(s) re	eceived by the donor fo	or this payment:
	Φ.			Φ.
Name	\$Amount		Name	\$Amount
B. Payment Information (C	Complete Sections 3.1 (a or	b), 3.2. 3.3)		
3.1 (a) Travel Payment	Tempe, AZ	.,,,,	Febru	ıary 3-4, 2025
3.1 (a) Havei Fayillelit	Location of Travel		<del>-</del>	Dates (month, day, year)
		T Dura	Temp	e Mission Palms Hotel
Transportation Provider	Rail Air Check Applicab	Bus □ Auto	o ☐ Other	Name of Lodging Facility
570.00	212 00			<sub>e</sub> 782.00
\$ \$	S 212.00 S Transportation	\$_ on Expenses	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not rel		·	\$	
		Dates (month, c		Total Expenses
3.2. Payment Description	. Provide a specific description	on of the payme	ent and its agency i	ournose and use.
	·			•
. ,	ation for all qualified investo	ors to attend i	NEPC 2025 Publi	c Funds vvorksnop.
SBCERA is a qualified	investor.			
3.3. Identify the officials v	who used the payment in Secti	ion 3.1 (See instru	ctions)	
Bracco	Marc	Trustee	В	oard of Trustees
Last Name	First Name	Posi	ition/Title	Department/Division
Loot Nors-	First No		iki a sa / Tikk a	Daniel and UD: 121
Last Name	First Name	Pos	ition/Title	Department/Division
I. Verification				
I authorized the acceptance	e of the reported payment(s) as ir	n compliance wi	th FPPC regulations	
DocuSigned by:	Deborah Cherney		Executive Officer	4/2/2025
- Vehoral Signature	Print Name		Title	(month, day, year)
08DBE0D1C62140B				(, 303), 3301)
Comment:				
(Use this space or an attachment t	or any additional information)			EBBC Form 904 / Jon/

Agency Name San Bernardino County En Division, Department, or Reg					
•				Date Stam	California 20
Division, Department, or Reg	San Bernardino County Employees' Retirement Association				Form OU
	gion (if applicable)				For Official Use Only
Street Address					
348 W. Hospitality Lane, S	uite 100, San Berna	ardino, CA 924	804		
Area Code/Phone Number 909.885.7980	Email dcherney@sbcer	a.org		☐ Amendment	t (explain in comment section)
Agency Contact (name and title) Deborah Cherney, Chief Ex				Date of Original	Filing:(month, day, year)
Donor Name and Addre	ess				
☐ Individual				NEPC, LLC	
Last Name	First	Name			Name
255 State Street Boston				MA 02109	
Address		City			tate Zip Code
NEPC, LLC is one of the in		•		nent consulting	Tirms.
If "Other" is marked, describe the entity	s business activity (if busin	less) or its nature an	id interests.		
If applicable,	identify the name of e	ach source and	the amount(s) re	eceived by the do	nor for this payment:
	\$				\$
Name	Ψ	Amount		Name	Amount
Payment Information (0	Complete Section	ns 3.1 (a or b	0), 3.2, 3.3)		
3.1 (a) Travel Payment	Tempe, AZ			F	ebruary 3-4, 2025
,		Location of Travel			Dates (month, day, year)
		☐ Air ☐	]Bus □ Aut	o	Tempe Mission Palms Hotel
Transportation Provider		Check Applicabl			Name of Lodging Facility
\$ 570.00	\$ 212.00	\$	\$		\$
Lodging Expenses	Meal Expenses	\$ Transportation	Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	elated to travel:		<del></del>	\$_	T.115
			Dates (month, o		Total Expenses
3.2. Payment Description	n. Provide a specif	fic description	n of the paym	ent and its age	ncy purpose and use.
Complimentary registr SBCERA is a qualified	•	ified investo	ers to attend	NEPC 2025 F	Public Funds Workshop.
