# **FORM ADV**

# UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT BY EXEMPT REPORTING ADVISERS

Primary Business Name: WELLS TRECASO FINANCIAL GROUP, LLC CRD Number: 289899

Annual Amendment - All Sections Rev. 10/2021

| W    | <b>ARNING:</b> Complete this form truthfully. False statements criminal prosecution. You must keep this form  |  |  |  |  |
|------|---|--|--|--|--|
| te   | m 1 Identifying Information   |  |  |  |  |
| info | sponses to this Item tell us who you are, where you are dormation in Item 1 should be provided for the <i>filing advise</i> istration.              |  |  |  |  |
| A.   | Your full legal name (if you are a sole proprietor, your lewells TRECASO FINANCIAL GROUP, LLC   | ast, first, and middle names):   |  |  |  |
| В.   | (1) Name under which you primarily conduct your advisuable TRECASO FINANCIAL GROUP, LLC   | sory business, if different from Item 1.A  |  |  |  |
|      | List on Section 1.B. of Schedule D any additional name  | s under which you conduct your advisor   | y business.  |  |  |
|      | (2) If you are using this Form ADV to register more that  | an one investment adviser under an <i>uml</i>  | brella registration, check this box $\square$  |  |  |
|      | If you check this box, complete a Schedule R for each i   | relying adviser.   |  |  |  |
| C.   | If this filing is reporting a change in your legal name (I the name change is of $\square$ your legal name or $\square$ your primary business name: | tem 1.A.) or primary business name (It   | em 1.B.(1)), enter the new name and specify whether  |  |  |
| D.   | (1) If you are registered with the SEC as an investmen  | t adviser, your SEC file number: <b>801-1</b> :  | 12139  |  |  |
|      | (2) If you report to the SEC as an exempt reporting ad  | viser, your SEC file number:   |  |  |  |
|      | (3) If you have one or more Central Index Key number  | rs assigned by the SEC ("CIK Numbers")<br>No Information Filed   | , all of your CIK numbers:   |  |  |
| E.   | 1) If you have a number ("CRD Number") assigned by the FINRA's CRD system or by the IARD system, your CRD number: 289899                            |  |  |  |  |
|      | If your firm does not have a CRD number, skip this Iter   | m 1.E. Do not provide the CRD number   | of one of your officers, employees, or affiliates.   |  |  |
|      | (2) If you have additional CRD Numbers, your additional   | al <i>CRD</i> numbers:   |  |  |  |
|      |   | No Information Filed   |  |  |  |
| F.   | Principal Office and Place of Business  |  |  |  |  |
|      | (1) Address (do not use a P.O. Box):  |  |  |  |  |
|      | Number and Street 1:  | Number and Street 2:   |  |  |  |
|      | 3560 WEST MARKET STREET   | SUITE 340  | 71D + 4/D+-  C   |  |  |
|      | City: State: AKRON Ohio   | Country:<br>United States  | ZIP+4/Postal Code:<br>44333  |  |  |
|      | If this address is a private residence, check this bo   | ox:  |  |  |  |
|      | business. If you are applying for registration, or ar<br>the state or states to which you are applying for re                                       | re registered, with one or more state sec<br>egistration or with whom you are registe<br>ng to the SEC as an exempt reporting ac | business, at which you conduct investment advisory curities authorities, you must list all of your offices in ered. If you are applying for SEC registration, if you are liviser, list the largest twenty-five offices in terms of |  |  |
|      | (2) Days of week that you normally conduct business   | at your <i>principal office and place of busi</i>  | iness:   |  |  |
|      | • Monday - Friday • Other: Normal business hours at this location: 8:30AM - 4:30PM  |  |  |  |  |
|      | (3) Telephone number at this location: 330-752-1547   |  |  |  |  |
|      | (4) Facsimile number at this location, if any:  |  |  |  |  |

