Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

1. Agency Name

San Bernardino County Employees' Retirement Association

Division, Department, or Region (if applicable)

Administration

Street Address

348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408

Area Code/Phone Number	Email
909.885.7980	dcherney@sbcera.org

Agency Contact (name and title)

Deborah Cherney, Chief Executive Officer

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☑ Other Kayne Anderson Capital Advisors, L.P. (Name)

2121 Avenue of the Stars, 9th Floor (Address) | Los Angeles (City) | CA (State) | 90067 (Zip Code)

An alternative investment mgmt firm focused on real estate, credit, infrastructure/energy, renewables, and growth capital.

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

Boca Raton, FL (Location of Travel) | April 8-9, 2026 (Dates (month, day, year))

JetBlue Airlines (Transportation Provider) ☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) | The Boca Raton Hotel (Name of Lodging Facility)

$1,950.00	$590.00	$845.00	$_____	$3,385.00
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.

Attendance at the Kayne Anderson RE Partnership Adv. Board & Dinner Meeting. Pursuant to the Master Custody Account Agreement, components of travel cost, including airfare and lodging will be covered by Kayne Anderson Capital Advisors, L.P.

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

Last Name	First Name	Position/Title	Department/Division
Kim	Thomas	Deputy CIO	Investments

4. Verification

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

Signature	Print Name	Title	(month, day, year)
Docusigned by: Deborah S. Cherney 08DBE0D1C62140B...	Deborah Cherney	Chief Executive Officer	7/30/2026

Comment:

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

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PAYMENT TO AGENCY REPORT

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1. Agency Name

San Bernardino County Employees' Retirement Association

Division, Department, or Region (if applicable)

Legal Services

Street Address

348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408

Area Code/Phone Number: 909.885.7980

Email: dcherney@sbcera.org

Agency Contact (name and title)

Deborah Cherney, Chief Executive Officer

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☑ Other Partners Group (USA) Inc. (Name)

201 Mission Street, Suite 1200 (Address) San Francisco (City) CA (State) 94105 (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:

_____ (Name) $_____ (Amount) _____ (Name) $_____ (Amount)

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

3.1 (a) Travel Payment

Switzerland (Location of Travel) April 13-15, 2026 (Dates (month, day, year))

American Airlines (Transportation Provider)

☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes)

Burgenstock Resort (Name of Lodging Facility)

$2,240.00	$1,050.00	$13,465.43	$	$16,755.43
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.

Attendance at the Partners Group Annual General Meeting 2026. 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)

Last Name	First Name	Position/Title	Department/Division
Thanki	Amit	Senior Investment Officer	Investments

4. Verification

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

Docusigned by: Deborah S. Cherney 08DBE0D1C62140B... (Signature) | Deborah Cherney (Print Name) | Chief Executive Officer (Title) | 7/30/2026 (month, day, year)

Comment:

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348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408

Area Code/Phone Number: 909.885.7980

Email: dcherney@sbcera.org

Agency Contact (name and title)

Deborah Cherney, Chief Executive Officer

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☑ Other With Intelligence (Name)

41 Madison Avenue (Address) New York (City) NY (State) 10010 (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:

_____ (Name) $_____ (Amount) _____ (Name) $_____ (Amount)

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

3.1 (a) Travel Payment

Los Angeles, CA (Location of Travel)

April 20-22, 2026 (Dates (month, day, year))

_____ (Transportation Provider)

☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes)

_____ (Name of Lodging Facility)

$ Lodging Expenses	$ 930.00 Meal Expenses	$ Transportation Expenses	$ Other Expenses	$ 930.00 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 to attend the Pension Bridge Annual 2026 in Los Angeles, California, on April 20-22, 2026.

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

Last Name	First Name	Position/Title	Department/Division
Thanki	Amit	Senior Investment Officer	Investments

4. Verification

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

DocuSigned by: Deborah S. Cherney (Signature) 08DBE0D1C62140B...

Deborah Cherney (Print Name) Chief Executive Officer (Title) 7/30/2026 (month, day, year)

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Area Code/Phone Number	Email
909.885.7980	dcherney@sbcera.org

Agency Contact (name and title)

Deborah Cherney, Chief Executive Officer

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☑ Other Institutional Investor (Name)

1120 Ave of the Americas, 6th Fl (Address) | New York (City) | NY (State) | 10036 (Zip Code)

Institutional Investor is a leading international business to business publisher, focused primarily on international finance.

