WARNING: Complete this form truthfully. False statements or omissions may result in denial of your application, revocation of your registration, or criminal prosecution. You must keep this form updated by filing periodic amendments. See Form ADV General Instruction 4.

Item 1 Identifying Information

Responses to this Item tell us who you are, where you are doing business, and how we can contact you. If you are filing an umbrella registration, the information in Item 1 should be provided for the filing adviser only. General Instruction 5 provides information to assist you with filing an umbrella registration.

A. Your full legal name (if you are a sole proprietor, your last, first, and middle names):
MERIT FINANCIAL GROUP, LLC

B. (1) Name under which you primarily conduct your advisory business, if different from Item 1.A.
MERIT FINANCIAL ADVISORS

List on Section 1.B. of Schedule D any additional names under which you conduct your advisory business.

(2) If you are using this Form ADV to register more than one investment adviser under an umbrella registration, check this box.

If you check this box, complete a Schedule R for each relying adviser.

C. If this filing is reporting a change in your legal name (Item 1.A.) or primary business name (Item 1.B.(1)), enter the new name and specify whether the name change is of your legal name or your primary business name:

D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: 801-67462

(2) If you report to the SEC as an exempt reporting adviser, your SEC file number:

(3) If you have one or more Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:
CIK Number
1621225

E. (1) If you have a number ("CRD Number") assigned by the FINRA's CRD system or by the IARD system, your CRD number: 142457

If your firm does not have a CRD number, skip this Item 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 CRD 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:
2400 LAKEVIEW PARKWAY SUITE 550
City: State: Country: ZIP+4/Postal Code:
ALPHARETTA Georgia United States 30009

If this address is a private residence, check this box:

List on Section 1.F. of Schedule D any office, other than your principal office and place of business, at which you conduct investment advisory business. If you are applying for registration, or are registered, with one or more state securities authorities, you must list all of your offices in the state or states to which you are applying for registration or with whom you are registered. If you are applying for SEC registration, if you are registered only with the SEC, or if you are reporting to the SEC as an exempt reporting adviser, list the largest twenty-five offices in terms of numbers of employees as of the end of your most recently completed fiscal year.

(2) Days of week that you normally conduct business at your principal office and place of business:
Monday - Friday
Normal business hours at this location:
8:30 AM - 4:30 PM
(3) Telephone number at this location:
678-867-7050
(4) Facsimile number at this location, if any:
678-867-7060
G. Mailing address, if different from your principal office and place of business address:
Number and Street 1: ___________________________ Number and Street 2: ___________________________
City: ___________________________ State: ___________________________ 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 1: ___________________________ Number and Street 2: ___________________________
City: ___________________________ State: ___________________________ ZIP+4/Postal Code: ___________________________

Yes No

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 on Section 1.I. of 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 the portal 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 websites or accounts on publicly available social media platforms where you do not control the content. Do not provide the individual electronic mail (e-mail) addresses of employees or the addresses of employee accounts on publicly available social media platforms.

J. 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 contact information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.
Name: ___________________________
Telephone number: ___________________________
Facsimile number, if any: ___________________________
Number and Street 1: ___________________________ Number and Street 2: ___________________________
City: ___________________________ State: ___________________________ ZIP+4/Postal Code: ___________________________

Electronic mail (e-mail) address, if Chief Compliance Officer has one:

(2) If your Chief Compliance Officer is compensated or employed by any person other than you, a related person or an investment company registered under the Investment Company Act of 1940 that you advise for providing chief compliance officer services to you, provide the person's name and IRS 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: ___________________________
Telephone number: ___________________________
Facsimile number, if any: ___________________________
Number and Street 1: ___________________________ Number and Street 2: ___________________________
City: ___________________________ State: ___________________________ ZIP+4/Postal Code: ___________________________

Electronic mail (e-mail) address, if contact person has one:

Yes No

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, somewhere other than your principal office and place of business?

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

Yes No

M. Are you registered with a foreign financial regulatory authority?

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?