| G. Mailing address, if different from your principal office and place of business address:  Number and Street 1: City: State: Country: ZIP+4/Postal Code:  If this address is a private residence, check this box: □  H. If you are a sole proprietor, state your full residence address, if different from your principal office and place of business address in Item 1.F. Number and Street 2: City: State: Country: ZIP+4/Postal Code:  If you are a sole proprietor, state your full residence address, if different from your principal office and place of business address in Item 1.F. Number and Street 2: City: State: Country: ZIP+4/Postal Code:  L. Do you have one or more websites or accounts on publicly evailable social media platforms (including, but not limited to, Twitter, Facebook and Linkedfln)?  If yes: "Set all firm website addresses and the addresses for each of the firm's accounts on publicly available social media platforms on the control including platforms on the platforms on the web, you may fet without histing addresses for all of the other information. You are year to list more than one postal address. De nat provide the addresses or accounts on publicly available social media platforms where you do not control the content. Do not provide the information or publicly available social media platforms.  L. Chief Compilance Officer (1) Provide the name and contact information of your Chief Compilance Officer. If you are an exempt reporting adviser, you must provide the information to your Chief Compilance Officer. If not, you must complete Item 1.K. below.  Name: CHRISTOPHER WALTERS  Namber and Street 2: Sulff 340  United States 4:  Sulff 340  City: State: Country: ZIP+4/Postal Code:  ARRON  Ohio United States 4:  Number and Street 2:  Sulff 440  ZIP+4/Postal Code:  ARRON  Ticles:  Number and Street 2:  Number and Street 3:  Number and Street 3:  Number and Street 4:  Sulff 340  ZIP+4/Postal Code:  ARRON  Chief Compilance Officer is compensated or employed by any person other than you, a related person or an inve  |    |   | er of offices, other than you<br>recently completed fiscal y                                |   | ness, at which you conduct investment advisory l  | business as                    |
|--|----|---|---|---|---|--------------------------------|
| H. If you are a sole proprietor, state your full residence address, if different from your principal office and place of business address in Item 1.€.  Number and Street 1:  City: State: Country: ZIP+4/Postal Code:  I. Do you have one or more websites or accounts on publicly available social media platforms (including, but not limited to, Twitter, Facebook and LinkedIn)?  If "yes," list all firm website addresses and the address for each of the firm's accounts on publicly available social media platforms (including, but not limited to, Twitter, Facebook and LinkedIn)?  If "yes," list all firm website addresses and the address for each of the firm's accounts on publicly available social media platforms on Social social media platforms when the access other information you have published on the web, you may be without listing addresses for all of the other information. You may need to list more than one portal address. Do not provide the addresses or a scounts on publicly available social media platforms where you do not control the content. Do not provide the information and (industry) available social media platforms where you do not control the content. Do not provide the information or provide the addresses of employee accounts on publicly available social media platforms where you do not control the content. Do not provide the information for your Chief Compliance Officer, if you must complete Item 1.K. below.  Name:  Other Compliance Officer  (1) Provide the name and contact information of your Chief Compliance Officer. If you are an exempt reporting adviser, you must provide the information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.  Name:  CHRSTOPHER WALTERS  MANAGING MEMBER  Telephone number:  330-75-7351  Number and Street 1:  3500 WEST MARKET STREET  SITE 40  (1) If your Chief Compliance Officer is compensated or employed by any person other than you, a related person or an investment company under the Investment Company Act of 1540 that you advise f  | G. | Mailing address, if different f   | rom your <i>principal office a</i>  | and place of business address:  |   |                                |
| H. If you are a sole proprietor, state your full residence address, if different from your principal office and place of business address in Item 1.€.  Number and Street 1:  City: State: Country: ZIP+4/Postal Code:  I. Do you have one or more websites or accounts on publicly available social media platforms (including, but not limited to, Twitter, Facebook and LinkedIn)?  If "yes," list all firm website addresses and the address for each of the firm's accounts on publicly available social media platforms (including, but not limited to, Twitter, Facebook and LinkedIn)?  If "yes," list all firm website addresses and the address for each of the firm's accounts on publicly available social media platforms on Social social media platforms when the access other information you have published on the web, you may be without listing addresses for all of the other information. You may need to list more than one portal address. Do not provide the addresses or a scounts on publicly available social media platforms where you do not control the content. Do not provide the information and (industry) available social media platforms where you do not control the content. Do not provide the information or provide the addresses of employee accounts on publicly available social media platforms where you do not control the content. Do not provide the information for your Chief Compliance Officer, if you must complete Item 1.K. below.  Name:  Other Compliance Officer  (1) Provide the name and contact information of your Chief Compliance Officer. If you are an exempt reporting adviser, you must provide the information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.  Name:  CHRSTOPHER WALTERS  MANAGING MEMBER  Telephone number:  330-75-7351  Number and Street 1:  3500 WEST MARKET STREET  SITE 40  (1) If your Chief Compliance Officer is compensated or employed by any person other than you, a related person or an investment company under the Investment Company Act of 1540 that you advise f  |    | Number and Street 1:  |   | Number and Street 2:  |   |                                |
| H. If you are a sole proprietor, state your full residence address, if different from your principal office and place of business address in Item 1.F.  Number and Street 1:  City: State: Country: ZIP+4/Postal Code:  I. Do you have one or more websites or accounts on publicly available social media platforms (including, but not limited to, Twitter, Facebook and Linkedfin)?  If 'yes,' list all firm website addresses and the address for each of the firm's accounts on publicly available social media platforms on Section Schedule D. If a website addresses and the address for each of the firm's accounts on publicly available social media platforms on Section Schedule D. If a website addresses as a portal through which to access other information you have published on the web, you may list to without listing addresses for all of the other information. You may need to list more than one portal address. Do not provide the addresses or a cacounts on publicly available social media platforms where you do not control the content. Do not provide the individual electronic mail (a addresses of employees or the addresses of employee accounts on publicly available social media platforms.  Chef Compliance Officer  (1) Provide the name and contact information of your Chief Compliance Officer. If you are an exempt reporting adviser, you must provide the information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.  Name:  Cher titles, if any: Cher titles, if any: Number and Street 1: Number and Street 2: SUITE 340  City: State: Country: ZIP+4/Postal Code: CHRISTOPHER WALTERS  Electronic mail (e-mail) address, if Chief Compliance Officer has one: CHRISTOPHER WALTERS  Lity: State: CHRISTOPHER WALTERS  Lity: State: CHRISTOPHER Compliance Officer is compensated or employed by any person other than you, a related person or an investment company under the Investment Company Act of 1340 that you advise for providing chief compliance Officer services to you, provide the person's name Employer I |    |   | State:  |   | ZIP+4/Postal Code:  |                                |
| Number and Street 1: City: State: Country: ZIP+4/Postal Code:  City: State: Country: ZIP+4/Postal Code:  Country: ZIP+4/Postal Code:  Country: ZIP+4/Postal Code:  I. Do you have one or more websites or accounts on publicly available social media platforms (including, but not limited to, Twitter, Facebook and Unikedin)?  If "yes," list all firm website addresses and the address for each of the firm's accounts on publicly available social media platforms on Section Schedule D. If a website address serves as a portal through which to access other information you have published on the web, you may list to without listing addresses for all of the other information. You may need to list more than one portal address. Do not provide the individual electronic mail (addresses of employees or the addresses of employee accounts on publicly available social media platforms.  J. Chief Compliance Officer (i) Provide the name and contact information of your Chief Compliance Officer. If you are an exempt reporting adviser, you must provide the information for your Chief Compliance Officer. If you have one. If not, you must complete Item 1.K. below.  Name:  CHRISTOPHER WALTERS  Tolephone number:  Tolephone nu |    | If this address is a private r  | esidence, check this box:   |   |   |                                |
| City: State: Country: ZIP+4/Postal Code:  1. Do you have one or more websites or accounts on publicly available social media platforms (including, but not limited to, Twitter, Facebook and LinkedIn)?  1. If 'yes,' fist all firm website addresses and the address for each of the firm's accounts on publicly available social media platforms on Section Schedule D. If a website addresses serves as a portal through which to access occurrent on the publicly available social media platforms when you have published on the web, you may list to without listing addresses for all of the other information. You may need to list more than one portal address. Do not provide the addresses of a caccounts on publicly available social media platforms where you do not control the content. Do not provide the individual electronic mail (a addresses of employees or the addresses of employee accounts on publicly available social media platforms.)  3. Chief Compilance Officer (1) Provide the name and contact information of your Chief Compilance Officer. If you are an exempt reporting adviser, you must provide the information for your Chief Compilance Officer. If you have one. If not, you must complete Item 1.K. below.  Name:  CHISTOPHER WALTERS  MANAGING MEMBER  Telephone number:  Facsimile number, if any: 330-752-7951  Number and Street 1: 3500 WEST MARKET STREET  City: ARRON  Ohio  United States  44333  Electronic mail (e-mail) address, if Chief Compilance Officer has one: CHIST@WELLSTRECASO.COM  (2) If your Chief Compilance Officer is compensated or employed by any person other than you, a related person or an investment company under the Investment Company Act of 1940 that you advise for providing chief compilance officer services to you, provide the person's name Employer Identification Number:  R. Additional Regulatory Contact Person: If a person other than the Chief Compilance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.  REPHONE IN Additional Regu | Н. | If you are a sole proprietor, s   | state your full residence ac  | ddress, if different from your <i>princip</i>   | pal office and place of business address in Item 1  | l.F.:                          |
| 1. Do you have one or more websites or accounts on publicly available social media platforms (including, but not limited to, Twitter, Facebook and LinkedIn)?  If "yes," list all firm website addresses and the address for each of the firm's accounts on publicly available social media platforms on Section Schedule D. If a website addresses serves as a portal through which to access other information you have published on the web, you may list to without listing addresses of all of the other information. You may need to list more than one portal address. Do not provide the addresses or accounts on publicly available social media platforms where you do not control the content. Do not provide the information addresses of employees or the addresses of employee accounts on publicly available social media platforms.  1. Chief Compliance Officer (1) Provide the name and contact information of your Chief Compliance Officer. If you are an exempt reporting adviser, you must provide the information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.  Name:  Other titles, if any:  ARACTION HEMBER Telephone number:  Facsimile number, if any:  330-752-7951  Number and Street 1:  Number and Street 2:  SUIT 340  City:  State:  Country:  ZIP+4/Postal Code:  CHISSWPELISTRECASO.COM  (2) If your Chief Compliance Officer is compensated or employed by any person other than you, a related person or an investment company under the Investment Company Act of 1940 that you advise for providing chief compliance officer services to you, provide the person's name Employer Identification Number (if any):  Name:  IRS Employer Identification Number:  RAJPH TRECASO  MANACING MEMBER Facsimile number, if any:  336-752-6003  Number and Street 1:  Number and Street 2:  SUITE 340  City:  ZIP+4/Postal Code:  United States  A333-752-6003  Number and Street 2:  SUITE 340  City:  ZIP+4/Postal Code:  United States  A4333        |    | Number and Street 1:  |   | Number and Street 2:  |   |                                |
| and LinkedIn)?  If "yes," list all firm website addresses and the address for each of the firm's accounts on publicly available social media platforms on Section Schedule D. If a website address serves as a portal through which to access other information you have published on the web with which is listing addresses for all of the other information. You may need to list more than one portal address. Do not provide the addresses or accounts on publicly available social media platforms where you do not control the content. Do not provide the individual electronic mail (addresses of employee accounts on publicly available social media platforms.  1. Chief Compliance Officer  (1) Provide the name and contact information of your Chief Compliance Officer. If you are an exempt reporting adviser, you must provide the information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.X. below.  Name:  CHRISTOPHER WALTERS  Telephone number:  30-752-7951  Number and Street 1:  Number and Street 2:  SUITE 340  City:  City:  XEAP-4/Postal Code:  United States  Country:  ZIP+4/Postal Code:  United States  CHRISTOPHER WALTERS  Electronic mail (e-mail) address, if Chief Compliance Officer has one:  CHRISTOPHER CHRISTORY CONTROL  |    | City:   | State:  | Country:  | ZIP+4/Postal Code:  |                                |
| and LinkedIn)?  If "yes," list all firm website addresses and the address for each of the firm's accounts on publicly available social media platforms on Section Schedule D. If a website address serves as a portal through which to access other information you have published on the web with which is listing addresses for all of the other information. You may need to list more than one portal address. Do not provide the addresses or accounts on publicly available social media platforms where you do not control the content. Do not provide the individual electronic mail (addresses of employee accounts on publicly available social media platforms.  1. Chief Compliance Officer  (1) Provide the name and contact information of your Chief Compliance Officer. If you are an exempt reporting adviser, you must provide the information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.X. below.  Name:  CHRISTOPHER WALTERS  Telephone number:  30-752-7951  Number and Street 1:  Number and Street 2:  SUITE 340  City:  City:  XEAP-4/Postal Code:  United States  Country:  ZIP+4/Postal Code:  United States  CHRISTOPHER WALTERS  Electronic mail (e-mail) address, if Chief Compliance Officer has one:  CHRISTOPHER CHRISTORY CONTROL  |    | ,   |   | •   | ,   | Yes No                         |
| Schedule D. If a website address serves as a portal through which to access other information you have published on the web, you may list in without listing address for all of the other information. You may need to list more than one portal address. On one provide the addresses or accounts on publicly available social media platforms where you do not control the content. Do not provide the addresses or accounts on publicly available social media platforms.  3. Chief Compliance Officer (1) Provide the name and contact information of your Chief Compliance Officer. If you are an exempt reporting adviser, you must provide the information for your Chief Compliance Officer. If you are an exempt reporting adviser, you must provide the information for your Chief Compliance Officer. If you must complete Item 1.K. below.  Name:  Other titles, if any:  ANAGING MEMBER  Telephone number:  330-752-7951  Number and Street 1:  3560 WEST MARKET STREET  City:  State:  Country:  2IP+4/Postal Code:  AKRON  Ohio  United States  CHRIS@WELLSTRECASO.COM  (2) If your Chief Compliance Officer is compensated or employed by any person other than you, a related person or an investment company under the Investment Company Act of 1940 that you advise for providing chief compliance Officer services to you, provide the person's name Employer Identification Number (if any):  Name:  IRS Employer Identification Number:  K. Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.  Name:  RAPH TRECASO  MANAGING MEMBER  Telephone number:  30-752-6093  Number and Street 1:  30-752-753-753-754-754-754-754-754-754-754-754-754-754   | I. |   | bsites or accounts on publ  | licly available social media platform   | s (including, but not limited to, Twitter, Facebool   |                                |
| (1) Provide the name and contact information of your Chief Compliance Officer. If you are an exempt reporting adviser, you must provide the information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.  Name:  Other titles, if any:  CHRISTOPHER WALTERS  Telephone number: 330-752-7951  Number and Street 1: 3560 WEST MARKET STREET  City: State: Country: CITY: AKRON  Onio  United States  CHRIS@WELLSTRECASO.COM  (2) If your Chief Compliance Officer is compensated or employed by any person other than you, a related person or an investment company under the Investment Company Act of 1940 that you advise for providing chief compliance officer services to you, provide the person's name Employer Identification Number (if any): Name: IRS Employer Identification Number:  K. Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.  Name: RALPH TRECASO MANAGING MEMBER Titles: RALPH TRECASO Telephone number: Facsimile number, if any: 330-752-6093 Number and Street 1: 3560 WEST MARKET STREET SUITE 340 City: State: Country: ZIP+4/Postal Code: AKRON Ohio United States 44333  Electronic mail (e-mail) address, if contact person has one: RALPH@WELLSTRECASO.COM   |    | Schedule D. If a website add<br>without listing addresses for<br>or accounts on publicly availa | fress serves as a portal thr<br>all of the other information<br>able social media platforms | rough which to access other informa<br>n. You may need to list more than o<br>s where you do not control the cont | ation you have published on the web, you may list<br>one portal address. Do not provide the addresses<br>tent. Do not provide the individual electronic mai | st the portal<br>s of websites |
| information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.  Name:  CHRISTOPHER WALTERS  MANAGING MEMBER  Telephone number:  330-752-7951  Number and Street 1:  3560 WEST MARKET STREET  CIty:  State:  COuntry:  ZIP+4/Postal Code:  AKRON  Ohio  United States  CHRISGWELLSTRECASO.COM  (2) If your Chief Compliance Officer is compensated or employed by any person other than you, a related person or an investment company under the Investment Company Act of 1940 that you advise for providing chief compliance officer services to you, provide the person's name Employer Identification Number (if any):  Name:  IRS Employer Identification Number:  K. Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.  Name:  RALPH TRECASO  MANAGING MEMBER  Titles:  RALPH TRECASO  Telephone number:  3560 WEST MARKET STREET  SUITE 340  City:  State:  Country:  ZIP+4/Postal Code:  AKRON  Ohio  United States  AUPH@WELLSTRECASO.COM  | J. | Chief Compliance Officer  |   |   |   |                                |
| CHRISTOPHER WALTERS Telephone number: 1330-752-7951 Number and Street 1: 3560 WEST MARKET STREET City: State: Country: CHRISGWELLSTRECASO.COM  (2) If your Chief Compliance Officer is compensated or employed by any person other than you, a related person or an investment company under the Investment Company Act of 1940 that you advise for providing chief compliance officer services to you, provide the person's name Employer Identification Number:  K. Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.  Name: RALPH TRECASO Telephone number: RALPH TRECASO Telephone number: State: City: State: Country: State: Country: City: State: Country: City: State: Country: City: AKRON Ohio United States A4333  L. Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law,  |    | (1) Provide the name and co   |   | -   |   | the contact                    |
| Telephone number: 330-752-7951 Number and Street 1: Number and Street 2: 3560 WEST MARKET STREET City: State: Country: AKRON Ohio United States  Electronic mail (e-mail) address, if Chief Compliance Officer has one: CHRIS@WELLSTRECASO.COM  (2) If your Chief Compliance Officer is compensated or employed by any person other than you, a related person or an investment company under the Investment Company Act of 1940 that you advise for providing chief compliance officer services to you, provide the person's name Employer Identification Number (if any): Name: IRS Employer Identification Number:  K. Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.  Name: RALPH TRECASO Telephone number: 330-752-6093 Number and Street 1: 3560 WEST MARKET STREET SUITE 340 City: State: Country: ITIES STATE SUITE 340 City: AKRON Ohio United States A4333  Electronic mail (e-mail) address, if contact person has one: RALPH@WELLSTRECASO.COM   |    | Name:   |   | Other titles, if any:   |   |                                |
| Number and Street 1:   |    | CHRISTOPHER WALTERS   |   | MANAGING MEMBER   |   |                                |
| Number and Street 1: 3560 WEST MARKET STREET City: State: Country: ZIP+4/Postal Code: AKRON Ohio United States 44333  Electronic mail (e-mail) address, if Chief Compliance Officer has one: CHRIS@WELLSTRECASO.COM  (2) If your Chief Compliance Officer is compensated or employed by any person other than you, a related person or an investment company under the Investment Company Act of 1940 that you advise for providing chief compliance officer services to you, provide the person's name Employer Identification Number (if any): Name: IRS Employer Identification Number:  K. Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.  Name: RALPH TRECASO MANAGING MEMBER Telephone number: 330-752-6093 Number and Street 1: 3560 WEST MARKET STREET SUITE 340 City: State: Country: ZIP+4/Postal Code: AKRON Ohio United States A4333  L. Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law,   |    | •   |   | Facsimile number, if  | any:  |                                |
| Electronic mail (e-mail) address, if Chief Compliance Officer has one: CHRIS@WELLSTRECASO.COM  (2) If your Chief Compliance Officer is compensated or employed by any person other than you, a related person or an investment company under the Investment Company Act of 1940 that you advise for providing chief compliance officer services to you, provide the person's name Employer Identification Number (if any): Name: IRS Employer Identification Number:  K. Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.  Name: RALPH TRECASO MANAGING MEMBER Telephone number: Facsimile number, if any: 330-752-6093 Number and Street 1: Number and Street 2: 3560 WEST MARKET STREET SUITE 340 City: State: Country: 2IP+4/Postal Code: AKRON Ohio United States 44333  Electronic mail (e-mail) address, if contact person has one: RALPH@WELLSTRECASO.COM  |    | Number and Street 1:  | т   |   | 2:  |                                |
| Electronic mail (e-mail) address, if Chief Compliance Officer has one: CHRIS@WELLSTRECASO.COM  (2) If your Chief Compliance Officer is compensated or employed by any person other than you, a related person or an investment company under the Investment Company Act of 1940 that you advise for providing chief compliance officer services to you, provide the person's name Employer Identification Number (if any):  Name: IRS Employer Identification Number:  K. Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.  Name: RALPH TRECASO MANAGING MEMBER Telephone number: 330-752-6093 Number and Street 1: 3560 WEST MARKET STREET SUITE 340 City: State: Country: ZIP+4/Postal Code: AKRON Ohio United States 44333  Electronic mail (e-mail) address, if contact person has one: RALPH@WELLSTRECASO.COM  |    | ·   |   | •   | •   |                                |
| under the Investment Company Act of 1940 that you advise for providing chief compliance officer services to you, provide the person's name Employer Identification Number (if any):  Name:  IRS Employer Identification Number:  K. Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.  Name:  RALPH TRECASO  MANAGING MEMBER  Telephone number:  330-752-6093  Number and Street 1:  3560 WEST MARKET STREET  City:  State:  Country:  ZIP+4/Postal Code:  AKRON  Ohio  United States  44333  Electronic mail (e-mail) address, if contact person has one:  RALPH@WELLSTRECASO.COM   |    | Electronic mail (e-mail) add  | lress, if Chief Compliance C  |   | 11333   |                                |
| questions about this Form ADV, you may provide that information here.  Name: RALPH TRECASO MANAGING MEMBER Telephone number: 330-752-6093 Number and Street 1: Number and Street 1: SUITE 340 City: State: Country: ZIP+4/Postal Code: AKRON Ohio United States 44333  Electronic mail (e-mail) address, if contact person has one: RALPH@WELLSTRECASO.COM  L. Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law,  |    | under the Investment Compa<br>Employer Identification Num<br>Name:                              | any Act of 1940 that you a<br>ber (if any):   |   |   | -                              |
| RALPH TRECASO  Telephone number: 330-752-6093  Number and Street 1: 3560 WEST MARKET STREET  City: AKRON  Ohio  United States  Electronic mail (e-mail) address, if contact person has one: RALPH@WELLSTRECASO.COM  MANAGING MEMBER  Facsimile number, if any:  SUITE 340  City: SUITE 340  United States  Country: ZIP+4/Postal Code: 44333  Electronic mail (e-mail) address, if contact person has one: RALPH@WELLSTRECASO.COM  | K. | • ,   | ·   | •   | is authorized to receive information and respond  | d to                           |
| Telephone number: 330-752-6093  Number and Street 1: 3560 WEST MARKET STREET SUITE 340  City: AKRON Ohio United States Country: ZIP+4/Postal Code: 44333  Electronic mail (e-mail) address, if contact person has one: RALPH@WELLSTRECASO.COM  L. Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law,   |    |   |   |   |   |                                |
| 330-752-6093  Number and Street 1: 3560 WEST MARKET STREET SUITE 340  City: AKRON Ohio United States Country: Tip+4/Postal Code: 44333  Electronic mail (e-mail) address, if contact person has one: RALPH@WELLSTRECASO.COM  L. Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law,   |    | RALPH TRECASO   |   | MANAGING MEMBER   |   |                                |
| 3560 WEST MARKET STREET  City: State: Country: ZIP+4/Postal Code: AKRON  Ohio  United States  44333  Electronic mail (e-mail) address, if contact person has one: RALPH@WELLSTRECASO.COM  L. Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law,  |    | •   |   | Facsimile number, if  | any:  |                                |
| City: State: Country: ZIP+4/Postal Code: AKRON Ohio United States 44333  Electronic mail (e-mail) address, if contact person has one: RALPH@WELLSTRECASO.COM  L. Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law,  |    |   | т   |   | 2:  |                                |
| AKRON Ohio United States 44333  Electronic mail (e-mail) address, if contact person has one: RALPH@WELLSTRECASO.COM  L. Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law,   |    |   |   |   | 71D + 4/D+-  C  |                                |
| RALPH@WELLSTRECASO.COM  L. Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law,  |    |   |   | •   | •   |                                |
|  |    | ` ,   | •   | s one:  |   | Yes No                         |
|  | L. |   |   |   | tion 204 of the Advisers Act, or similar state law  |                                |