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

Los Angeles, CA (Location of Travel) | April 27-29, 2026 (Dates (month, day, year))

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

$ Lodging Expenses	$ Meal Expenses	$ Transportation Expenses	$ Other Expenses	$ Total Expenses
	736.00			736.00

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.

Attendance at Institutional Investor 2026 Public Funds Roundtable on April 27-29, 2026, in Los Angeles, California.

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

Last Name	First Name	Position/Title	Department/Division
Fiorino	Louis	Trustee	Board of Trustees

4. Verification

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

DocuSigned by: Deborah S. Cherney 08DBE0D1C62140B... (Signature) | Deborah Cherney (Print Name) | Chief Executive Officer (Title) | 7/30/2026 (month, day, year)

Comment:

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Street Address

348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408

Area Code/Phone Number: 909.885.7980

Email: dcherney@sbcera.org

Agency Contact (name and title)

Deborah Cherney, Chief Executive Officer

Date Stamp

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☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☑ Other Institutional Investor (Name)

1120 Ave of the Americas, 6th Fl (Address) | New York (City) | NY (State) | 10036 (Zip Code)

Institutional Investor is a leading international business to business publisher, focused primarily on international finance.

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

Los Angeles, CA (Location of Travel)

April 28-29, 2026 (Dates (month, day, year))

_____ (Transportation Provider)

☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes)

_____ (Name of Lodging Facility)

$_____ (Lodging Expenses) $736.00 (Meal Expenses) $_____ (Transportation Expenses) $_____ (Other Expenses) $736.00 (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.

Attendance at Institutional Investor 2026 Public Funds Roundtable on April 28-29, 2026, in Los Angeles, California.

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

Last Name	First Name	Position/Title	Department/Division
Mukhopadhyay	Shreemoyee	Assoc. Investment Officer	Investments

4. Verification

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

DocuSigned by: Deborah S. Cherney 08DBE0D1C62140B... (Signature) | Deborah Cherney (Print Name) | Chief Executive Officer (Title) | 7/30/2026 (month, day, year)

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Area Code/Phone Number	Email
909.885.7980	dcherney@sbcera.org

Agency Contact (name and title)

Deborah Cherney, Chief Executive Officer

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☑ Other Markets Group (Name)

44 E 32nd Street, Floor 4 (Address) | New York (City) | NY (State) | 10016 (Zip Code)

Markets Group is an executive forum organizer in the financial services sector.

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

Seattle, WA (Location of Travel) | April 30, 2026 (Dates (month, day, year))

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

$ Lodging Expenses	$ Meal Expenses	$ Transportation Expenses	$ Other Expenses	$ Total Expenses
	95.00			95.00

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.

Attendance at the Markets Group 2026 Pacific Northwest Institutional Forum in Seattle, WA.

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

Last Name	First Name	Position/Title	Department/Division
Cherney	Deborah	Chief Executive Officer	Administration

4. Verification

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

DocuSigned by: F0A37EFE73964BF... (Signature) | Barbara Hannah (Print Name) | Chief Counsel (Title) | 8/12/2026 (month, day, year)

Comment:

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Administration

Street Address

348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408

Area Code/Phone Number: 909.885.7980

Email: dcherney@sbcera.org

Agency Contact (name and title)

Deborah Cherney, Chief Executive Officer

Date Stamp

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☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☑ Other Markets Group (Name)

44 E 32nd Street, Floor 4 (Address) | New York (City) | NY (State) | 10016 (Zip Code)

Markets Group is an executive forum organizer in the financial services sector.

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

Seattle, WA (Location of Travel) | April 30, 2026 (Dates (month, day, year))

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

$_____ (Lodging Expenses) | $95.00 (Meal Expenses) | $_____ (Transportation Expenses) | $_____ (Other Expenses) | $95.00 (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.

Attendance at the Markets Group 2026 Pacific Northwest Institutional Forum in Seattle, WA.

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

Last Name	First Name	Position/Title	Department/Division
Newcomer	Jared	Trustee	Board of Trustees

4. Verification

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

DocuSigned by: Deborah S. Cherney 08DBE0D1C62140B... (Signature) | Deborah Cherney (Print Name) | Chief Executive Officer (Title) | 7/30/2026 (month, day, year)

Comment:

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Area Code/Phone Number	Email
909.885.7980	dcherney@sbcera.org

Agency Contact (name and title)

Deborah Cherney, Chief Executive Officer

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☑ Other Markets Group (Name)

44 E 32nd Street, Floor 4 (Address) | New York (City) | NY (State) | 10016 (Zip Code)

Markets Group is an executive forum organizer in the financial services sector.