Yes No

O. 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:
$1 billion to less than $10 billion
Complete this form truthfully. False statements or omissions may result in denial of your application, revocation of your registration, or criminal prosecution. You must keep this form updated by filing periodic amendments. See Form ADV General Instruction No. 1001 for more information.

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 entity identifier.

### SECTION 1.B. Other Business Names

List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.

**Name:** MERIT FINANCIAL ADVISORS

<table>
<thead>
<tr>
<th>Jurisdictions</th>
</tr>
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<tbody>
<tr>
<td>AL</td>
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</tbody>
</table>

List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.

**Name:** BLUHAWK WEALTH MANAGEMENT

<table>
<thead>
<tr>
<th>Jurisdictions</th>
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<td>AZ</td>
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<td>AR</td>
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<td>ID</td>
</tr>
</tbody>
</table>

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 total assets using the total assets shown on the balance sheet for your most recent fiscal year end.
List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.

Name: WEALTH REALM

Jurisdictions

| AL | IL | NE | SC |
| AK | IN | NV | SD |
| AZ | IA | NH | SN |
| AR | KS | NJ | TX |
| CA | KY | NM | UT |
| CO | LA | NY | VT |
| CT | MD | NC | VA |
| DE | MA | OH | WA |
| DC | MI | OK | WI |
| FL | MI | OR | WV |
| GA | MN | PA | WY |
| GU | MO | PR | Other: |
| HI | MT | RI | |

List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.

Name: SIMPLIFIED FINANCIAL

Jurisdictions

| AL | IL | NE | SC |
| AK | IN | NV | SD |
| AZ | IA | NH | SN |
| AR | KS | NJ | TX |
| CA | KY | NM | UT |
| CO | LA | NY | VT |
| CT | MD | NC | VA |
| DE | MA | OH | WA |
| DC | MI | OK | WI |
| FL | MI | OR | WV |
| GA | MN | PA | WY |
| GU | MO | PR | Other: |
| HI | MT | RI | |

List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.

Name: MERIT

Jurisdictions

| AL | IL | NE | SC |
| AK | IN | NV | SD |
| AZ | IA | NH | SN |
| AR | KS | NJ | TX |
| CA | KY | NM | UT |
| CO | LA | NY | VT |
| CT | ME | NC | VA |
| DE | MD | ND | WA |
| DC | MA | OH | WA |
| FL | MI | OK | WI |
| GA | MN | OR | WV |
| GU | MS | PA | WY |
| HI | MO | PR | Other: |
| ID | MT | RI | |
List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.

Name: THE RETIREMENT COACH

Jurisdictions

- AL
- AK
- AZ
- AR
- CA
- CO
- CT
- DE
- DC
- FL
- GA
- GU
- HI
- ID
- IL
- IN
- IA
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MS
- MO
- MT
- NE
- NV
- NH
- NJ
- NM
- NY
- NC
- ND
- OH
- OK
- OR
- PA
- PR
- RI
- SC
- SD
- TN
- TX
- UT
- VT
- VA
- WA
- WV
- WI
- WY
- Other:

Name: MERSBERGER FINANCIAL GROUP

Jurisdictions

- AL
- AK
- AZ
- AR
- CA
- CO
- CT
- DE
- DC
- FL
- GA
- GU
- HI
- ID
- IL
- IN
- IA
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MS
- MO
- MT
- NE
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- NY
- NC
- ND
- OH
- OK
- OR
- PA
- PR
- RI
- SC
- SD
- TN
- TX
- UT
- VT
- VA
- WA
- WV
- WI
- WY
- Other:

Name: REASON FINANCIAL

Jurisdictions

- AL
- AK
- AZ
- AR
- CA
- CO
- CT
- DE
- DC
- FL
- GA
- GU
- HI
- ID
- IL
- IN
- IA
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MS
- MO
- MT
- NE
- NV
- NH
- NJ
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- ND
- OH
- OK
- OR
- PA
- PR
- RI
- SC
- SD
- TN
- TX
- UT
- VT
- VA
- WA
- WV
- WI
- WY
- Other:
List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.

Name: I.M. FINANCIAL

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</table>

List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.