If "yes," complete Section 1.L. of Schedule D.

|     | ·   | Yes  | No  |
|-----|---|------|-----|
| М.  | Are you registered with a foreign financial regulatory authority?   | 0    | •   |
|     | Answer "no" if you are not registered with a foreign financial regulatory authority, even if you have an affiliate that is registered with a foreign financial regulatory authority. If "yes," complete Section 1.M. of Schedule D.   |      |     |
|     | ·   | Yes  | No  |
| N.  | Are you a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934?   | 0    | ⊚   |
|     | ·   | Yes  | No  |
| 0.  | Did you have \$1 billion or more in assets on the last day of your most recent fiscal year? If yes, what is the approximate amount of your assets:  | 0    | •   |
|     | C \$1 billion to less than \$10 billion   |      |     |
|     | #10 billion to lose than #50 billion  |      |     |
|     | AFO LUIV  |      |     |
|     | C \$50 billion or more  |      |     |
|     | For purposes of Item 1.O. only, "assets" refers to your total assets, rather than the assets you manage on behalf of clients. Determine your tot assets using the total assets shown on the balance sheet for your most recent fiscal year end.   | :al  |     |
| P.  | Provide your Legal Entity Identifier if you have one:   |      |     |
|     | A legal entity identifier is a unique number that companies use to identify each other in the financial marketplace. You may not have a legal entitle.  | tity |     |
|     | No Information Filed  |      |     |
| SEC | TION 1.F. Other Offices   |      |     |
|     | No Information Filed  |      |     |
| SEC | TION 1.I. Website Addresses   |      |     |
|     |   |      |     |
| not | t your website addresses, including addresses for accounts on publicly available social media platforms where you control the content (including, t limited to, Twitter, Facebook and/or LinkedIn). You must complete a separate Schedule D Section 1.I. for each website or account on a publicly ailable social media platform. | but  |     |
| Ado | dress of Website/Account on Publicly Available Social Media Platform: HTTP://WWW.FACEBOOK.COM/WELLSTRECASO  |      |     |
| Add | dress of Website/Account on Publicly Available Social Media Platform: HTTP://WWW.WELLSTRECASO.COM   |      |     |
| Add | dress of Website/Account on Publicly Available Social Media Platform: HTTPS://WWW.LINKEDIN.COM/COMPANY/WELLS-TRACASO-FINANCIAL-C  | GROU | JP/ |
| SEC | TION 1.L. Location of Books and Records   |      |     |
|     | No Information Filed  |      |     |
| SEC | TION 1.M. Registration with Foreign Financial Regulatory Authorities  |      |     |

| SEC  | esponses to this Item help us (and you) determine whether you are eligible to register with the SEC. Complete this Item 2.A. only if you are applying for EC registration or submitting an <i>annual updating amendment</i> to your SEC registration. If you are filing an <i>umbrella registration</i> , the information in Item 2 nould be provided for the <i>filing adviser</i> only.   |        |  |   |   |   |
|------|---|--------|--|---|---|---|
| Α.   | A. To register (or remain registered) with the SEC, you must check <b>at least one</b> of the Items 2.A.(1) through 2.A.(12), below. If you are submittin annual updating amendment to your SEC registration and you are no longer eligible to register with the SEC, check Item 2.A.(13). Part 1A Instruction 2 provides information to help you determine whether you may affirmatively respond to each of these items.  You (the adviser): |        |  |   |   |   |
|      | ✓   | (1)    | are a large advisory firm                                    | that either:                                |   |   |
|      |   |        | (a) has regulatory assets                                    | under management of \$100 million (i        | n U.S. dollars) or more; or   |   |
|      |   |        | (b) has regulatory assets<br>amendment and is reg            |   | U.S. dollars) or more at the time of f  | iling its most recent annual updating                               |
|      |   | (2)    | are a <b>mid-sized advisory</b> million (in U.S. dollars) an |   | er management of \$25 million (in U.S   | dollars) or more but less than \$100                                |
|      |   |        | (a) not required to be reg place of business; or             | istered as an adviser with the state se     | ecurities authority of the state where  | you maintain your <i>principal office and</i>                       |
|      |   |        | (b) not subject to examina                                   | ation by the state securities authority     | of the state where you maintain your  | principal office and place of business;                             |
|      |   |        | Click <b>HERE</b> for a list o authority.                    | f states in which an investment advise      | er, if registered, would not be subject   | to examination by the state securities                              |
|      |   | (3)    | Reserved   |   |   |   |
|      |   | (4)    | have your <i>principal office</i> a                          | and place of business outside the Ur        | nited States;   |   |
|      |   | (5)    | are an investment advis                                      | er (or subadviser) to an investme           | ent company registered under the In   | vestment Company Act of 1940;                                       |
|      |   | (6)    |  |   | d to be a business development coection, and you have at least \$25 mill          | ompany pursuant to section 54 of the ion of regulatory assets under |
|      |   | (7)    | are a <b>pension consultan</b> exemption in rule 203A-2(     |   | ng an aggregate value of at least \$200   | 0,000,000 that qualifies for the                                    |
|      |   | (8)    |  |   | entrolled by, or is under common conti<br>cousiness is the same as the registered | rol with, an investment adviser that is adviser;                    |
|      |   |        | If you check this box, com                                   | plete Section 2.A.(8) of Schedule D.        |   |   |
|      |   | (9)    | are an <b>adviser</b> relying on                             | rule 203A-2(c) because you <b>expect t</b>  | to be eligible for SEC registration   | within 120 days;  |
|      |   |        | If you check this box, com                                   | plete Section 2.A.(9) of Schedule D.        |   |   |
|      |   | (10)   | are a multi-state advise                                     | r that is required to register in 15 or r   | more states and is relying on rule 203  | 3A-2(d);  |
|      |   |        | If you check this box, com                                   | plete Section 2.A.(10) of Schedule D.       |   |   |
|      |   | (11)   | are an <b>Internet adviser</b> (                             | relying on rule 203A-2(e);                  |   |   |
|      |   | (12)   | have received an SEC or                                      | <b>der</b> exempting you from the prohibiti | on against registration with the SEC;   |   |
|      |   |        | If you check this box, com                                   | plete Section 2.A.(12) of Schedule D.       |   |   |
|      |   | (13)   | •  | remain registered with the SEC.             |   |   |
|      |   | ()     |  | · · · · · · · · · · · · · · · · · · ·       |   |   |
| Stat | te Se   | curit  | ies Authority Notice Filin                                   | gs and State Reporting by Exemp             | t Reporting Advisers  |   |
| C.   |   |        |  |   |   |   |
|      | Jur   | isdict | ons  |   |   |   |
| □ AL |   |        |  | ☑ IL  | □ NE  | <b>☑</b> sc   |
|      |   | AK     |  | □ IN  | □ NV  | □ SD  |
|      |   | AZ     |  | □ IA  | □ NH  | □ TN  |
|      |   | AR     |  | □ KS  | □ NJ  | <b>☑</b> TX   |
|      |   | CA     |  | <b>☑</b> KY                                 | □ NM  | □ ит  |
|      |   | СО     |  | ☑ LA  | □ NY  | □ VT  |