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

Seattle, WA (Location of Travel) | April 30, 2026 (Dates (month, day, year))

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

$ Lodging Expenses	$ Meal Expenses	$ Transportation Expenses	$ Other Expenses	$ Total Expenses
$	$ 95.00	$	$	$ 95.00

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.

Attendance at the Markets Group 2026 Pacific Northwest Institutional Forum in Seattle, WA.

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

Last Name	First Name	Position/Title	Department/Division
Pierce	Donald	Chief Investment Officer	Investments

4. Verification

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

Signature	Print Name	Title	(month, day, year)
DocuSigned by: Deborah S. Cherney 08DBE0D1C62140B...	Deborah Cherney	Chief Executive Officer	7/30/2026

Comment:

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Street Address

348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408

Area Code/Phone Number: 909.885.7980

Email: dcherney@sbcera.org

Agency Contact (name and title)

Deborah Cherney, Chief Executive Officer

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual — Last Name _____ First Name _____

☑ Other — Name: PGIM Real Estate Investors

Address: 7 Giralda Farms | City: Madison | State: NJ | Zip Code: 07940

Global real estate investors with $66 billion in assets under management in the Americas, Europe, and Asia Pacific.

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

Location of Travel: Miami, FL

Dates (month, day, year): May 14-16, 2026

Transportation Provider: Delta Airlines

Check Applicable Boxes: ☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other

Name of Lodging Facility: St. Regis Bal Harbour

$ Lodging Expenses	$ Meal Expenses	$ Transportation Expenses	$ Other Expenses	$ Total Expenses
1,700.00	1,500.00	1,079.00		4,279.00

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.

Attendance at the PGIM Real Estate Investors 2026 Global Client Conference. Pursuant to the Limited Partnership Agreement, components of travel cost, including airfare and lodging will be covered by Limited Partnership of PRISA III Fund LP.

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

Last Name	First Name	Position/Title	Department/Division
Abbott	Jacob	Senior Investment Officer	Investments

4. Verification

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

Signature	Print Name	Title	(month, day, year)
DocuSigned by: Deborah S. Cherney 08DBE0D1C62140B...	Deborah Cherney	Chief Executive Officer	7/30/2026

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Area Code/Phone Number

909.885.7980

Email

dcherney@sbcera.org

Agency Contact (name and title)

Deborah Cherney, Chief Executive Officer

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☑ Other Milken Institute (Name)

1250 Fourth Street (Address) | Santa Monica (City) | CA (State) | 90401 (Zip Code)

Increase global prosperity by advancing collaborative solutions that widen access to capital, create jobs, improve health.

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

Beverly Hills, CA (Location of Travel)

May 3-6, 2026 (Dates (month, day, year))

_____ (Transportation Provider)

☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes)

_____ (Name of Lodging Facility)

$_____ (Lodging Expenses) $400.00 (Meal Expenses) $_____ (Transportation Expenses) $_____ (Other Expenses) $400.00 (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.

Invitation to attend 2026 Milken Institute Global Conference on May 3-6, 2026, in Beverly Hills, California.

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

Last Name	First Name	Position/Title	Department/Division
Kim	Thomas	Deputy CIO	Investments

4. Verification

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

Docusigned by: Deborah S. Cherney 08DBE0D1C62140B... (Signature) | Deborah Cherney (Print Name) | Chief Executive Officer (Title) | 7/30/2026 (month, day, year)

Comment:

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Area Code/Phone Number	Email
909.885.7980	dcherney@sbcera.org

Agency Contact (name and title)

Deborah Cherney, Chief Executive Officer

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☑ Other Apollo Global Management (Name)

9 West 57th Street, 42nd Floor (Address) | New York (City) | NY (State) | 10019 (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

Beverly Hills, CA (Location of Travel) | May 4, 2026 (Dates (month, day, year))

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

$ Lodging Expenses	$ Meal Expenses	$ Transportation Expenses	$ Other Expenses	$ Total Expenses
	160.00			160.00

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.

Attendance at Public Pensions Apollo Roundtable & Reception at 2026 Milken Institute Global Conference on May 4, 2026, in Beverly Hills, California.

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

Last Name	First Name	Position/Title	Department/Division
Kim	Thomas	Deputy CIO	Investments

4. Verification

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

DocuSigned by: Deborah S. Cherney (Signature) 08DBE0D1C62140B... | Deborah Cherney (Print Name) | Chief Executive Officer (Title) | 7/30/2026 (month, day, year)

Comment:

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

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