

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name: San Bernardino County Employees' Retirement Association. Includes fields for Date Stamp, California Form 801, Division, Department, or Region, Street Address, Area Code/Phone Number, Email, Agency Contact, and Date of Original Filing.

2. Donor Name and Address

Donor information: 7 Winged Foot Drive, Larchmont, NY 10538. Includes checkboxes for Individual and Other (AIF Global).

AIF is an independent economic think tank focusing on institutional investment policy. If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

Identify the name of each source and the amount(s) received by the donor for this payment. Includes fields for Name and Amount.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment: New York, NY; January 14-15, 2025. Includes transportation provider, Rail/Air/Bus/Auto/Other checkboxes, and expense breakdown (Lodging: \$, Meal: \$466.00, Transportation: \$, Other: \$, Total: \$466.00).

3.1 (b) Payment(s) not related to travel: Includes fields for Dates (month, day, year) and Total Expenses.

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Complimentary registration for all qualified investors to attend the 2025 AIF "20th Anniversary" Annual Investors' Meeting. SBCERA is a qualified investor.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Abbott, Jacob; Senior Investment Officer; Investments. Includes fields for Last Name, First Name, Position/Title, and Department/Division.

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Authorized by: Deborah S. Cherney, Chief Executive Officer, dated 4/2/2025. Includes fields for Signature, Print Name, Title, and Date.

Comment: (Use this space or an attachment for any additional information)



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2. Donor Name and Address

Donor information for NEPC, LLC. Includes checkboxes for Individual and Other, and fields for Last Name, First Name, Address, City, State, and Zip Code.

NEPC, LLC is one of the industry's largest independent, full-service investment consulting firms.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Table for donor source information with columns for Name and Amount.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment: Tempe, AZ, February 3-4, 2025. Includes lodging, meal, and transportation expenses.

3.1 (b) Payment(s) not related to travel: Includes fields for Dates and Total Expenses.

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Complimentary registration for all qualified investors to attend NEPC 2025 Public Funds Workshop. SBCERA is a qualified investor.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Table listing officials: Jared (Newcomer), Board of Trustees, and Trustee.

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature verification section for Deborah Cherney, Chief Executive Officer, dated 4/2/2025.

Comment:

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2. Donor Name and Address: NEPC, LLC. Includes fields for Individual/Other selection, Last Name, First Name, Address, City, State, Zip Code, and a section for identifying the name of each source and the amount(s) received.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3). Section 3.1 (a) Travel Payment: Tempe, AZ, February 3-4, 2025. Includes lodging, meal, and transportation expenses.

3.2. Payment Description: Complimentary registration for all qualified investors to attend NEPC 2025 Public Funds Workshop. SBCERA is a qualified investor. 3.3. Identify the officials who used the payment in Section 3.1: Bracco, Marc, Trustee, Board of Trustees.

4. Verification: I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Signed by Deborah S. Cherney, Chief Executive Officer, on 4/2/2025.



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PAYMENT TO AGENCY REPORT

1. Agency Name San Bernardino County Employees' Retirement Association		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408			
Area Code/Phone Number 909.885.7980	Email dcherney@sbcera.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other NEPC, LLC

_____ Last Name First Name _____ Name
 255 State Street Boston MA 02109
 Address City State Zip Code

NEPC, LLC is one of the industry's largest independent, full-service investment consulting firms.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

—————> If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____ \$ _____ Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Tempe, AZ February 3-4, 2025
 _____ Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other Tempe Mission Palms Hotel
 Transportation Provider Check Applicable Boxes 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 related to travel: _____ \$ _____
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Complimentary registration for all qualified investors to attend NEPC 2025 Public Funds Workshop. SBCERA is a qualified investor.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

<u>Waner</u> Last Name	<u>Neal</u> First Name	<u>Trustee</u> Position/Title	<u>Board of Trustees</u> Department/Division
_____	_____	_____	_____
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

DocuSigned by: Deborah S. Cherney Deborah Cherney Chief Executive Officer 4/2/2025
 Signature Print Name Title (month, day, year)

Comment:

(Use this space or an attachment for any additional information)



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1. Agency Name: San Bernardino County Employees' Retirement Association. Includes fields for Date Stamp, California Form 801, Division, Street Address, Area Code/Phone Number, Email, Agency Contact, and Date of Original Filing.