Item 2 SEC Registration/Reporting

| □ ст  | □ ME  | □ NC   | □ vi                                       |  |  |  |  |
|---|---|--|--|--|--|--|--|
| □ DE  | □ MD  | □ ND   | <b>☑</b> ∨A                                |  |  |  |  |
| □ pc  | □ ма  | <b>Г</b> он  | □ wa                                       |  |  |  |  |
| ☑ FL  | □ мі  | □ ок   | □ wv                                       |  |  |  |  |
| □ GA  | □ MN  | □ OR   | □ wi                                       |  |  |  |  |
| □ GU  | □ MS  | □ PA   | □ WY                                       |  |  |  |  |
| □ HI  | □ MO  | □ PR   | V T  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| □ ID  | □ мт  | □ RI   |  |  |  |  |  |
|   |   | s from going to a state that currently r<br>amendment must be filed before the e | ,  |  |  |  |  |
| SECTION 2.A.(8) Related Adviser   |   |  |  |  |  |  |  |
| If you are relying on the exemption in rule control with an investment adviser that is adviser, provide the following information:  Name of Registered Investment Adviser   | • • •   | •  | · ·  |  |  |  |  |
| Nume of Registered Investment Adviser   |   |  |  |  |  |  |  |
| CRD Number of Registered Investment Ad  | viser   |  |  |  |  |  |  |
| SEC Number of Registered Investment Adv   | viser   |  |  |  |  |  |  |
| SECTION 2.A.(9) Investment Adviser E  | xpecting to be Eligible for Comm  | ission Registration within 120 Day   | s  |  |  |  |  |
| If you are relying on rule 203A-2(c), the e   | xemption from the prohibition on reg  | jistration available to an adviser that e  | expects to be eligible for SEC             |  |  |  |  |
| registration within 120 days, you are requiboxes, you will be deemed to have made t   | •   |  | , , , , ,                                  |  |  |  |  |
| $\square$ I am not registered or required to be register with the SEC within 120 days a   | _   | •  | ble expectation that I will be eligible to |  |  |  |  |
| ☐ I undertake to withdraw from SEC regist Section 203A(a) of the Advisers Act from Section 203A(a) of the Advisers Act |   | registration with the SEC becomes ef   | fective, I would be prohibited by          |  |  |  |  |
| SECTION 2.A.(10) Multi-State Adviser  |   |  |  |  |  |  |  |
| If you are relying on rule 203A-2(d), the n representations about your eligibility for S representations.   | •   | ,  | '  |  |  |  |  |
| If you are applying for registration as an ir   | nvestment adviser with the SEC, you   | must make both of these representat  | ions:                                      |  |  |  |  |
| ☐ I have reviewed the applicable state an investment adviser with the <i>state secur</i>  |   | hat I am required by the laws of 15 or   | more states to register as an              |  |  |  |  |
| ☐ I undertake to withdraw from SEC regis<br>15 states to register as an investment  |   |  | e required by the laws of fewer than       |  |  |  |  |
| If you are submitting your annual updating  | •   | ·  |  |  |  |  |  |
|   | ☐ Within 90 days prior to the date of filing this amendment, I have reviewed the applicable state and federal laws and have concluded that I am required by the laws of at least 15 states to register as an investment adviser with the <i>state securities authorities</i> in those states. |  |  |  |  |  |  |
| SECTION 2.A.(12) SEC Exemptive Orde   | r   |  |  |  |  |  |  |
| If you are relying upon an SEC order exem   | npting you from the prohibition on re   | gistration, provide the following inforn   | nation:                                    |  |  |  |  |
| Application Number:<br>803-   |   |  |  |  |  |  |  |
| Date of <i>order</i> :  |   |  |  |  |  |  |  |

| Item   | 3 Form of Organization   |
|--------|--|
| If you | are filing an <i>umbrella registration</i> , the information in Item 3 should be provided for the <i>filing adviser</i> only.  |
| A.     | low are you organized?   |
|        | C Corporation  |
|        | C Sole Proprietorship  |
|        | C Limited Liability Partnership (LLP)  |
|        | C Partnership  |
|        |  |
|        | C Limited Partnership (LP)   |
|        | Other (specify):   |
| В.     | n what month does your fiscal year end each year?  |
|        | DECEMBER   |
| C.     | Inder the laws of what state or country are you organized?   |
|        | State Country  |
|        | Delaware United States   |
|        | f you are a partnership, provide the name of the state or country under whose laws your partnership was formed. If you are a sole proprietor, provide the name of the state or country where you reside. |
|        | f you are changing your response to this Item, see Part 1A Instruction 4.  |

|    |  | Yes  | No |  |
|----|--|------|----|--|
| A. | Are you, at the time of this filing, succeeding to the business of a registered investment adviser, including, for example, a change of your structure or legal status (e.g., form of organization or state of incorporation)? | 0    | •  |  |
|    | If "yes", complete Item 4.B. and Section 4 of Schedule D.  |      |    |  |
| В. | Date of Succession: (MM/DD/YYYY)   |      |    |  |
|    | If you have already reported this succession on a previous Form ADV filing, do not report the succession again. Instead, check "No." See Par Instruction 4.  | t 1A |    |  |

# **SECTION 4 Successions**

**Item 4 Successions** 

### Item 5 Information About Your Advisory Business - Employees, Clients, and Compensation

Responses to this Item help us understand your business, assist us in preparing for on-site examinations, and provide us with data we use when making regulatory policy. Part 1A Instruction 5.a. provides additional guidance to newly formed advisers for completing this Item 5.

#### **Employees**

If you are organized as a sole proprietorship, include yourself as an employee in your responses to Item 5.A. and Items 5.B.(1), (2), (3), (4), and (5). If an employee performs more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5).

A. Approximately how many employees do you have? Include full- and part-time employees but do not include any clerical workers.

7

B. (1) Approximately how many of the *employees* reported in 5.A. perform investment advisory functions (including research)?

4

(2) Approximately how many of the *employees* reported in 5.A. are registered representatives of a broker-dealer?

6

(3) Approximately how many of the *employees* reported in 5.A. are registered with one or more *state securities authorities* as *investment adviser representatives*?

4

(4) Approximately how many of the *employees* reported in 5.A. are registered with one or more *state securities authorities* as *investment adviser representatives* for an investment adviser other than you?

0

(5) Approximately how many of the employees reported in 5.A. are licensed agents of an insurance company or agency?

1

(6) Approximately how many firms or other *persons* solicit advisory *clients* on your behalf?

0

In your response to Item 5.B.(6), do not count any of your employees and count a firm only once – do not count each of the firm's employees that solicit on your behalf.

### Clients

In your responses to Items 5.C. and 5.D. do not include as "clients" the investors in a private fund you advise, unless you have a separate advisory relationship with those investors.

C. (1) To approximately how many *clients* for whom you do not have regulatory assets under management did you provide investment advisory services during your most recently completed fiscal year?

O

- (2) Approximately what percentage of your clients are non-United States persons? 0%
- D. For purposes of this Item 5.D., the category "individuals" includes trusts, estates, and 401(k) plans and IRAs of individuals and their family members, but does not include businesses organized as sole proprietorships.

The category "business development companies" consists of companies that have made an election pursuant to section 54 of the Investment Company Act of 1940. Unless you provide advisory services pursuant to an investment advisory contract to an investment company registered under the Investment Company Act of 1940, do not answer (1)(d) or (3)(d) below.

Indicate the approximate number of your *clients* and amount of your total regulatory assets under management (reported in Item 5.F. below) attributable to each of the following type of *clients*. If you have fewer than 5 *clients* in a particular category (other than (d), (e), and (f)) you may check Item 5.D.(2) rather than respond to Item 5.D.(1).

The aggregate amount of regulatory assets under management reported in Item 5.D.(3) should equal the total amount of regulatory assets under management reported in Item 5.F.(2)(c) below.

If a *client* fits into more than one category, select one category that most accurately represents the *client* to avoid double counting *clients* and assets. If you advise a registered investment company, business development company, or pooled investment vehicle, report those assets in categories (d), (e), and (f) as applicable.

| Type of Client  | (1) Number of<br>Client(s) | (2) Fewer than<br>5 Clients | (3) Amount of Regulatory Assets under Management |
|---|----------------------------|-----------------------------|--|
| (a) Individuals (other than high net worth individuals) | 163                        |                             | \$ 63,044,165                                    |
| (b) High net worth individuals                          | 114                        |                             | \$ 390,643,160                                   |
| (c) Banking or thrift institutions                      | 0                          |                             | \$ 0   |
|   |                            |                             |  |

|   | nent companies  | 0   |  | \$ 0  |
|---|---|---|--|---|
| (e) Busines   | ss development companies  | 0   | 1  | \$ 0  |
| 1 ' '   | investment vehicles (other than investment companies a evelopment companies)  | and 0   | 1 [  | \$ 0  |
| 1.07  | n and profit sharing plans (but not the plan participants out pension plans)  | or  | V  | \$ 1,329,439  |
| (h) Charita   | ble organizations   | 13  |  | \$ 22,858,763   |
| (i) State or pension pla  | municipal <i>government entities</i> (including government ans)   | 0   |  | \$ 0  |
| (j) Other in  | vestment advisers   | 0   |  | \$ 0  |
| (k) Insurar   | nce companies   | 0   |  | \$ 0  |
| (I) Soverei   | gn wealth funds and foreign official institutions   | 0   |  | \$ 0  |
| (m) Corpo   | rations or other businesses not listed above  | 0   |  | \$ 0  |
| (n) Other:  |   | 0   |  | \$ 0  |
| (3)<br>(4)<br>(5)<br>(6)  | Hourly charges Subscription fees (for a newsletter or periodical) Fixed fees (other than subscription fees) Commissions Performance-based fees Other (specify):   |   |  |   |
|   | tion About Your Advisory Business - Regulatory As<br>ets Under Management   | sets Under Manage   | ment   |   |
| (1) Do you  | provide continuous and regular supervisory or managem   | nent services to securi   | ties portfolios?   | Yes f   |
|   |   |   | •  |   |
| (2) If yes, v   | what is the amount of your regulatory assets under mana   | agement and total nui   | mber of accounts?  |   |
| (2) If yes, v   | vnat is the amount or your regulatory assets under mana<br>U.S. Dollar Am   |   |  | er of Accounts  |
|   |   | ount  |  | er of Accounts  |
| Discret   | U.S. Dollar Am  | ount  | Total Numb   | er of Accounts  |
| Discret   | U.S. Dollar Amoionary: (a) \$ 477,875,527   | ount  | Total Numb<br>(d) 1,099  | er of Accounts  |
| Discret<br>Non-Di<br>Total:<br>Part 14<br>comple  | U.S. Dollar Amionary: (a) \$ 477,875,527 scretionary: (b) \$ 0 (c) \$ 477,875,527 U.S. Instruction 5.b. explains how to calculate your regulato ting this Item.   | ount<br>ory assets under mana   | Total Numb (d) 1,099 (e) 0 (f) 1,099 gement. You must follo  | w these instructions carefully when   |
| Discret Non-Di Total:  Part 14 comple  (3) What is  | U.S. Dollar Amoionary: (a) \$ 477,875,527 scretionary: (b) \$ 0 (c) \$ 477,875,527  | ount<br>ory assets under mana   | Total Numb (d) 1,099 (e) 0 (f) 1,099 gement. You must follo  | w these instructions carefully when   |
| Discret Non-Di Total:  Part 14 comple  (3) What is  | U.S. Dollar Amionary:  (a) \$ 477,875,527  (b) \$ 0  (c) \$ 477,875,527  Instruction 5.b. explains how to calculate your regulato ting this Item.  the approximate amount of your total regulatory assets   | ount<br>ory assets under mana   | Total Numb (d) 1,099 (e) 0 (f) 1,099 gement. You must follo  | w these instructions carefully when   |
| Discret Non-Di Total:  Part 1A comple  (3) What is are non \$ 0                                       | U.S. Dollar Amionary:  (a) \$ 477,875,527  scretionary: (b) \$ 0 (c) \$ 477,875,527  Instruction 5.b. explains how to calculate your regulator ting this Item.  the approximate amount of your total regulatory assets-United States persons?   | ount<br>ory assets under mana<br>under management (   | Total Numb (d) 1,099 (e) 0 (f) 1,099 gement. You must follo  | w these instructions carefully when   |
| Discret Non-Di Total:  Part 1A comple  (3) What is are non \$ 0  m 5 Informa                          | U.S. Dollar Amoionary:  (a) \$ 477,875,527  Scretionary: (b) \$ 0 (c) \$ 477,875,527  Instruction 5.b. explains how to calculate your regulator ting this Item.  the approximate amount of your total regulatory assets -United States persons?  tion About Your Advisory Business - Advisory Activities  | ount  ory assets under mana under management (  | Total Numb (d) 1,099 (e) 0 (f) 1,099 gement. You must follo  | w these instructions carefully when   |
| Discret Non-Di Total:  Part 14 comple  (3) What is are non \$ 0  n 5 Informa visory Activi What type( | U.S. Dollar Amorionary:  (a) \$ 477,875,527  Scretionary: (b) \$ 0  (c) \$ 477,875,527  Instruction 5.b. explains how to calculate your regulator ting this Item.  the approximate amount of your total regulatory assets  -United States persons?  tion About Your Advisory Business - Advisory Activates  s) of advisory services do you provide? Check all that ap  Financial planning services  Portfolio management for individuals and/or small busine  Portfolio management for investment companies (as well section 54 of the Investment Company Act of 1940)  | ount  ory assets under mana under management (  rities  ply. esses I as "business develop   | Total Numb  (d) 1,099  (e) 0  (f) 1,099  gement. You must follow  reported in Item 5.F.(2)  ment companies" that | w these instructions carefully when   |
| Discret Non-Di Total:  Part 1A comple  (3) What is are non \$ 0  m 5 Informa visory Activi What type( | U.S. Dollar Amorionary:  (a) \$ 477,875,527  Scretionary: (b) \$ 0  (c) \$ 477,875,527  Instruction 5.b. explains how to calculate your regulator ting this Item.  the approximate amount of your total regulatory assets  -United States persons?  tion About Your Advisory Business - Advisory Activates  s) of advisory services do you provide? Check all that ap  Financial planning services  Portfolio management for individuals and/or small busine  Portfolio management for investment companies (as well  | ount  ory assets under mana under management (  rities  ply. esses I as "business develop   | Total Numb  (d) 1,099  (e) 0  (f) 1,099  gement. You must follow  reported in Item 5.F.(2)  ment companies" that | w these instructions carefully when  (c) above) attributable to clients when  have made an election pursuant to |
| Discret Non-Di Total:  Part 1A comple  (3) What is are non \$ 0  m 5 Informa visory Activi What type( | U.S. Dollar Amorionary:  (a) \$ 477,875,527  Scretionary:  (b) \$ 0  (c) \$ 477,875,527  Instruction 5.b. explains how to calculate your regulator ting this Item.  the approximate amount of your total regulatory assets—United States persons?  tion About Your Advisory Business - Advisory Activates  s) of advisory services do you provide? Check all that approximate planning services Portfolio management for individuals and/or small busine Portfolio management for investment companies (as well section 54 of the Investment Company Act of 1940) Portfolio management for pooled investment vehicles (of Portfolio management for businesses (other than small businesses) | ount  ory assets under mana under management (  rities  ply. esses I as "business develop ther than investment ousinesses) or institution | Total Numb  (d) 1,099  (e) 0  (f) 1,099  gement. You must follow  reported in Item 5.F.(2)  ment companies" that | w these instructions carefully when  (c) above) attributable to clients w  have made an election pursuant to    |