Name: MERIT WEALTH ADVISORS

<table>
<thead>
<tr>
<th>Jurisdictions</th>
<th>AL</th>
<th>AZ</th>
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<th>CO</th>
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</tbody>
</table>
Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees).

Number and Street 1: 901 W. MAPLE
City: ENID
State: Oklahoma
Country: United States
ZIP+4/Postal Code: 73701

Number and Street 2:

If this address is a private residence, check this box: ☐

Telephone Number: 407-797-3100
Facsimile Number, if any: 888-959-4664

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location? 1

Are other business activities conducted at this office location? (check all that apply)
☑️ (1) Broker-dealer (registered or unregistered)
☐ (2) Bank (including a separately identifiable department or division of a bank)
☐ (3) Insurance broker or agent
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
☐ (5) Registered municipal advisor
☐ (6) Accountant or accounting firm
☐ (7) Lawyer or law firm

Describe any other investment-related business activities conducted from this office location:

Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees).

Number and Street 1: 4235 S. STREAM BLVD.
Number and Street 2: SUITE 100
If this address is a private residence, check this box: ☐

Telephone Number: Facsimile Number, if any:
(704) 357-8700 (704) 357-8300

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
4

Are other business activities conducted at this office location? (check all that apply)

- (1) Broker-dealer (registered or unregistered)
- (2) Bank (including a separately identifiable department or division of a bank)
- (3) Insurance broker or agent
- (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- (5) Registered municipal advisor
- (6) Accountant or accounting firm
- (7) Lawyer or law firm

Describe any other investment-related business activities conducted from this office location:

Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees).

<table>
<thead>
<tr>
<th>Number and Street 1:</th>
<th>Number and Street 2:</th>
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</thead>
<tbody>
<tr>
<td>2828 HOOD STREET</td>
<td>SUITE 506</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Country:</th>
<th>ZIP+/Postal Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DALLAS</td>
<td>Texas</td>
<td>United States</td>
<td>75219</td>
</tr>
</tbody>
</table>

If this address is a private residence, check this box: ☐

Telephone Number: Facsimile Number, if any:
817-267-9480 817-488-6700

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
1

Are other business activities conducted at this office location? (check all that apply)

- (1) Broker-dealer (registered or unregistered)
- (2) Bank (including a separately identifiable department or division of a bank)
- (3) Insurance broker or agent
- (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- (5) Registered municipal advisor
- (6) Accountant or accounting firm
- (7) Lawyer or law firm

Describe any other investment-related business activities conducted from this office location:

Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees).
### Item 1 Identifying Information

**Primary Business Name:**

**State:**

**Country:**

**ZIP+4/Postal Code:**

If this address is a private residence, check this box: [ ]

**Telephone Number:** 678-647-8040

**Facsimile Number, if any:**

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location? 12

Are other business activities conducted at this office location? (check all that apply)

- [ ] (1) Broker-dealer (registered or unregistered)
- [ ] (2) Bank (including a separately identifiable department or division of a bank)
- [ ] (3) Insurance broker or agent
- [ ] (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- [ ] (5) Registered municipal advisor
- [ ] (6) Accountant or accounting firm
- [ ] (7) Lawyer or law firm

Describe any other investment-related business activities conducted from this office location:

---

### Number and Street Information

<table>
<thead>
<tr>
<th>Number and Street 1:</th>
<th>Number and Street 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1025 OLD ROSWELL ROAD</td>
<td>SUITE 104</td>
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<tr>
<td>ROSWELL</td>
<td></td>
</tr>
<tr>
<td><strong>State:</strong> Georgia</td>
<td><strong>Country:</strong> United States</td>
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<tr>
<td><strong>ZIP+4/Postal Code:</strong> 30076</td>
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</tr>
</tbody>
</table>

If this address is a private residence, check this box: [ ]

**Telephone Number:** 203-762-8499

**Facsimile Number, if any:**

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location? 1

Are other business activities conducted at this office location? (check all that apply)