2. Donor Name and Address: Ares Management LLC. Includes fields for Individual/Other selection, Last Name, First Name, Address, City, State, Zip Code, and a note about business activity.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3). 3.1 (a) Travel Payment: West Hollywood, CA, February 6, 2025. Includes transportation provider, Rail/Air/Bus/Auto/Other checkboxes, and expense breakdown (Lodging: \$, Meal: \$125.00, Transportation: \$, Other: \$, Total: \$125.00).

3.1 (b) Payment(s) not related to travel: \$, Dates (month, day, year), Total Expenses. 3.2. Payment Description: Attendance at the Ares Private Credit and Opportunities. Pursuant to the Master Custody Account Agreement, components of travel cost, which includes meals, will be covered by Ares Management LLC. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions). Includes fields for Last Name, First Name, Position/Title, and Department/Division for Abbott Jacob, Senior Investment Officer, Investments.

4. Verification: I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Includes DocuSigned by: Deborah Cherney, Chief Executive Officer, dated 4/2/2025. Includes a Comment field.



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2. Donor Name and Address

Donor information: Individual or Other With Intelligence. Includes fields for Last Name, First Name, Address, City, State, and Zip Code.

Connects investors and managers to the people and insight-enriched data they need to raise and allocate assets.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Source information table with columns for Name and Amount.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment: Carlsbad, CA, February 11-12, 2025. Includes transportation provider, lodging facility, and expense breakdown (Lodging, Meal, Transportation, Other, Total).

3.1 (b) Payment(s) not related to travel: Includes fields for Dates and Total Expenses.

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Complimentary registration to attend the Pension Bridge Private Credit in Carlsbad, California, on February 11 - 12, 2025.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Official information table with columns for Last Name, First Name, Position/Title, and Department/Division.

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature verification: Deborah S. Cherney, Chief Executive Officer, dated 4/2/2025.

Comment:

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PAYMENT TO AGENCY REPORT

1. Agency Name San Bernardino County Employees' Retirement Association		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408			
Area Code/Phone Number 909.885.7980	Email dcherney@sbcera.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Apollo Global Management

_____ Last Name First Name _____ Name
 9 West 57th Street, 42nd Floor New York NY 10019
 Address City State Zip Code

An American private equity firm providing investment management and invests in credit, private equity, and real assets.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

—————> If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____ \$ _____ Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Miami, FL February 24-25, 2025
 Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ 407.00 \$ _____ \$ _____ \$ 407.00
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ _____
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

No registration fee to attend Apollo's 2025 Credit Annual Meeting.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

<u>Kim</u>	<u>Thomas</u>	<u>Senior Investment Officer</u>	<u>Investments</u>
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Deborah S. Cherney Deborah Cherney Chief Executive Officer 4/2/2025
 DocuSigned by: Signature Print Name Title (month, day, year)

Comment:

(Use this space or an attachment for any additional information)



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1. Agency Name: San Bernardino County Employees' Retirement Association. Includes fields for Date Stamp, California Form 801, Division, Street Address, Area Code/Phone Number, Email, and Agency Contact.

2. Donor Name and Address

Donor information for Partners Group (USA) Inc. Includes fields for Individual/Other checkboxes, Last Name, First Name, Address, City, State, and Zip Code.

Partners Group is a global private markets investment manager, serving over 900 institutional investors worldwide.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Table for donor source information with columns for Name and Amount.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment: Switzerland, March 4-7, 2025. Includes transportation provider (United Airlines), lodging facility (The Burgenstock Lake Lucerne), and expense breakdown (Lodging, Meal, Transportation, Other, Total).

3.1 (b) Payment(s) not related to travel: Includes fields for Dates and Total Expenses.

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Attendance at the Partners Group Annual General Meeting 2025. Pursuant to the Master Custody Account Agreement, components of travel cost, including airfare and lodging will be covered by Partners Group (USA) Inc.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Table for officials: Kim Thomas, Senior Investment Officer, Investments. Includes fields for Last Name, First Name, Position/Title, and Department/Division.

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature verification section for Deborah Cherney, Chief Executive Officer, dated 4/2/2025.

Comment:

(Use this space or an attachment for any additional information)