under the Investment Company Act of 1940, including as a subadviser. If you check Item 5.G.(3), report the 811 or 814 number of the investment

| Н. | If you provide financial planning services, to how many <i>clients</i> did you provide these services during your last fiscal year?  O  1 - 10  11 - 25  26 - 50  51 - 100  101 - 250  251 - 500  More than 500  If more than 500, how many?  (round to the nearest 500) |          |         |
|----|--|----------|---------|
|    | In your responses to this Item 5.H., do not include as "clients" the investors in a private fund you advise, unless you have a separate advisor relationship with those investors.   | ory      |         |
|    |  | Yes      | No      |
| I. | <ul> <li>(1) Do you participate in a wrap fee program?</li> <li>(2) If you participate in a wrap fee program, what is the amount of your regulatory assets under management attributable to acting as:</li> <li>(a) sponsor to a wrap fee program</li> <li>\$</li> </ul> | О        | •       |
|    | <ul><li>(b) portfolio manager for a wrap fee program?</li><li>\$</li><li>(c) sponsor to and portfolio manager for the same wrap fee program?</li><li>\$</li></ul>  |          |         |
|    | If you report an amount in Item 5.I.(2)(c), do not report that amount in Item 5.I.(2)(a) or Item 5.I.(2)(b).   |          |         |
|    | If you are a portfolio manager for a wrap fee program, list the names of the programs, their sponsors and related information in Section 5.1 Schedule D.   | .(2) 0   | f       |
|    | If your involvement in a wrap fee program is limited to recommending wrap fee programs to your clients, or you advise a mutual fund that through a wrap fee program, do not check Item 5.I.(1) or enter any amounts in response to Item 5.I.(2).                         | is offe  | red     |
| J. | (1) In response to Item 4.B. of Part 2A of Form ADV, do you indicate that you provide investment advice only with respect to limited types of investments?   | Yes<br>O | No      |
|    | (2) Do you report <i>client</i> assets in Item 4.E. of Part 2A that are computed using a different method than the method used to compute your regulatory assets under management?   | О        | •       |
| K. | Separately Managed Account <i>Clients</i>  |          |         |
|    | (1) Do you have regulatory assets under management attributable to <i>clients</i> other than those listed in Item 5.D.(3)(d)-(f) (separately managed account <i>clients</i> )?   | Yes<br>⊙ | No<br>O |
|    | If yes, complete Section 5.K.(1) of Schedule D.  |          |         |
|    | (2) Do you engage in borrowing transactions on behalf of any of the separately managed account <i>clients</i> that you advise?   | •        | 0       |
|    | If yes, complete Section 5.K.(2) of Schedule D.  |          |         |
|    | (3) Do you engage in derivative transactions on behalf of any of the separately managed account clients that you advise?   | 0        | •       |
|    | If yes, complete Section 5.K.(2) of Schedule D.  |          |         |
|    | (4) After subtracting the amounts in Item 5.D.(3)(d)-(f) above from your total regulatory assets under management, does any custodian hold ten percent or more of this remaining amount of regulatory assets under management?   | •        | 0       |
|    | If yes, complete Section 5.K.(3) of Schedule D for each custodian.   |          |         |
| L. | Marketing Activities   | Yes      | No      |
|    | (1) Do any of your advertisements include:   | . 63     | .10     |

company or investment companies to which you provide advice in Section 5.G.(3) of Schedule D.

| (a) Performance results?   | О | 0 |
|--|---|---|
| (b) A reference to specific investment advice provided by you (as that phrase is used in rule 206(4)-1(a)(5))?   | 0 | О |
| (c) Testimonials (other than those that satisfy rule 206(4)-1(b)(4)(ii))?  | 0 | О |
| (d) Endorsements (other than those that satisfy rule 206(4)-1(b)(4)(ii))?  | 0 | О |
| <ul><li>(e) Third-party ratings?</li><li>(2) If you answer "yes" to L(1)(c), (d), or (e) above, do you pay or otherwise provide cash or non-cash compensation, directly or indirectly,</li></ul> | 0 | 0 |
| in connection with the use of <i>testimonials</i> , <i>endorsements</i> , or <i>third-party ratings</i> ?  | 0 | О |
| (3) Do any of your advertisements include hypothetical performance ?   | 0 | 0 |
| (4) Do any of your advertisements include predecessor performance ?  | 0 | 0 |

### SECTION 5.G.(3) Advisers to Registered Investment Companies and Business Development Companies

No Information Filed

## SECTION 5.I.(2) Wrap Fee Programs

No Information Filed

### SECTION 5.K.(1) Separately Managed Accounts

After subtracting the amounts reported in Item 5.D.(3)(d)-(f) from your total regulatory assets under management, indicate the approximate percentage of this remaining amount attributable to each of the following categories of assets. If the remaining amount is at least \$10 billion in regulatory assets under management, complete Question (a). If the remaining amount is less than \$10 billion in regulatory assets under management, complete Question (b).

Any regulatory assets under management reported in Item 5.D.(3)(d), (e), and (f) should not be reported below.

If you are a subadviser to a separately managed account, you should only provide information with respect to the portion of the account that you subadvise.

End of year refers to the date used to calculate your regulatory assets under management for purposes of your *annual updating amendment*. Mid-year is the date six months before the end of year date. Each column should add up to 100% and numbers should be rounded to the nearest percent.

Investments in derivatives, registered investment companies, business development companies, and pooled investment vehicles should be reported in those categories. Do not report those investments based on related or underlying portfolio assets. Cash equivalents include bank deposits, certificates of deposit, bankers' acceptances and similar bank instruments.

Some assets could be classified into more than one category or require discretion about which category applies. You may use your own internal methodologies and the conventions of your service providers in determining how to categorize assets, so long as the methodologies or conventions are consistently applied and consistent with information you report internally and to current and prospective clients. However, you should not double count assets, and your responses must be consistent with any instructions or other guidance relating to this Section.

| (a) | Asse                            | et Type   | Mid-year | End of year |
|-----|---------------------------------|---|----------|-------------|
|     | (i)                             | Exchange-Traded Equity Securities   | %        | %           |
|     | (ii)                            | Non Exchange-Traded Equity Securities   | %        | %           |
|     | (iii)                           | U.S. Government/Agency Bonds  | %        | %           |
|     | (iv) U.S. State and Local Bonds |   | %        | %           |
|     | (v)                             | Sovereign Bonds   | %        | %           |
|     | (vi)                            | Investment Grade Corporate Bonds  | %        | %           |
|     | (vii)                           | Non-Investment Grade Corporate Bonds  | %        | %           |
|     | (viii) Derivatives              |   | %        | %           |
|     | (ix)                            | Securities Issued by Registered Investment Companies or Business Development Companies                  | %        | %           |
|     | (x)                             | Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business | %        | %           |

|       | Development Companies)    |   |   |
|-------|---------------------------|---|---|
| (xi)  | Cash and Cash Equivalents | % | % |
| (xii) | Other                     | % | % |

Generally describe any assets included in "Other"

| b) As | set Type   | End of year |  |  |
|-------|--|-------------|--|--|
| (i)   | Exchange-Traded Equity Securities  | 47 %        |  |  |
| (ii)  | Non Exchange-Traded Equity Securities  |             |  |  |
| (iii  | iii) U.S. Government/Agency Bonds  |             |  |  |
| (iv   | v) U.S. State and Local Bonds  |             |  |  |
| (v)   | v) Sovereign Bonds   |             |  |  |
| (vi   | vi) Investment Grade Corporate Bonds   |             |  |  |
| (vi   | ) Non-Investment Grade Corporate Bonds   | 0 %         |  |  |
| (vi   | i) Derivatives   | 0 %         |  |  |
| (ix   | Securities Issued by Registered Investment Companies or Business Development Companies   | 32 %        |  |  |
| (x)   | Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Development Companies) |             |  |  |
| (xi   | ) Cash and Cash Equivalents  |             |  |  |
| (xi   | ) Other  | 0 %         |  |  |

Generally describe any assets included in "Other"

#### SECTION 5.K.(2) Separately Managed Accounts - Use of Borrowingsand Derivatives

☑ No information is required to be reported in this Section 5.K.(2) per the instructions of this Section 5.K.(2)

If your regulatory assets under management attributable to separately managed accounts are at least \$10 billion, you should complete Question (a). If your regulatory assets under management attributable to separately managed accounts are at least \$500 million but less than \$10 billion, you should complete Question (b).

(a) In the table below, provide the following information regarding the separately managed accounts you advise. If you are a subadviser to a separately managed account, you should only provide information with respect to the portion of the account that you subadvise. End of year refers to the date used to calculate your regulatory assets under management for purposes of your *annual updating amendment*. Mid-year is the date six months before the end of year date.