- [ ] (1) Broker-dealer (registered or unregistered)
- [ ] (2) Bank (including a separately identifiable department or division of a bank)
- [ ] (3) Insurance broker or agent
- [ ] (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- [ ] (5) Registered municipal advisor
- [ ] (6) Accountant or accounting firm
- [ ] (7) Lawyer or law firm

Describe any other investment-related business activities conducted from this office location:

---

Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees).
Number and Street 1: 6140 SOUTH 104 EAST AVENUE
Number and Street 2: SUITE 100
City: TULSA
State: Oklahoma
Country: United States
ZIP+4/Postal Code: 74133

If this address is a private residence, check this box:  

Telephone Number: 918-627-2500
Facsimile Number, if any: 918-627-4450

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?  
3

Are other business activities conducted at this office location? (check all that apply)

☐ (1) Broker-dealer (registered or unregistered)
☐ (2) Bank (including a separately identifiable department or division of a bank)
☐ (3) Insurance broker or agent
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
☐ (5) Registered municipal advisor
☐ (6) Accountant or accounting firm
☐ (7) Lawyer or law firm

Describe any other investment-related business activities conducted from this office location:

Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees).

Number and Street 1: 8198 JOG ROAD
Number and Street 2: SUITE 205
City: BOYNTON BEACH
State: Florida
Country: United States
ZIP+4/Postal Code: 33472

If this address is a private residence, check this box:  

Telephone Number: 561-740-1200
Facsimile Number, if any:

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?  
4

Are other business activities conducted at this office location? (check all that apply)

☐ (1) Broker-dealer (registered or unregistered)
☐ (2) Bank (including a separately identifiable department or division of a bank)
☐ (3) Insurance broker or agent
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
☐ (5) Registered municipal advisor
☐ (6) Accountant or accounting firm
☐ (7) Lawyer or law firm

Describe any other investment-related business activities conducted from this office location:

Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business.
You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees).

**Number and Street 1:**
1303 LIMIT AVE.

**City:**
MOUNT DORA

**State:**
Florida

**Country:**
United States

**ZIP+4/Postal Code:**
32757

If this address is a private residence, check this box: ☐

**Telephone Number:**
407-797-3100

**Facsimile Number, if any:**

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?

1

Are other business activities conducted at this office location? (check all that apply)

☐ (1) Broker-dealer (registered or unregistered)
☐ (2) Bank (including a separately identifiable department or division of a bank)
☐ (3) Insurance broker or agent
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
☐ (5) Registered municipal advisor
☐ (6) Accountant or accounting firm
☐ (7) Lawyer or law firm

Describe any other investment-related business activities conducted from this office location:

---

**Number and Street 1:**
3408 FRENCH PARK

**City:**
EDMOND

**State:**
Oklahoma

**Country:**
United States

**ZIP+4/Postal Code:**
73034

If this address is a private residence, check this box: ☐

**Telephone Number:**
405-359-2273

**Facsimile Number, if any:**

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?

1

Are other business activities conducted at this office location? (check all that apply)

☐ (1) Broker-dealer (registered or unregistered)
☐ (2) Bank (including a separately identifiable department or division of a bank)
☐ (3) Insurance broker or agent
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
☐ (5) Registered municipal advisor
☐ (6) Accountant or accounting firm
☐ (7) Lawyer or law firm

Describe any other investment-related business activities conducted from this office location:
Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees).

Number and Street 1: 523 DELAWARE
City: PERRY  State: Oklahoma  Country: United States
Telephone Number: 580-336-5531
If this address is a private residence, check this box: ☐

Number and Street 2:  ZIP+4/Postal Code: 73077

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
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☐ (5) Registered municipal advisor
☐ (6) Accountant or accounting firm
☐ (7) Lawyer or law firm

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Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees).

Number and Street 1: 4301 W 6TH
City: STILLWATER  State: Oklahoma  Country: United States
Telephone Number: 405-742-0202
If this address is a private residence, check this box: ☐

Number and Street 2:  ZIP+4/Postal Code: 74074

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
1

Are other business activities conducted at this office location? (check all that apply)
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☐ (3) Insurance broker or agent
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☐ (5) Registered municipal advisor
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☐ (7) Lawyer or law firm

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Number and Street 1: Number and Street 2:
Enter the principal office and place of business at which you conduct investment advisory business. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees).