3.3. Identify the officials		ment in Section		ctions)	
Waner	Neal		Trustee		Board of Trustees
Last Name	First Nam	ne	Pos	ition/Title	Department/Division
	First Nan	ne	Pos	ition/Title	Department/Division
Last Name					
Verification					
Verification	e of the reported pa	yment(s) as in	compliance wi	th FPPC regula	tions.
	e of the reported pa Deborah C	yment(s) as in herney		th FPPC regula	
Verification	e of the reported pa Deborah C	yment(s) as in herney <sup>Print Name</sup>			

Payment to Agency R	eport A Publi	c Document		PAYMENT TO AGENCY REPOR
I. Agency Name			Date Stamp	California 201
San Bernardino County Em	ployees' Retirement Association	on		Form OUI
Division, Department, or Reg	ion (if applicable)		1	For Official Use Only
Administration				
Street Address			1	
	uite 100, San Bernardino, CA 9	2408		
Area Code/Phone Number	Email	<u> </u>		
909.885.7980			Amendment (ex	plain in comment section)
	dcherney@sbcera.org		Date of Original Fili	na.
Agency Contact (name and title)	055		Date of Original Fill	(month, day, year)
Deborah Cherney, Chief Ex	ecutive Officer			
2. Donor Name and Addre	SS			
☐ Individual			Ares Managemer	nt LLC
Last Name	First Name	_		Name
2000 Avenue of the Stars,		eles	CA	90067
Address	City		State	Zip Code
Ares Management is one of	f the largest global alternative a	asset managers.		
If "Other" is marked, describe the entity'	s business activity (if business) or its nature	and interests.		
S. If an investment	double, the manner of any lower		and the state of the state of	for this no
It applicable, i	dentify the name of each source a	na tne amount(s) re	eceived by the donor	for this payment:
	\$			\$
Name	Amount		Name	Amount
B. Payment Information (C	complete Sections 3.1 (a o	r b), 3.2, 3.3)		
3.1 (a) Travel Payment	West Hollywood, CA		Feb	ruary 6, 2025
•	Location of Travel	I		Dates (month, day, year)
		☐ Bus ☐ Auto	o	
Transportation Provider	Check Applic			Name of Lodging Facility
Φ	125 00			125.00
\$ \$_Lodging Expenses	Meal Expenses \$Transportar	tion Expenses \$	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not rel			\$	
on (w) i ayinoni(a) not lei	with the startest	Dates (month, o		Total Expenses
3.2. Payment Description	. Provide a specific descripti	ion of the navme	ent and its agency	/ purpose and use
				•
	Private Credit and Oppor			-
	ts of travel cost, which inc	ciudes meals, v	will be covered	by Ares Management
LLC.				
3.3. Identify the officials v	vho used the payment in Sec	tion 3.1 (See instru	ctions)	
Abbott	Jacob	Senior Inve	stment Officer	Investments
Last Name	First Name		ition/Title	Department/Division
Edot Hullio	, not raine	1 031		2 oparation of William
Last Name	First Name	Pos	ition/Title	Department/Division
. Varification				
I. Verification				
I authorized the acceptance	of the reported payment(s) as	•	•	
	Deborah Cherney	Chief	Executive Officer	4/2/2025
Velorale Signature Mucy	Print Name		Title	(month, day, year)
08DBE0D1C62140B				
Comment:				
(Use this space or an attachment f	or any additional information)			EDDC Form 901 / Jan/s

Payment to Agency R	eport A	Public Documer	Ιτ	PAYMENT TO AGENCY REPO
. Agency Name			Date Stamp	California 20
San Bernardino County En	nployees' Retirement As	sociation		Form OU
Division, Department, or Reg	gion (if applicable)	7	For Official Use Only	
Administration				
Street Address			7	
348 W. Hospitality Lane, S	uite 100, San Bernardind	o, CA 92408		
Area Code/Phone Number	Email		Amendment (ex	plain in comment section)
909.885.7980	dcherney@sbcera.org	1	<del>-</del>	•
Agency Contact (name and title)	•		Date of Original Fili	ing: (month, day, year)
Deborah Cherney, Chief Ex	xecutive Officer			(month, day, your)
Donor Name and Addre	ess			
☐ Individual		r With Intelligence		
Last Name	First Name	— 	NIV	Name 10010
41 Madison Avenue	City	ew York	NY State	
Connects investors and ma	í			·
If "Other" is marked, describe the entity				
	,			
If applicable,	identify the name of each s	ource and the amount(s)	received by the donor	for this payment:
	\$			\$
Name	Amou	unt	Name	Amount
Transportation Provider	Rail 🔲	n of Travel  Air □ Bus □ Au eck Applicable Boxes	uto 🗌 Other	Dates (month, day, year)  Name of Lodging Facility
•	444.30		Φ.	<sub>e</sub> 444.30
Lodging Expenses	Meal Expenses	↑ ransportation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:		\$	
