

## Payment to Agency Report

## A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

1. Agency Name San Bernardino County Employees' Retirement Association Division, Department, or Region (if applicable)		Date Stamp
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

<input type="checkbox"/> Individual	Last Name	First Name	<input checked="" type="checkbox"/> Other	Goldman Sachs
200 West Street		New York	NY	10282
Address	City		State	Zip Code

A global investment banking, securities, and investment management firm.

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

3.1 (a) Travel Payment	New York, NY	Location of Travel	October 21-22, 2025
Transportation Provider	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Check Applicable Boxes	Dates (month, day, year)
\$ Lodging Expenses	\$ 500.00	\$ Transportation Expenses	\$ 500.00
	Meal Expenses		Total Expenses
3.1 (b) Payment(s) not related to travel:		\$ Total Expenses	
Dates (month, day, year)			

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

Attendance at Goldman Sachs Alternatives Summit &amp; AGM in New York, NY, on October 21-22 2025.

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

Thanki	Amit	Senior Investment Officer	Investments
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 Signature 08DBE0D1C62140B...	Deborah Cherney Print Name	Chief Executive Officer Title	1/6/2026 (month, day, year)
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Comment:

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

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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	<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

<input type="checkbox"/> Individual	Last Name	First Name	<input checked="" type="checkbox"/> Other	Gramercy Capital Solutions
				Name
				CA
Address	City		State	Zip Code

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	Greenwich, CT	Location of Travel	October 27, 2025
American Airlines	Transportation Provider	<input type="checkbox"/> Rail <input checked="" type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Dates (month, day, year)
\$ 838.18	\$ 100.00	\$ 496.96	J House Greenwich
Lodging Expenses	Meal Expenses	Transportation Expenses	Name of Lodging Facility
\$ 301.75		\$ 1,736.89	
		Total Expenses	
3.1 (b) Payment(s) not related to travel:		\$	Total Expenses
		Dates (month, day, year)	

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

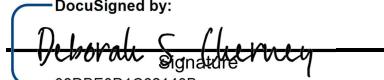
Attendance at the Gramercy Capital Solutions Advisory Committee Meeting. Pursuant to the Master Custody Account Agreement, components of travel cost, including airfare and lodging will be covered by Gramercy Capital Solutions.

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

Thanki	Amit	Senior Investment Officer	Investments
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.

DocuSigned by:  08DBE0D1C62140B...	Print Name Deborah Cherney	Title Chief Executive Officer	Date 1/6/2026
			(month, day, year)

Comment:

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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

<input type="checkbox"/> Individual	Last Name 30 Hotaling Place, 3rd Floor	First Name San Francisco	<input checked="" type="checkbox"/> Other	Industry Ventures Name CA 94111
Address	City	State	Zip Code	

Innovative, full-stack venture capital &amp; growth firm that applies an entrepreneurial mindset to unlock unique opportunities.

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

3.1 (a) Travel Payment	San Francisco, CA	Location of Travel	November 4-5, 2025
American Airlines	Transportation Provider	<input type="checkbox"/> Rail <input checked="" type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Dates (month, day, year)
\$ 905.34	\$ 480.00	\$ 436.61	\$ 299.18
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses
\$ 2,121.13		Total Expenses	
3.1 (b) Payment(s) not related to travel:		\$	Total Expenses
		Dates (month, day, year)	

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

Attendance at the Industry Ventures 2025 Annual Meeting. Pursuant to the Master Custody Account Agreement, components of travel cost, including airfare, lodging and meals will be covered by the Manager or General Partner.

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

Thanki	Amit	Senior Investment Officer	Investments
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	1/6/2026
Signature 08DBE0D1C62140B...	Print Name	Title	(month, day, year)

Comment:

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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

<input type="checkbox"/> Individual	Last Name	First Name	<input checked="" type="checkbox"/> Other	ILPA
801 18th Street N.W., Suite 300		Washington	D.C.	82000
Address	City	State	Zip Code	

ILPA partners with organizations to cultivate best practices/improve the quality and flow of info related to private equity.

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	New York, NY	Location of Travel	November 4-6, 2025
Transportation Provider	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Check Applicable Boxes	Dates (month, day, year)
\$ Lodging Expenses	\$ 238.00	\$ Transportation Expenses	\$ 238.00
	Meal Expenses		Total Expenses
3.1 (b) Payment(s) not related to travel:		\$ Total Expenses	
Dates (month, day, year)			

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

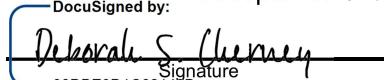
Attendance at the ILPA Summit 2025 in New York, NY, on November 4-6, 2025.

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

Abbott	Jacob	Senior Investment Officer	Investments
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.