City: State: Country: ZIP+4/Postal Code:
310 N. MAIN STREET Oklahoma United States 74075

If this address is a private residence, check this box: [ ]

Telephone Number: Facsimile Number, if any:
405-742-0202

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?

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Number and Street 1: Number and Street 2:
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City: State: Country: ZIP+4/Postal Code:
2799 NW 2ND AVENUE SUITE 101
BOCA RATON Florida United States 33431

If this address is a private residence, check this box: [ ]

Telephone Number: Facsimile Number, if any:
609-688-8701

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?

2

Are other business activities conducted at this office location? (check all that apply)

☐ (1) Broker-dealer (registered or unregistered)
☐ (2) Bank (including a separately identifiable department or division of a bank)
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Number and Street 1:  
33 WITHERSPoon STREET
Number and Street 2:
SUITE 210
City: PRINCETON  
State: New Jersey
Country: United States
ZIP+4/Postal Code: 08542

If this address is a private residence, check this box: ☐

Telephone Number: 888-391-4563
Facsimile Number, if any: 678-647-8040

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?

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Number and Street 1:  
1060 MAITLAND CENTER COMMONS
Number and Street 2:
STE 365
City: MAITLAND  
State: Florida
Country: United States
ZIP+4/Postal Code: 32751

If this address is a private residence, check this box: ☐

Telephone Number: 407-661-1225
Facsimile Number, if any: 407-740-6113

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?

3

Are other business activities conducted at this office location? (check all that apply)
☐ (1) Broker-dealer (registered or unregistered)
☐ (2) Bank (including a separately identifiable department or division of a bank)
☐ (3) Insurance broker or agent
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
☐ (5) Registered municipal advisor
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<table>
<thead>
<tr>
<th>Number and Street 1:</th>
<th>Number and Street 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999 BROADWAY</td>
<td>SUITE 1415</td>
</tr>
<tr>
<td>City: DENVER</td>
<td>State: Colorado</td>
</tr>
<tr>
<td></td>
<td>Country: United States</td>
</tr>
<tr>
<td></td>
<td>ZIP+4/Postal Code: 80202</td>
</tr>
</tbody>
</table>

If this address is a private residence, check this box: ☐

Telephone Number: 303-996-6514
Facsimile Number, if any: None

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
2

Are other business activities conducted at this office location? (check all that apply)
☑ (1) Broker-dealer (registered or unregistered)
☑ (2) Bank (including a separately identifiable department or division of a bank)
☑ (3) Insurance broker or agent
☑ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
☐ (5) Registered municipal advisor
☐ (6) Accountant or accounting firm
☐ (7) Lawyer or law firm

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<table>
<thead>
<tr>
<th>Number and Street 1:</th>
<th>Number and Street 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8826 GOODBYS EXECUTIVE DR.</td>
<td>SUITE B</td>
</tr>
<tr>
<td>City: JACKSONVILLE</td>
<td>State: Florida</td>
</tr>
<tr>
<td></td>
<td>Country: United States</td>
</tr>
<tr>
<td></td>
<td>ZIP+4/Postal Code: 32217</td>
</tr>
</tbody>
</table>

If this address is a private residence, check this box: ☐

Telephone Number: 904-733-1123
Facsimile Number, if any: 904-733-9952

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
2

Are other business activities conducted at this office location? (check all that apply)
☑ (1) Broker-dealer (registered or unregistered)
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☑ (3) Insurance broker or agent
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<table>
<thead>
<tr>
<th>Number and Street 1:</th>
<th>Number and Street 2:</th>
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</thead>
<tbody>
<tr>
<td>2614 NORTH HWY 16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City:</td>
</tr>
<tr>
<td></td>
<td>28037</td>
</tr>
<tr>
<td></td>
<td>State:</td>
</tr>
<tr>
<td></td>
<td>North Carolina</td>
</tr>
<tr>
<td>If this address is a private residence, check this box:</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Telephone Number:</td>
</tr>
<tr>
<td></td>
<td>980-222-7404</td>
</tr>
<tr>
<td></td>
<td>Facsimile Number, if any:</td>
</tr>
<tr>
<td></td>
<td>980-222-7406</td>
</tr>
</tbody>
</table>