		Dates (month	n, day, year)	Total Expenses
3.2. Payment Description	a. Provide a specific de	escription of the payr	nent and its agenc	y purpose and use.
Complimentary registr February 11 - 12, 2025		ension Bridge Priv	ate Credit in Car	Isbad, California, on
3.3. Identify the officials	who used the payment	in Section 3.1 (See ins	tructions)	
Fiorino	Louis	Trustee		Board of Trustees
Last Name	First Name	P	osition/Title	Department/Division
Last Name	First Name	P	osition/Title	Department/Division
Verification				
l authorized the acceptance	e of the reported paymer	nt(s) as in compliance	with FPPC regulation	ns.
Deliver C / Line	Deborah Cherne		ef Executive Officer	4/2/2025
Signature 08DBE0D1C62140B	Print N	<u> </u>	Title	(month, day, year)
Comment:				

ayment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California 201
San Bernardino County Em	ployees' Retirement Association	ı		Form OUI
Division, Department, or Reg	ion (if applicable)		1	For Official Use Only
Street Address			1	
348 W. Hospitality Lane, Su	uite 100, San Bernardino, CA 92	408		
Area Code/Phone Number	Email		Amondania (	I
909.885.7980	dcherney@sbcera.org		Amenament (exp	plain in comment section)
Agency Contact (name and title)			Date of Original Filir	ng:
Deborah Cherney, Chief Ex	ecutive Officer			(month, day, year)
2. Donor Name and Addre			l	
Polioi Maille allu Auule	33		Apollo Global Mai	nagement
☐ Individual	First Name	☑ Other	- Total Global Mai	Name
9 West 57th Street, 42nd F			NY	10019
Address	City		State	Zip Code
An American private equity	firm providing investment management	gement and inv	ests in credit, priva	te equity, and real assets.
	s business activity (if business) or its nature a		•	
If applicable, i	dentify the name of each source and	the amount(s) re	eceived by the donor	for this payment:
	\$			\$
Name	Amount		Name	Amount
3. Payment Information (C	complete Sections 3.1 (a or	b), 3.2, 3.3)		
3.1 (a) Travel Payment	Miami, FL		Feb	ruary 24-25, 2025
	Location of Travel			Dates (month, day, year)
	Rail Air [	]Bus □Auto	o □ Other	
Transportation Provider	Check Applicate	le Boxes		Name of Lodging Facility
\$	407.00			\$ <u>407.00</u>
Lodging Expenses	Meal Expenses Transportation	n Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel			\$	
		Dates (month, o	3.3	Total Expenses
3.2. Payment Description	. Provide a specific description	n of the payme	ent and its agency	purpose and use.
No registration fee to a	ttend Apollo's 2025 Credit	Annual Meeti	ing.	