In column 1, indicate the regulatory assets under management attributable to separately managed accounts associated with each level of gross notional exposure. For purposes of this table, the gross notional exposure of an account is the percentage obtained by dividing (i) the sum of (a) the dollar amount of any *borrowings* and (b) the *gross notional value* of all derivatives, by (ii) the regulatory assets under management of the account.

In column 2, provide the dollar amount of borrowings for the accounts included in column 1.

In column 3, provide aggregate *gross notional value* of derivatives divided by the aggregate regulatory assets under management of the accounts included in column 1 with respect to each category of derivatives specified in 3(a) through (f).

You may, but are not required to, complete the table with respect to any separately managed account with regulatory assets under management of less than \$10,000,000.

Any regulatory assets under management reported in Item 5.D.(3)(d), (e), and (f) should not be reported below.

#### (i) Mid-Year

| Gross Notional Assets Under (2) Exposure Management Borrowings |    |    | (3) Derivative Exposures           |                                       |   |                          |                             |                         |  |
|--|----|----|------------------------------------|---------------------------------------|---|--------------------------|-----------------------------|-------------------------|--|
|  |    |    | (a) Interest<br>Rate<br>Derivative | (b) Foreign<br>Exchange<br>Derivative |   | (d) Equity<br>Derivative | (e) Commodity<br>Derivative | (f) Other<br>Derivative |  |
| Less than 10%  | \$ | \$ | %                                  | %                                     | % | %                        | %                           | %                       |  |
| 10-149%  | \$ | \$ | %                                  | %                                     | % | %                        | %                           | %                       |  |

| 4500/        | i . | I  | 0/0 | ١ ٥, | 0/2  | ١ ٥، | ٠,  | ٥/ | í |
|--------------|-----|----|-----|------|------|------|-----|----|---|
| 150% or more | \$  | \$ | / % | %    | // % | %    | / % | 9% | ı |

Optional: Use the space below to provide a narrative description of the strategies and/or manner in which *borrowings* and derivatives are used in the management of the separately managed accounts that you advise.

#### (ii) End of Year

| Gross Notional<br>Exposure | (1) Regulatory<br>Assets Under<br>Management | (2)<br>Borrowings | gs (3) Derivative Exposures        |                                       |   |                          |                             |                         |
|----------------------------|--|-------------------|------------------------------------|---------------------------------------|---|--------------------------|-----------------------------|-------------------------|
|                            |  |                   | (a) Interest<br>Rate<br>Derivative | (b) Foreign<br>Exchange<br>Derivative |   | (d) Equity<br>Derivative | (e) Commodity<br>Derivative | (f) Other<br>Derivative |
| Less than 10%              | \$   | \$                | %                                  | %                                     | % | %                        | %                           | %                       |
| 10-149%                    | \$   | \$                | %                                  | %                                     | % | %                        | %                           | %                       |
| 150% or more               | \$   | \$                | %                                  | %                                     | % | %                        | %                           | %                       |

Optional: Use the space below to provide a narrative description of the strategies and/or manner in which *borrowings* and derivatives are used in the management of the separately managed accounts that you advise.

(b) In the table below, provide the following information regarding the separately managed accounts you advise as of the date used to calculate your regulatory assets under management for purposes of your *annual updating amendment*. If you are a subadviser to a separately managed account, you should only provide information with respect to the portion of the account that you subadvise.

In column 1, indicate the regulatory assets under management attributable to separately managed accounts associated with each level of gross notional exposure. For purposes of this table, the gross notional exposure of an account is the percentage obtained by dividing (i) the sum of (a) the dollar amount of any *borrowings* and (b) the *gross notional value* of all derivatives, by (ii) the regulatory assets under management of the account.

In column 2, provide the dollar amount of borrowings for the accounts included in column 1.

You may, but are not required to, complete the table with respect to any separately managed accounts with regulatory assets under management of less than \$10,000,000.

Any regulatory assets under management reported in Item 5.D.(3)(d), (e), and (f) should not be reported below.

| Gross Notional Exposure | (1) Regulatory Assets Under Management | (2) Borrowings |
|-------------------------|--|----------------|
| Less than 10%           | \$                                     | \$             |
| 10-149%                 | \$                                     | \$             |
| 150% or more            | \$                                     | \$             |

Optional: Use the space below to provide a narrative description of the strategies and/or manner in which *borrowings* and derivatives are used in the management of the separately managed accounts that you advise.

# SECTION 5.K.(3) Custodians for Separately Managed Accounts

Complete a separate Schedule D Section 5.K.(3) for each custodian that holds ten percent or more of your aggregate separately managed account regulatory assets under management.

(a) Legal name of custodian:

RAYMOND JAMES & ASSOCIATES, INC.

(b) Primary business name of custodian:

RAYMOND JAMES & ASSOCIATES, INC.

(c) The location(s) of the custodian's office(s) responsible for custody of the assets :

City: State: Country: ST. PETERSBURG Florida United States

Yes No

(d) Is the custodian a related person of your firm?

(e) If the custodian is a broker-dealer, provide its SEC registration number (if any)

8 - 10999

- (f) If the custodian is not a broker-dealer, or is a broker-dealer but does not have an SEC registration number, provide its legal entity identifier (if any)
- (g) What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian? \$ 477,875,527

| Itei | n 6 O   | ther Business Activities  |              |    |
|------|---------|---|--------------|----|
| In t | his Ite | em, we request information about your firm's other business activities.   |              |    |
| A.   | You     | are actively engaged in business as a (check all that apply):  (1) broker-dealer (registered or unregistered) (2) registered representative of a broker-dealer (3) commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (4) futures commission merchant (5) real estate broker, dealer, or agent (6) insurance broker or agent (7) bank (including a separately identifiable department or division of a bank) (8) trust company (9) registered municipal advisor (10) registered security-based swap dealer (11) major security-based swap participant (12) accountant or accounting firm (13) lawyer or law firm (14) other financial product salesperson (specify): |              |    |
|      | If yo   | ou engage in other business using a name that is different from the names reported in Items 1.A. or 1.B.(1), complete Section 6.A. of Scheo<br>Y.   | dule<br>es l |    |
| В.   | (1)     | Are you actively engaged in any other business not listed in Item 6.A. (other than giving investment advice)?   |              | •  |
|      | (2)     | If yes, is this other business your primary business?   |              | 0  |
|      |         | If "yes," describe this other business on Section 6.B.(2) of Schedule D, and if you engage in this business under a different name, provide name.   | tha          | t  |
|      |         | Y   | es I         | No |
|      | (3)     | Do you sell products or provide services other than investment advice to your advisory clients?   | 5            | •  |
|      |         | If "yes," describe this other business on Section 6.B.(3) of Schedule D, and if you engage in this business under a different name, provide name.   | tha          | t  |
| SEC  | TION    | 6.A. Names of Your Other Businesses   |              |    |
|      |         | No Information Filed  |              |    |
| SEC  | TION    | 6.B.(2) Description of Primary Business   |              |    |
| Des  | cribe   | your primary business (not your investment advisory business):  |              |    |
| If y | ou en   | gage in that business under a different name, provide that name:  |              |    |
| SFC  | TION    | 6.B.(3) Description of Other Products and Services  |              |    |
|      |         | other products or services you sell to your <i>client</i> . You may omit products and services that you listed in Section 6.B.(2) above.  |              |    |
| If y | ou en   | gage in that business under a different name, provide that name:  |              |    |

| n this Item, we request information about your financial industry affiliations and activities. This information identifies areas in which conflicts of interest may occur between you and your clients.  |
|--|
| A. This part of Item 7 requires you to provide information about you and your related persons, including foreign affiliates. Your related persons are all of your advisory affiliates and any person that is under common control with you.  You have a related person that is a (check all that apply):  (1) broker-dealer, municipal advisor  registered municipal advisor  registered municipal advisor  registered municipal advisor  registered security-based swap dealer  (3) registered security-based swap dealer  (4) registered security-based swap barticipant  (5) commodity pool operator or commodity trading advisor (whether registered or exempt from registration)  (7) futures commission merchant  (8) banking or thrift institution  (9) trust company  (10) accountant or accounting firm  (11) lawyer or law firm  (12) insurance company or agency  (13) spension consultant  (14) real estate broker or dealer  (15) sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles  Note that Item 7.A. should not be used to disclose that some of your employees perform investment advisory functions or are registered representatives of a broker-dealer. The number of your firm's employees who perform investment advisory functions should be disclosed under Item 5.B.(1). The number of your firm's employees who perform investment advisory functions should be disclosed under Item 5.B.(2).  Note that if you are filing an umbrella registration, you should not check Item 7.A.(2) with respect to your relying advisers, and you do not have to complete Section 7.A. in Schedule D for your relying advisers. You should complete a Schedule R for each relying advisers, and you do not have to complete Section 7.A. in Schedule D for your relying advisers. You should complete a Schedule R for each relying advisers, and you do not have to complete Section 7.A. in Schedule D for your relying advisers. You should complete a Schedule R for each relying advisers.  You do not need to complete Section 7.A. of Schedule D for a |
| person to be operationally independent under rule 206(4)-2 of the Advisers Act.  |
| ECTION 7.A. Financial Industry Affiliations  |
| No Information Filed   |
| tem 7 <i>Private Fund</i> Reporting  |
| Yes N  |
| 3. Are you an adviser to any <i>private fund</i> ?   |
| If "yes," then for each private fund that you advise, you must complete a Section 7.B.(1) of Schedule D, except in certain circumstances described in the next sentence and in Instruction 6 of the Instructions to Part 1A. If you are registered or applying for registration with the SEC or reporting as an SEC exempt reporting adviser, and another SEC-registered adviser or SEC exempt reporting adviser reports this information with respect to any such private fund in Section 7.B.(1) of Schedule D of its Form ADV (e.g., if you are a subadviser), do not complete Section 7.B.(1) of Schedule D with respect to that private fund. You must, instead, complete Section 7.B.(2) of Schedule D.  |
| In either case, if you seek to preserve the anonymity of a private fund client by maintaining its identity in your books and records in numerical or alphabetical code, or similar designation, pursuant to rule 204-2(d), you may identify the private fund in Section 7.B.(1) or 7.B.(2) of Schedule D using the same code or designation in place of the fund's name.   |

**Item 7 Financial Industry Affiliations** 

No Information Filed

# SECTION 7.B.(2) Private Fund Reporting

### Item 8 Participation or Interest in Client Transactions

In this Item, we request information about your participation and interest in your *clients*' transactions. This information identifies additional areas in which conflicts of interest may occur between you and your *clients*. Newly-formed advisers should base responses to these questions on the types of participation and interest that you expect to engage in during the next year.