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
1

Are other business activities conducted at this office location? (check all that apply)

- [ ] Broker-dealer (registered or unregistered)
- [ ] Bank (including a separately identifiable department or division of a bank)
- [ ] Insurance broker or agent
- [ ] Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- [ ] Registered municipal advisor
- [ ] Accountant or accounting firm
- [ ] Lawyer or law firm

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<table>
<thead>
<tr>
<th>Number and Street 1:</th>
<th>Number and Street 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4747 MORENA BLVD</td>
<td>SUITE 102</td>
</tr>
<tr>
<td></td>
<td>City:</td>
</tr>
<tr>
<td></td>
<td>92117</td>
</tr>
<tr>
<td></td>
<td>State:</td>
</tr>
<tr>
<td></td>
<td>California</td>
</tr>
<tr>
<td>If this address is a private residence, check this box:</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Telephone Number:</td>
</tr>
<tr>
<td></td>
<td>858-483-7500</td>
</tr>
<tr>
<td></td>
<td>Facsimile Number, if any:</td>
</tr>
</tbody>
</table>

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
2

Are other business activities conducted at this office location? (check all that apply)

- [ ] Broker-dealer (registered or unregistered)
FORM ADV
UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT BY EXEMPT REPORTING ADVISERS

Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees).

Number and Street 1: 6363 120TH AVENUE
Number and Street 2: SUITE 206
City: BROOMFIELD State: Colorado Country: United States ZIP+4/Postal Code: 80020

If this address is a private residence, check this box: ☐

Telephone Number: 303-465-4206
Facsimile Number, if any:

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
1

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☐ (3) Insurance broker or agent
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
☐ (5) Registered municipal advisor
☐ (6) Accountant or accounting firm
☐ (7) Lawyer or law firm

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Number and Street 1: 131 EAST MAIN STREET
Number and Street 2: SUITE 201
City: NORMAN State: Oklahoma Country: United States ZIP+4/Postal Code: 73069

If this address is a private residence, check this box: ☐

Telephone Number: 405-329-3110
Facsimile Number, if any: 405-329-3158

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
2

Are other business activities conducted at this office location? (check all that apply)

Describe any other investment-related business activities conducted from this office location:
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☐ 1 Broker-dealer (registered or unregistered)
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☐ 3 Insurance broker or agent
☐ 4 Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
☐ 5 Registered municipal advisor
☐ 6 Accountant or accounting firm
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Number and Street 1: 601 DELAWARE
Number and Street 2: PO BOX 266
City: PERRY
State: Oklahoma
Country: United States
ZIP+4/Postal Code: 73077

If this address is a private residence, check this box: ☐

Telephone Number: 580-336-2054
Facsimile Number, if any: 580-336-3251

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?

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Number and Street 1: 15 RIVER ROAD
Number and Street 2: SUITE 15B
City: WILTON
State: Connecticut
Country: United States
ZIP+4/Postal Code: 06897

If this address is a private residence, check this box: ☐

Telephone Number: 203-762-8499
Facsimile Number, if any: 203-762-8404

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:
How many <em>employees</em> perform investment advisory functions from this office location?

2

Are other business activities conducted at this office location? (check all that apply)

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☐ (7) Lawyer or law firm

Describe any other <em>investment-related</em> business activities conducted from this office location:

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Number and Street 1: 3100 SMOKETREE COURT
City: RALEIGH
State: North Carolina
ZIP+4/Postal Code: 27604
Number and Street 2: SUITE 1002
Country: United States
ZIP+4/Postal Code: 27604

If this address is a private residence, check this box: ☐

Telephone Number: 919-878-6600
Facsimile Number, if any: 919-878-6544

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

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Number and Street 1: 8490 E. CRESCENT PARKWAY
City: GREENWOOD VILLAGE
State: Colorado
ZIP+4/Postal Code: 80111
Number and Street 2: SUITE 110
Country: United States
ZIP+4/Postal Code: 80111