DocuSigned by:  08DBE0D1C62140B...	Deborah Cherney	Chief Executive Officer	1/6/2026
	Print Name	Title	(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	<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

<input type="checkbox"/> Individual	Last Name	First Name	<input checked="" type="checkbox"/> Other	Kayne Anderson Capital Advisors, L.P.		
2121 Avenue of the Stars, 9th Floor		Los Angeles	CA	90067		
Address	City		State	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
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## 3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment	Los Angeles, CA	November 6-7, 2025		
Location of Travel		Dates (month, day, year)		
Transportation Provider	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Terranea Resort		
Check Applicable Boxes	Name of Lodging Facility			
\$ 457.00 Lodging Expenses	\$ 435.00 Meal Expenses	\$ 892.00 Transportation Expenses	\$ 892.00 Other Expenses	\$ 892.00 Total Expenses
3.1 (b) Payment(s) not related to travel:		Total Expenses		
		Dates (month, day, year)		

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

Attendance at the Kayne Anderson 2025 Investor Conference (registration is complimentary).

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

Kim	Thomas	Senior Investment Officer	Investments
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 Signature 08DBE0D1C610B...	Deborah Cherney Print Name	Chief Executive Officer Title	1/6/2026 (month, day, year)
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Comment:

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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

<input type="checkbox"/> Individual	Last Name	First Name	<input checked="" type="checkbox"/> Other	Patria Investments Limited
601 Lexington Avenue, 55th floor		New York	NY	10022
Address	City	State	Zip Code	

Patria is a leading alternative investment firm with specialized experience in key resilient sectors.

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

3.1 (a) Travel Payment	London, England	Location of Travel	November 12, 2025
American Airlines	Transportation Provider	<input type="checkbox"/> Rail <input checked="" type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Dates (month, day, year)
\$ 878.79	\$ 50.00	\$ 9,259.43	Marbel Arch Mariott
Lodging Expenses	Meal Expenses	Transportation Expenses	Name of Lodging Facility
\$ 10,188.22		\$	Total Expenses
3.1 (b) Payment(s) not related to travel:		\$	Total Expenses
Dates (month, day, year)			

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

Attendance at the Patria SOF Advisory Committee Meeting . Pursuant to the Master Custody Account Agreement, components of travel cost, including airfare, lodging and meals will be covered by the Manager or General Partner.

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

Thanki	Amit	Senior Investment Officer	Investments
Last Name	First Name	Position/Title	Department/Division
Last 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  
 08DBE0D1C62140B... Print Name  
 1/6/2026 (month, day, year)

Comment:

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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

<input type="checkbox"/> Individual	Last Name	First Name	<input checked="" type="checkbox"/> Other	LuminArx Capital Management
712 Fifth Avenue, 23rd Floor		New York	NY	10019
Address	City	State	Zip Code	

A global alternative investment manager focused on Special Situations investing.

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	New York, NY	Location of Travel	November 20, 2025
Transportation Provider	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Check Applicable Boxes	Dates (month, day, year)
\$ Lodging Expenses	\$ 121.00	\$ Transportation Expenses	\$ 121.00
Meal Expenses		Other Expenses	Total Expenses
3.1 (b) Payment(s) not related to travel:		\$ Total Expenses	
Dates (month, day, year)			

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

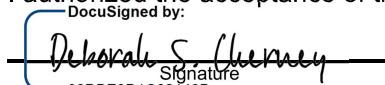
Attendance at the LuminArx IAB Meeting and Investor Forum in New York, NY, on November 20, 2025.

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

Kim	Thomas	Senior Investment Officer	Investments
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.

DocuSigned by:  
 Deborah S. Cherney  
 Signature: 08DBE0D1C62140B...  
 Print Name: Deborah Cherney  
 Title: Chief Executive Officer  
 Date: 1/6/2026  
 (month, day, year)

Comment:

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Area Code/Phone Number 909.885.7980	Email dcherney@sbcera.org	<input type="checkbox"/> <b>Amendment</b> (explain in comment section) <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer			

## 2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name	First Name	<input checked="" type="checkbox"/> Other	PGIM Real Estate Investors
7 Giralta Farms		Madison	Name N.J. 07940	
Address		City	State	Zip Code

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	Los Angeles, CA	December 2, 2025		
Location of Travel		Dates (month, day, year)		
Transportation Provider	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Name of Lodging Facility		
\$ Lodging Expenses	\$ Meal Expenses	\$ Transportation Expenses	\$ Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not related to travel:		Total Expenses		
		Dates (month, day, year)		

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

Invitation to attend the PGIM Real Estate Los Angeles Round Table (complimentary registration).

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

Abbott	Jacob	Senior Investment Officer	Investments
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 08DBE0D1C62 Signature	Deborah Cherney	Chief Executive Officer	1/6/2026
Print Name		Title	(month, day, year)

Comment:

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