

Payment to Agency Report

A Public Document

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) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer			

2. Donor Name and Address

Individual _____ Other Investment Diversity Advisory Council

Last Name: _____ First Name: _____ Name: _____
 1200 Entrepreneurial Drive Broomfield CO 80021
 Address City State Zip Code

IDAC is a non-profit organization that brings together various professionals across the asset management industry.
 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 1/21/26 - 1/22/26

Location of Travel Dates (month, day, year)

Rail Air Bus Auto Other
 Check Applicable Boxes

Transportation Provider _____ Name of Lodging Facility _____
 \$ _____ \$ 245.00 \$ _____ \$ _____ \$ 245.00
 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 Investment Diversity Advisory Council (IDAC) Board Meeting & Regional Event in Los Angeles, California, on January 21 - 22, 2026, which includes meals covered by IDAC.

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.

Signed by: Deborah S. Cherney Deborah Cherney Chief Executive Officer 4/10/2026
 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, Street Address (348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408), Area Code/Phone Number (909.885.7980), Email (dcherney@sbcera.org), and Agency Contact (Deborah Cherney, Chief Executive Officer).

2. Donor Name and Address

Other NEPC, LLC. Last Name: 255 State Street, First Name: Boston, MA 02109. Includes checkboxes for Individual and Other.

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 with columns for 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; January 27-28, 2026; Tempe Mission Palms Hotel. Includes transportation provider (Rail, Air, Bus, Auto, Other) and expense breakdown (Lodging: \$570.00, Meal: \$212.00, Transportation: \$, Other: \$, Total: \$782.00).

3.1 (b) Payment(s) not related to travel: 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 NEPC 2026 Public Funds Workshop. SBCERA is a qualified investor.

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

Table with columns for Last Name, First Name, Position/Title, Department/Division. Entry: 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: Barbara Hannah, Chief Counsel, 4/14/2026. Includes signature and fields for 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: NEPC, LLC. Includes fields for Individual/Other selection, Last Name, First Name, Address (255 State Street, Boston, MA 02109), and a description of the donor's business activity.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3): 3.1 (a) Travel Payment to Tempe, AZ, January 27-28, 2026, at Tempe Mission Palms Hotel. Includes expense breakdown: Lodging (\$653.00), Meal (\$230.00), Transportation, Other, and Total (\$883.00).

3.2. Payment Description: Complimentary registration for all qualified investors to attend NEPC 2026 Public Funds Workshop. SBCERA is a qualified investor.

3.3. Identify the officials who used the payment in Section 3.1: Pierce, Donald, Chief Investment Officer, Investments Department.

4. Verification: I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Signed by Deborah Cherney, Chief Executive Officer, on 4/10/2026.

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2. Donor Name and Address: NEPC, LLC. Includes fields for Individual/Other selection, Name, Address, City, State, Zip Code, and a section for identifying sources and amounts.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3). Section 3.1 (a) Travel Payment: Tempe, AZ, January 27-28, 2026. Includes transportation provider, expenses (Lodging: \$570.00, Meal: \$212.00, Total: \$782.00), and 3.1 (b) Payment(s) not related to travel.

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 2026 Public Funds Workshop. SBCERA is a qualified investor.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions). Lists Bracco Marc as a Trustee on the 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 4/10/2026.

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



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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 description of the donor's business activity.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3). Section 3.1 (a) Travel Payment: Tempe, AZ, January 27-28, 2026. Includes transportation provider, mode of transport, and expense breakdown (Lodging: \$570.00, Meal: \$212.00, Total: \$782.00).

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 NEPC 2026 Public Funds Workshop. SBCERA is a qualified investor.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions). Includes fields for Newcomer (Jared), Trustee, and Board of Trustees with 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. Includes a signature block for Deborah Cherney, Chief Executive Officer, dated 4/10/2026, and a comment field.



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2. Donor Name and Address

Other NEPC, LLC. Includes fields for Individual/Other selection, 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. Includes Name and Amount fields.