Like Item 7, Item 8 requires you to provide information about you and your related persons, including foreign affiliates.

| Pro | priet | ary Interest in <i>Client</i> Transactions  |     |         |
|-----|-------|---|-----|---------|
| A.  | Doy   | you or any related person:  | Yes | No      |
|     | (1)   | buy securities for yourself from advisory clients, or sell securities you own to advisory clients (principal transactions)?   | 0   | •       |
|     | (2)   | buy or sell for yourself securities (other than shares of mutual funds) that you also recommend to advisory clients?  | ⊚   | 0       |
|     | (3)   | recommend securities (or other investment products) to advisory <i>clients</i> in which you or any <i>related person</i> has some other proprietary (ownership) interest (other than those mentioned in Items 8.A.(1) or (2))?  | 0   | •       |
| Sal | es In | terest in <i>Client</i> Transactions  |     |         |
| В.  | Doy   | you or any related person:  | Yes | No      |
|     | (1)   | as a broker-dealer or registered representative of a broker-dealer, execute securities trades for brokerage customers in which advisory client securities are sold to or bought from the brokerage customer (agency cross transactions)?  | 0   | ⊙       |
|     | (2)   | recommend to advisory <i>clients</i> , or act as a purchaser representative for advisory <i>clients</i> with respect to, the purchase of securities for which you or any <i>related person</i> serves as underwriter or general or managing partner?  | 0   | •       |
|     | (3)   | recommend purchase or sale of securities to advisory <i>clients</i> for which you or any <i>related person</i> has any other sales interest (other than the receipt of sales commissions as a broker or registered representative of a broker-dealer)?  | 0   | •       |
| Inv | estm  | nent or Brokerage Discretion  |     |         |
| C.  | Doy   | you or any related person have discretionary authority to determine the:  | Yes | No      |
|     | (1)   | securities to be bought or sold for a <i>client's</i> account?  | ⊙   | $\circ$ |
|     | (2)   | amount of securities to be bought or sold for a <i>client's</i> account?  | ⊚   | $\circ$ |
|     | (3)   | broker or dealer to be used for a purchase or sale of securities for a <i>client's</i> account?   | 0   | $\odot$ |
|     | (4)   | commission rates to be paid to a broker or dealer for a <i>client's</i> securities transactions?  | О   | ⊙       |
| D.  | If yo | ou answer "yes" to C.(3) above, are any of the brokers or dealers related persons?  | 0   | 0       |
| E.  | Doy   | you or any <i>related person</i> recommend brokers or dealers to <i>clients</i> ?   | •   | 0       |
| F.  | If yo | ou answer "yes" to E. above, are any of the brokers or dealers related persons?   | 0   | •       |
| G.  | (1)   | Do you or any <i>related person</i> receive research or other products or services other than execution from a broker-dealer or a third party ("soft dollar benefits") in connection with <i>client</i> securities transactions?  | 0   | •       |
|     | (2)   | If "yes" to G.(1) above, are all the "soft dollar benefits" you or any <i>related persons</i> receive eligible "research or brokerage services" under section 28(e) of the Securities Exchange Act of 1934?   | 0   | 0       |
| Н.  | (1)   | Do you or any related person, directly or indirectly, compensate any person that is not an employee for client referrals?   | 0   | •       |
|     | (2)   | Do you or any <i>related person</i> , directly or indirectly, provide any <i>employee</i> compensation that is specifically related to obtaining <i>clients</i> for the firm (cash or non-cash compensation in addition to the <i>employee's</i> regular salary)?   | 0   | •       |
| I.  |       | you or any <i>related person</i> , including any <i>employee</i> , directly or indirectly, receive compensation from any <i>person</i> (other than you or any <i>ted person</i> ) for <i>client</i> referrals?  | 0   | •       |
|     | In y  | our response to Item 8.I., do not include the regular salary you pay to an employee.  |     |         |
|     | rece  | esponding to Items 8.H. and 8.I., consider all cash and non-cash compensation that you or a related person gave to (in answering Item<br>eived from (in answering Item 8.I.) any person in exchange for client referrals, including any bonus that is based, at least in part, on the<br>mount of client referrals. |     |         |

|    |  | em, we ask you whether you or a <i>related per</i><br>nt Company Act of 1940) assets and about y   | rson has custody of client (other than clients that are investment companies registered under<br>your custodial practices.   | er the  |      |  |
|----|--|--|--|---------|------|--|
| Α. | (1)  | Do you have custody of any advisory client   | s':  | Yes     | No   |  |
|    |  | (a) cash or bank accounts?   |  | •       | С    |  |
|    |  | (b) securities?  |  | ⊙       | С    |  |
|    | advi<br>to ci  | sory fees directly from your clients' accounts   | s, answer "No" to Item 9.A.(1)(a) and (b) if you have custody solely because (i) you deduct<br>s, or (ii) a related person has custody of client assets in connection with advisory services yo<br>tion that you are not operationally independent (pursuant to Advisers Act rule 206(4)-2(d)(5  | ou pro  |      |  |
|    | (2)  | If you checked "yes" to Item 9.A.(1)(a) or which you have <i>custody</i> :                         | (b), what is the approximate amount of <i>client</i> funds and securities and total number of <i>client</i>  | its for |      |  |
|    |  | U.S. Dollar Amount   | Total Number of <i>Clients</i>   |         |      |  |
|    |  | (a) \$ 5,345,302   | (b) 10   |         |      |  |
|    | acco<br>cust   | ounts, do not include the amount of those as<br>ody of client assets in connection with advise     | and you have custody solely because you deduct your advisory fees directly from your clients and the number of those clients in your response to Item 9.A.(2). If your related persofory services you provide to clients, do not include the amount of those assets and number of the time of time | n has   | e    |  |
| В. | (1)  | In connection with advisory services you pr<br>clients':   | rovide to <i>clients</i> , do any of your <i>related persons</i> have <i>custody</i> of any of your advisory   | Yes     | . No |  |
|    |  | (a) cash or bank accounts?   |  | 0       | •    |  |
|    |  | (b) securities?  |  | 0       | •    |  |
|    | You  | are required to answer this item regardless  | of how you answered Item 9.A.(1)(a) or (b).  |         |      |  |
|    | (2)  | If you checked "yes" to Item 9.B.(1)(a) or which your <i>related persons</i> have <i>custody</i> : | (b), what is the approximate amount of <i>client</i> funds and securities and total number of <i>client</i>  | ts for  |      |  |
|    |  | U.S. Dollar Amount   | Total Number of <i>Clients</i>   |         |      |  |
|    |  | (a) \$   | (b)  |         |      |  |
| C. |  | ou or your related persons have custody of co<br>wing that apply:                                  | client funds or securities in connection with advisory services you provide to clients, check al   | l the   |      |  |
|    | (1)  | A qualified custodian(s) sends account state   | ements at least quarterly to the investors in the pooled investment vehicle(s) you manage.   |         |      |  |
|    | (2) An <i>independent public accountant</i> audits annually the pooled investment vehicle(s) that you manage and the audited financial statements are distributed to the investors in the pools. |  |  |         |      |  |
|    | (3)  |  | s an annual surprise examination of <i>client</i> funds and securities.  |         |      |  |
|    | . ,  | , ,  | s an internal control report with respect to custodial services when you or your <i>related</i>  |         |      |  |
|    | or p   | repare an internal control report. (If you che   | in Section 9.C. of Schedule D the accountants that are engaged to perform the audit or exame<br>ecked Item 9.C.(2), you do not have to list auditor information in Section 9.C. of Schedule D<br>to the private funds you advise in Section 7.B.(1) of Schedule D).  |         |      |  |
| D. |  |  | d custodians for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ?  | Yes     | . No |  |
|    | (1)  | you act as a qualified custodian   |  | $\circ$ | ⊙    |  |
|    | (2)  | your related person(s) act as qualified cust   | odian(s)   | 0       | ⊚    |  |
|    | 206  |  | persons that act as qualified custodians (other than any mutual fund transfer agent pursual A. of Schedule D, regardless of whether you have determined the related person to be operas Act.   |         |      |  |
| E. |  | ou are filing your annual updating amendment fiscal year, provide the date (MM/YYYY) the           | nt and you were subject to a surprise examination by an independent public accountant duri<br>examination commenced:   | ing yo  | ur   |  |
| F. |  |  | client funds or securities, how many persons, including, but not limited to, you and your relatives in connection with advisory services you provide to clients?   | ted     |      |  |

Item 9 Custody

# SECTION 9.C. Independent Public Accountant

|  | Persons |
|--|---------|
|  |         |
|  |         |

In this Item, we ask you to identify every *person* that, directly or indirectly, *controls* you. If you are filing an *umbrella registration*, the information in Item 10 should be provided for the *filing adviser* only.

If you are submitting an initial application or report, you must complete Schedule A and Schedule B. Schedule A asks for information about your direct owners and executive officers. Schedule B asks for information about your indirect owners. If this is an amendment and you are updating information you reported on either Schedule A or Schedule B (or both) that you filed with your initial application or report, you must complete Schedule C.

Yes No

A. Does any person not named in Item 1.A. or Schedules A, B, or C, directly or indirectly, control your management or policies?

 $\circ$ 

If yes, complete Section 10.A. of Schedule D.

B. If any *person* named in Schedules A, B, or C or in Section 10.A. of Schedule D is a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934, please complete Section 10.B. of Schedule D.

### **SECTION 10.A.** Control Persons

No Information Filed

# SECTION 10.B. Control Person Public Reporting Companies

#### **Item 11 Disclosure Information**

In this Item, we ask for information about your disciplinary history and the disciplinary history of all your *advisory affiliates*. We use this information to determine whether to grant your application for registration, to decide whether to revoke your registration or to place limitations on your activities as an investment adviser, and to identify potential problem areas to focus on during our on-site examinations. One event may result in "yes" answers to more than one of the questions below. In accordance with General Instruction 5 to Form ADV, "you" and "your" include the *filing adviser* and all *relying advisers* under an *umbrella registration*.

Your advisory affiliates are: (1) all of your current employees (other than employees performing only clerical, administrative, support or similar functions); (2) all of your officers, partners, or directors (or any person performing similar functions); and (3) all persons directly or indirectly controlling you or controlled by you. If you are a "separately identifiable department or division" (SID) of a bank, see the Glossary of Terms to determine who your advisory affiliates are.

If you are registered or registering with the SEC or if you are an exempt reporting adviser, you may limit your disclosure of any event listed in Item 11 to ten years following the date of the event. If you are registered or registering with a state, you must respond to the questions as posed; you may, therefore, limit your disclosure to ten years following the date of an event only in responding to Items 11.A.(1), 11.A.(2), 11.B.(1), 11.B.(2), 11.D.(4), and 11.H.(1)(a). For purposes of calculating this ten-year period, the date of an event is the date the final order, judgment, or decree was entered, or the date any rights of appeal from preliminary orders, judgments, or decrees lapsed.

You must complete the appropriate Disclosure Reporting Page ("DRP") for "yes" answers to the questions in this Item 11.

|     |   | Yes     | No      |
|-----|---|---------|---------|
| Do  | any of the events below involve you or any of your supervised persons?  | $\circ$ | $\odot$ |
| For | "yes" answers to the following questions, complete a Criminal Action DRP:   |         |         |
| A.  | In the past ten years, have you or any advisory affiliate:  | Yes     | No      |
|     | (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?   | 0       | $\odot$ |
|     | (2) been charged with any felony?   | 0       | •       |
|     |   |         |         |
|     | If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Iter (2) to charges that are currently pending.   | n 11.A  | 4.      |
| В.  | In the past ten years, have you or any advisory affiliate:  |         |         |
|     | (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> involving: investments or an <i>investment-related</i> business, or any fraud, false statements, or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? | 0       | •       |
|     | (2) been charged with a misdemeanor listed in Item 11.B.(1)?  | 0       | ⊙       |
|     | If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Iter (2) to charges that are currently pending.   | n 11.E  | В.      |
| For | "yes" answers to the following questions, complete a Regulatory Action DRP:   |         |         |
| C.  | Has the SEC or the Commodity Futures Trading Commission (CFTC) ever:  | Yes     | No      |
|     | (1) found you or any advisory affiliate to have made a false statement or omission?   | 0       | $\odot$ |
|     | (2) found you or any advisory affiliate to have been involved in a violation of SEC or CFTC regulations or statutes?  | 0       | •       |
|     | (3) found you or any advisory affiliate to have been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?   | 0       | ⊚       |
|     | (4) entered an order against you or any advisory affiliate in connection with investment-related activity?  | 0       | •       |
|     | (5) imposed a civil money penalty on you or any advisory affiliate, or ordered you or any advisory affiliate to cease and desist from any activity?   | 0       | •       |
| D.  | Has any other federal regulatory agency, any state regulatory agency, or any foreign financial regulatory authority:  |         |         |
|     | (1) ever found you or any advisory affiliate to have made a false statement or omission, or been dishonest, unfair, or unethical?   | 0       | •       |
|     | (2) ever found you or any advisory affiliate to have been involved in a violation of investment-related regulations or statutes?  | 0       | •       |
|     | (3) ever <i>found</i> you or any <i>advisory affiliate</i> to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?   | 0       | •       |
|     | (4) in the past ten years, entered an order against you or any advisory affiliate in connection with an investment-related activity?  | 0       | •       |
|     | (5) ever denied, suspended, or revoked your or any advisory affiliate's registration or license, or otherwise prevented you or any advisory affiliate, by order, from associating with an investment-related business or restricted your or any advisory affiliate's activity?  | 0       | •       |
| E.  | Has any self-regulatory organization or commodities exchange ever:  |         |         |
|     | (1) found you or any advisory affiliate to have made a false statement or omission?   | 0       | •       |
|     | (2) found you or any advisory affiliate to have been involved in a violation of its rules (other than a violation designated as a "minor rule violation" under a plan approved by the SEC)?   | 0       | •       |
|     | (3) found you or any advisory affiliate to have been the cause of an investment-related business having its authorization to do business  | 0       | •       |