<b>J</b>	, =====================================		5	
3.3 Identify the officials v	who used the payment in Secti	on 3.1 (See instru	ctions)	
-				Investments
Kim	Thomas			Investments
Last Name	First Name	Posi	ition/Title	Department/Division
Last Name	First Name	Pos	ition/Title -	Department/Division
Varification				
I. Verification				
I authorized the acceptance	of the reported payment(s) as in			
Deboral S. Cherney	Deborah Cherney	Chief	Executive Officer	4/2/2025
Signature 08DBE0D1C62140B	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment f	for any additional information)			
(Soc tino space of all attachment i	or arry additional information)			EDDC Form 904 / Jan/6

A aramay Marss	eport		cument			ENT TO AGENCY REPO
. Agency Name				Date Stam	Ca	lifornia gn
San Bernardino County Em	ployees' Retiremer	nt Association				Form OU
Division, Department, or Region (if applicable)						For Official Use Only
Legal Services						
Street Address						
348 W. Hospitality Lane, Su	uite 100, San Berna	rdino, CA 92408				
Area Code/Phone Number 909.885.7980	Email dcherney@sbcera	a.org		☐ Amendment	(explain in comr	nent section)
Agency Contact (name and title) Deborah Cherney, Chief Ex	ecutive Officer			Date of Original	Filing:(mo	onth, day, year)
Donor Name and Addre	ss					
☐ Individual			Other	Partners Group	o (USA) Inc	
Last Name		Name	M Outlot		Name	
201 Mission Street, Suite 1	200	San Francisco				94105
Address		City				ip Code
Partners Group is a global	•	•	•	er 900 institutio	nal investor	s worldwide.
If "Other" is marked, describe the entity	's business activity (if busine	ess) or its nature and intere	ests.			
If applicable, i	dentify the name of e	ach source and the a	mount(s) re	eceived by the do	nor for this pa	ayment:
	\$					\$
Name		Amount		Name		Amount
3.1 (a) Travel Payment	Switzerland	ocation of Travel		- <u>v</u>	March 4-7, 2  Dates (r	nonth, day, year)
United Airlines	Rail	☑ Air ☐ Bus	☐ Auto	Other T	•	tock Lake Luceri
Transportation Provider		Check Applicable Boxe	S			Lodging Facility
\$ <u>5,448.96</u>	1,362.56	\$	\$_			S,119.53
Lodging Expenses	Meal Expenses	Transportation Exper	ises	Other Expenses		Total Expenses
3.1 (b) Payment(s) not re	lated to travel:	<u> </u>	ates (month, d	\$ _	Tot	al Expenses
3.2. Payment Description	Provide a specif			* * *		
Attendance at the Part Account Agreement, co	ners Group Ann omponents of tra	ual General Me	eting 202	25. Pursuant	to the Ma	ster Custody
Partners Group (USA)						
<ul><li>3.3. Identify the officials v</li></ul>	who used the payr	nent in Section 3.	1 (See instruc	etions)		
, ,	who used the payr Thomas			ctions) stment Officer	Investme	ents
3.3. Identify the officials v		S	enior Inves			ents partment/Division
3.3. Identify the officials v	Thomas	<u>S</u>	enior Inves Posi	stment Officer	De	
3.3. Identify the officials of Kim  Last Name  Last Name  Verification	Thomas  First Nam  First Nam	e <u>S</u>	enior Inves Posi	tion/Title	De	partment/Division
3.3. Identify the officials of Kim  Last Name  Last Name  Verification	Thomas  First Nam  First Nam	e <u>S</u>	enior Inves Posi	tion/Title	De	partment/Division partment/Division
3.3. Identify the officials of Kim  Last Name  Last Name  Verification  I authorized the acceptance Docusigned by:  Deboral Standard Stand	Thomas  First Nam  First Nam	yment(s) as in com	Posi Posi Posi	tion/Title	De De	partment/Division
3.3. Identify the officials of Kim  Last Name  Last Name  Verification	Thomas  First Nam  First Nam  of the reported pay	yment(s) as in com	Posi Posi Posi	th FPPC regular	De De	partment/Division partment/Division