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

3.1 (a) Travel Payment: Tempe, AZ; January 27-28, 2026; Tempe Mission Palms Hotel. Includes transportation provider, Rail/Air/Bus/Auto/Other checkboxes, and expense breakdown (Lodging: \$570.00, Meal: \$212.00, Total: \$782.00).

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

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 2026 Public Funds Workshop. SBCERA is a qualified investor.

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

Waner, Neal, Trustee, Board of Trustees. Includes Last Name, First Name, Position/Title, and Department/Division fields.

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Deborah S. Cherney, Chief Executive Officer, 4/10/2026. Includes Signature, Print Name, Title, and Date fields.

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



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2. Donor Name and Address

Individual or Other (KKCFR) donor information. Includes fields for Last Name, First Name, Address, City, State, and Zip Code.

KKCFR bridges the canyon between investment practitioner and academic research.

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: San Diego, CA, 2/4/26. Includes transportation provider, meal expenses (\$203.00), and total expenses (\$203.00).

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 Joint Kroner and Koenigsberger Center for Financial Research (KKCFR) and Chartered Alternative Investment Analyst Association (CAIA) Conference in San Diego, California, on February 4, 2026.

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

Table listing officials: Thanki Amit, Senior Investment Officer, Investments. Includes 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 for Deborah S. Cherney, Chief Executive Officer, dated 4/10/2026.

Comment:

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



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2. Donor Name and Address

Donor information: Apollo Global Management, NY 10019. Includes checkboxes for Individual and Other, and fields for Last Name, First Name, Address, City, State, and 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 Beach, FL, March 2-3, 2026. Includes transportation provider, Rail/Air/Bus/Auto/Other checkboxes, and expense breakdown (Lodging: \$, Meal: \$407.00, Transportation: \$, Other: \$, Total: \$407.00).

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.

No registration fee to attend 2026 Apollo Credit Annual Meeting.

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

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

4. Verification

Authorized by: Deborah S. Cherney, Deborah Cherney, Chief Executive Officer, 4/10/2026. Includes signature and fields for 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: Beach Point Capital. Includes checkboxes for Individual and Other, and fields for Last Name, First Name, Address, City, State, and Zip Code.

Beach Point Capital is a global alternative investment manager focused on opportunities across the credit spectrum.

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: Santa Monica, CA, March 11, 2026. Includes transportation provider, Rail/Air/Bus/Auto/Other checkboxes, 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 Beach Point Capital AGM 2026 in Santa Monica, California, on March 11, 2026.

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

Table listing officials: Thanki, Amit, 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 S. Cherney, Chief Executive Officer, dated 4/10/2026.

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, Street Address, Area Code/Phone Number, Email, and Agency Contact.

2. Donor Name and Address

Donor information for Lone View Capital, including checkboxes for Individual and Other, and fields for Last Name, First Name, Address, City, State, and Zip Code.

Lone View Capital is a growth-oriented private equity firm investing across the technology ecosystem. If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

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

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

3.1 (a) Travel Payment: Santa Monica, CA, 3/12/26. Includes transportation provider, meal expenses (\$265.00), and total expenses (\$265.00).

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. Attendance at the Lone View Capital 2026 AGM in Santa Monica, California, on March 12, 2026.

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

Table listing officials: Thanki Amit, 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. Signed by Deborah S. Cherney, Chief Executive Officer, dated 4/10/2026.

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Division, Department, or Region (if applicable) Administration			
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 Markets Group

_____ Last Name _____ First Name _____ Name _____
 44 E 32nd Street, Floor 4 _____ New York NY 10016
 Address _____ City _____ State _____ 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 Los Angeles, CA March 23-25, 2026
 _____ Location of Travel _____ Dates (month, day, year) _____

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

\$ _____ \$ 600.00 \$ _____ \$ _____ \$ 600.00
 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 2026 ALTSLA Annual Conference in Los Angeles, CA.

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

<u>Mukhopadhyay</u>	<u>Shreemoyee</u>	<u>Assoc. 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 4/10/2026
 _____ Signature _____ Print Name _____ Title _____ (month, day, year)

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