If this address is a private residence, check this box: ☐

Telephone Number: 303-534-9328
Facsimile Number, if any: 720-492-1318

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:
adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
3

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Number and Street 1: 2151 CONSULATE DRIVE
Number and Street 2: SUITE 15-2
City: ORLANDO
State: Florida
Country: United States
ZIP+4/Postal Code: 32837

If this address is a private residence, check this box: ☐

Telephone Number: 407-797-3100
Facsimile Number, if any: 888-959-4664

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

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Number and Street 1: 4565 HILTON PARKWAY
Number and Street 2: SUITE 101
City: COLORADO SPRINGS
State: Colorado
Country: United States
ZIP+4/Postal Code: 80907

If this address is a private residence, check this box: ☐

Telephone Number: 719-359-9450
Facsimile Number, if any: 719-270-9131
If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

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☑️ (3) Insurance broker or agent
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
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☐ (7) Lawyer or law firm

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Number and Street 1: 
Number and Street 2: 
City: 
State: Country: ZIP+4/Postal Code: 

If this address is a private residence, check this box: ☑

Telephone Number: Facsimile Number, if any: 
203-762-8499 203-762-8404 

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
1

Are other business activities conducted at this office location? (check all that apply)
☑️ (1) Broker-dealer (registered or unregistered)
☐ (2) Bank (including a separately identifiable department or division of a bank)
☑️ (3) Insurance broker or agent
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
☐ (5) Registered municipal advisor
☐ (6) Accountant or accounting firm
☐ (7) Lawyer or law firm

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Number and Street 1: 
2801 NETWORK BLVD. 
Number and Street 2: 
SUITE 503 
City: 
FRISCO 
State: 
Texas 
Country: 
United States 
ZIP+4/Postal Code: 75034

If this address is a private residence, check this box: ☐

Telephone Number: 
Facsimile Number, if any: 

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

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Number and Street 1: 2625 SOUTHLAKE BLVD
City: SOUTHLAKE
State: Texas
Country: United States
ZIP+4/Postal Code: 76092

If this address is a private residence, check this box: ☐

Telephone Number: 817-267-9480
Facsimile Number, if any: 817-488-6700

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
3

Are other business activities conducted at this office location? (check all that apply)
☐ (1) Broker-dealer (registered or unregistered)
☐ (2) Bank (including a separately identifiable department or division of a bank)
☐ (3) Insurance broker or agent
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
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Number and Street 1: 130 HARBOUR PLACE DRIVE
City: DAVIDSON
State: North Carolina
Country: United States
ZIP+4/Postal Code: 28036

If this address is a private residence, check this box: ☐
If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
2

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- (1) Broker-dealer (registered or unregistered)
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<table>
<thead>
<tr>
<th>Number and Street 1:</th>
<th>Number and Street 2:</th>
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</thead>
<tbody>
<tr>
<td>3595 GRANDVIEW PARKWAY</td>
<td>SUITE 425</td>
</tr>
<tr>
<td>City: BIRMINGHAM</td>
<td>State: Alabama</td>
</tr>
<tr>
<td>Country: United States</td>
<td>ZIP+4/Postal Code: 35243</td>
</tr>
</tbody>
</table>

If this address is a private residence, check this box: ☐

Telephone Number: 205-969-8011
Facsimile Number, if any: 205-969-8014

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
2

Are other business activities conducted at this office location? (check all that apply)
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- (3) Insurance broker or agent
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- (5) Registered municipal advisor
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<table>
<thead>
<tr>
<th>Number and Street 1:</th>
<th>Number and Street 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4321 W. COLLEGE AVE</td>
<td>SUITE 200</td>
</tr>
<tr>
<td>City: APPLETON</td>
<td>State: Wisconsin</td>
</tr>
<tr>
<td>Country: United States</td>
<td>ZIP+4/Postal Code: 54914</td>
</tr>
</tbody>
</table>
If this address is a private residence, check this box: □