|      | denied, suspended, revoked, or restricted?   |          |         |
|------|--|----------|---------|
|      | (4) disciplined you or any advisory affiliate by expelling or suspending you or the advisory affiliate from membership, barring or suspending you or the advisory affiliate from association with other members, or otherwise restricting your or the advisory affiliate's activities?   | 0        | •       |
| F.   | Has an authorization to act as an attorney, accountant, or federal contractor granted to you or any advisory affiliate ever been revoked or suspended?   | 0        | •       |
| G.   | Are you or any <i>advisory affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of Item 11.C., 11.D., or 11.E.?   | 0        | •       |
| For  | "yes" answers to the following questions, complete a Civil Judicial Action DRP:  |          |         |
| н.   | 43.11  |          |         |
| 111. | (1) Has any domestic or foreign court:   | Yes      | No      |
|      | <ul><li>(1) Has any domestic or foreign court:</li><li>(a) in the past ten years, enjoined you or any advisory affiliate in connection with any investment-related activity?</li></ul>   | Yes<br>O | No<br>⊙ |
|      |  |          |         |
|      | (a) in the past ten years, enjoined you or any advisory affiliate in connection with any investment-related activity?  | 0        | •       |
|      | <ul> <li>(a) in the past ten years, enjoined you or any advisory affiliate in connection with any investment-related activity?</li> <li>(b) ever found that you or any advisory affiliate were involved in a violation of investment-related statutes or regulations?</li> <li>(c) ever dismissed, pursuant to a settlement agreement, an investment-related civil action brought against you or any advisory</li> </ul> | 0        | ⊙<br>⊙  |

### **Item 12 Small Businesses**

The SEC is required by the Regulatory Flexibility Act to consider the effect of its regulations on small entities. In order to do this, we need to determine whether you meet the definition of "small business" or "small organization" under rule 0-7.

Answer this Item 12 only if you are registered or registering with the SEC **and** you indicated in response to Item 5.F.(2)(c) that you have regulatory assets under management of less than \$25 million. You are not required to answer this Item 12 if you are filing for initial registration as a state adviser, amending a current state registration, or switching from SEC to state registration.

For purposes of this Item 12 only:

- Total Assets refers to the total assets of a firm, rather than the assets managed on behalf of *clients*. In determining your or another *person's* total assets, you may use the total assets shown on a current balance sheet (but use total assets reported on a consolidated balance sheet with subsidiaries included, if that amount is larger).
- Control means the power to direct or cause the direction of the management or policies of a *person*, whether through ownership of securities, by contract, or otherwise. Any *person* that directly or indirectly has the right to vote 25 percent or more of the voting securities, or is entitled to 25 percent or more of the profits, of another *person* is presumed to *control* the other *person*.

|       |   | Yes | No |
|-------|---|-----|----|
| A.    | Did you have total assets of \$5 million or more on the last day of your most recent fiscal year?   | 0   | 0  |
| If "y | res," you do not need to answer Items 12.B. and 12.C.   |     |    |
|       |   |     |    |
| В.    | Do you:   |     |    |
|       | (1) control another investment adviser that had regulatory assets under management (calculated in response to Item 5.F.(2)(c) of Form ADV) of \$25 million or more on the last day of its most recent fiscal year?                                    | 0   | 0  |
|       | (2) control another person (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year?   | О   | О  |
| C.    | Are you:  |     |    |
|       | (1) controlled by or under common control with another investment adviser that had regulatory assets under management (calculated in response to Item 5.F.(2)(c) of Form ADV) of \$25 million or more on the last day of its most recent fiscal year? | 0   | О  |
|       | (2) controlled by or under common control with another person (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year?  | 0   | 0  |

#### Schedule A

#### **Direct Owners and Executive Officers**

- 1. Complete Schedule A only if you are submitting an initial application or report. Schedule A asks for information about your direct owners and executive officers. Use Schedule C to amend this information.
- 2. Direct Owners and Executive Officers. List below the names of:
  - (a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer (Chief Compliance Officer is required if you are registered or applying for registration and cannot be more than one individual), director, and any other individuals with similar status or functions;
  - (b) if you are organized as a corporation, each shareholder that is a direct owner of 5% or more of a class of your voting securities, unless you are a public reporting company (a company subject to Section 12 or 15(d) of the Exchange Act);

    Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 5% or more of a class of your voting securities. For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.
  - (c) if you are organized as a partnership, <u>all</u> general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of your capital;
  - (d) in the case of a trust that directly owns 5% or more of a class of your voting securities, or that has the right to receive upon dissolution, or has contributed, 5% or more of your capital, the trust and each trustee; and
  - (e) if you are organized as a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 5% or more of your capital, and (ii) if managed by elected managers, all elected managers.
- $^{3.}$  Do you have any indirect owners to be reported on Schedule B?  $\,\,^{\hbox{\scriptsize C}}\,\text{Yes}\,\,^{\hbox{\scriptsize \odot}}\,\text{No}$
- 4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner or executive officer is an individual.
- 5. Complete the Title or Status column by entering board/management titles; status as partner, trustee, sole proprietor, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).
- 6. Ownership codes are: NA less than 5% B 10% but less than 25% D 50% but less than 75%

- 7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.
  - (b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
  - (c) Complete each column.

| FULL LEGAL NAME (Individuals: | DE/FE/I | Title or Status                           | Date Title or   | Ownership | Control | PR | CRD No. If None: S.S. No. and |
|-------------------------------|---------|---|-----------------|-----------|---------|----|-------------------------------|
| Last Name, First Name, Middle |         |   | Status Acquired | Code      | Person  |    | Date of Birth, IRS Tax No. or |
| Name)                         |         |   | MM/YYYY         |           |         |    | Employer ID No.               |
| WALTERS, CHRISTOPHER, C       | I       | MEMBER AND CHIEF<br>COMPLIANCE<br>OFFICER | 11/2017         | В         | Υ       | N  | 3224520                       |
| TRECASO, RALPH, EDWARD        | I       | MEMBER                                    | 11/2017         | С         | Υ       | N  | 1439067                       |
| WELLS, DOUGLAS, EVERETT       | I       | MEMBER                                    | 11/2017         | С         | Y       | N  | 1063410                       |

#### Schedule B

#### **Indirect Owners**

- 1. Complete Schedule B only if you are submitting an initial application or report. Schedule B asks for information about your indirect owners; you must first complete Schedule A, which asks for information about your direct owners. Use Schedule C to amend this information.
- 2. Indirect Owners. With respect to each owner listed on Schedule A (except individual owners), list below:
  - (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;

For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.

- (b) in the case of an owner that is a partnership, <u>all</u> general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
- (c) in the case of an owner that is a trust, the trust and each trustee; and
- (d) in the case of an owner that is a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.
- 3. Continue up the chain of ownership listing all 25% owners at each level. Once a public reporting company (a company subject to Sections 12 or 15(d) of the Exchange Act) is reached, no further ownership information need be given.
- 4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner is an individual.
- 5. Complete the Status column by entering the owner's status as partner, trustee, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).
- 6. Ownership codes are: C 25% but less than 50% E 75% or more
  - D 50% but less than 75% F Other (general partner, trustee, or elected manager)
- 7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.
  - (b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
  - (c) Complete each column.

# Schedule D - Miscellaneous

You may use the space below to explain a response to an Item or to provide any other information.

| Schedule R |                      |
|------------|----------------------|
|            | No Information Filed |
|            |                      |

| DRP Pages   |  |  |  |  |  |
|---|--|--|--|--|--|
| CRIMINAL DISCLOSURE REPORTING PAGE (ADV)              |  |  |  |  |  |
| No Information Filed                                  |  |  |  |  |  |
| REGULATORY ACTION DISCLOSURE REPORTING PAGE (ADV)     |  |  |  |  |  |
| No Information Filed                                  |  |  |  |  |  |
| CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (ADV) |  |  |  |  |  |
| No Information Filed                                  |  |  |  |  |  |
|   |  |  |  |  |  |

# Exemption from brochure delivery requirements for SEC-registered advisers

SEC rules exempt SEC-registered advisers from delivering a firm brochure to some kinds of clients. If these exemptions excuse you from delivering a brochure to *all* of your advisory clients, you do not have to prepare a brochure.

Yes No ○ ⊙

Are you exempt from delivering a brochure to all of your clients under these rules?

If no, complete the ADV Part 2 filing below.

Amend, retire or file new brochures:

| Brochure ID | Brochure Name                  | Brochure Type(s)  | Action |
|-------------|--------------------------------|---|--------|
| 284507      | WELLS TRECASO FINANCIAL GROUP, | Pension plans/profit sharing plans, Pension             | Amend  |
|             | LLC DISCLOSURE BROCHURE        | consulting, Foundations/charities, Other institutional, |        |
|             |                                | Financial Planning Services, Individuals, High net      |        |
|             |                                | worth individuals                                       |        |

#### **Execution Pages**

#### DOMESTIC INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

### Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint the Secretary of State or other legally designated officer, of the state in which you maintain your *principal office and place of business* and any other state in which you are submitting a *notice filing*, as your agents to receive service, and agree that such *persons* may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding*, or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of the state in which you maintain your *principal office and place of business* or of any state in which you are submitting a *notice filing*.

#### Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having *custody* or possession of these books and records to make them available to federal and state regulatory representatives.

Signature: Date: MM/DD/YYYY

Printed Name: Title:

Adviser CRD Number:

289899

#### **NON-RESIDENT INVESTMENT ADVISER EXECUTION PAGE**

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

### 1. Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint each of the Secretary of the SEC, and the Secretary of State or other legally designated officer, of any other state in which you are submitting a *notice filing*, as your agents to receive service, and agree that such persons may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding* or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of any state in which you are submitting a *notice filing*.

#### 2. Appointment and Consent: Effect on Partnerships

If you are organized as a partnership, this irrevocable power of attorney and consent to service of process will continue in effect if any partner withdraws from or is admitted to the partnership, provided that the admission or withdrawal does not create a new partnership. If the partnership dissolves, this irrevocable power of attorney and consent shall be in effect for any action brought against you or any of your former partners.

# 3. Non-Resident Investment Adviser Undertaking Regarding Books and Records

By signing this Form ADV, you also agree to provide, at your own expense, to the U.S. Securities and Exchange Commission at its principal office in Washington D.C., at any Regional or District Office of the Commission, or at any one of its offices in the United States, as specified by the Commission, correct, current, and complete copies of any or all records that you are required to maintain under Rule 204-2 under the Investment Advisers Act of 1940. This undertaking shall be binding upon you, your heirs, successors and assigns, and any *person* subject to your written irrevocable consents or powers of attorney or any of your general partners and *managing agents*.

# Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the *non-resident* investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits

| and any | other information | submitted | are true and correct | and that I am signing | a this Form AD | V Execution Page as a | free and voluntary | act |
|---------|-------------------|-----------|----------------------|-----------------------|----------------|-----------------------|--------------------|-----|
|         |                   |           |                      |                       |                |                       |                    |     |

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any person having custody or possession of these books and records to make them available to federal and state regulatory representatives.

Signature: Date: MM/DD/YYYY Title:

Printed Name:

Adviser CRD Number: 289899

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