Telephone Number: (920) 467-4909

Facsimile Number, if any:

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
1

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Number and Street 1: 517 MONROE STREET
Number and Street 2: 

City: SHEBOYGAN FALLS
State: Wisconsin
Country: United States

ZIP+4/Postal Code: 53085

If this address is a private residence, check this box: □

Telephone Number: (920) 467-4909

Facsimile Number, if any:

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
6

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☐ (1) Broker-dealer (registered or unregistered)
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Number and Street 1: 1090 ELM STREET
Number and Street 2: SUITE 102

City: BOCA RATON
State: Florida
Country: United States

ZIP+4/Postal Code: 33431

If this address is a private residence, check this box: □

Telephone Number: 888-391-4563

Facsimile Number, if any:

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?
8

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- Number and Street 1: 725 N HIGHWAY A1A
- Number and Street 2: SUITE E-109
- City: JUPITER
- State: Florida
- Country: United States
- ZIP+4/Postal Code: 33477

If this address is a private residence, check this box: ☐

Telephone Number: 229-883-3500

Facsimile Number, if any:

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?

1

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- City: ROCKY HILL
- State: Connecticut
- Country: United States
- ZIP+4/Postal Code: 06067

If this address is a private residence, check this box: ☐

Telephone Number: (860) 257-8688

Facsimile Number, if any:

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

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<table>
<thead>
<tr>
<th>Number and Street 1:</th>
</tr>
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<tbody>
<tr>
<td>4582 S. ULSTER STREET</td>
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<tr>
<td>City: DENVER</td>
</tr>
<tr>
<td>State: Colorado</td>
</tr>
<tr>
<td>Country: United States</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Number and Street 2:</th>
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<tbody>
<tr>
<td>SUITE 950</td>
</tr>
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<table>
<thead>
<tr>
<th>Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>720-389-7765</td>
</tr>
</tbody>
</table>

If this address is a private residence, check this box: □

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<tbody>
<tr>
<td>2551 LAFAYETTE PLAZA DRIVE</td>
</tr>
<tr>
<td>City: ALBANY</td>
</tr>
<tr>
<td>State: Georgia</td>
</tr>
<tr>
<td>Country: United States</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number and Street 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUITE E-109</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<tr>
<td>229-883-3500</td>
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</thead>
<tbody>
<tr>
<td>ISSAQUAH 195 NE GILMAN BLVD SUITE E-109</td>
<td>720-389-7765 SUITE 950</td>
</tr>
<tr>
<td>City: ISSAQUAH</td>
<td>State: Washington</td>
</tr>
<tr>
<td>Country: United States</td>
<td>ZIP+4/Postal Code: 98027</td>
</tr>
<tr>
<td>Telephone Number: (6) Accountant or accounting firm</td>
<td>Facsimile Number, if any:</td>
</tr>
<tr>
<td>(425) 392-2200</td>
<td></td>
</tr>
<tr>
<td>If this address is a private residence, check this box:</td>
<td></td>
</tr>
<tr>
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<tr>
<td>(1) Broker-dealer (registered or unregistered)</td>
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<td>(2) Bank (including a separately identifiable department or division of a bank)</td>
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<tr>
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<td>(5) Registered municipal advisor</td>
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<tr>
<td>(6) Accountant or accounting firm</td>
<td></td>
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<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Number and Street 1:</th>
<th>Number and Street 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>725 N HIGHWAY A1A 4582 S. ULSTER STREET</td>
<td>561-371-9333</td>
</tr>
<tr>
<td>City: ALBANY</td>
<td>State: Colorado</td>
</tr>
<tr>
<td>Country: United States</td>
<td>ZIP+4/Postal Code: 8039</td>
</tr>
<tr>
<td>Telephone Number: (1) Broker-dealer (registered or unregistered)</td>
<td>Facsimile Number, if any:</td>
</tr>
<tr>
<td>(7) Lawyer or law firm</td>
<td></td>
</tr>
<tr>
<td>If this address is a private residence, check this box:</td>
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</tr>
<tr>
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<td></td>
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<td>3</td>
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<tr>
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</tr>
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<tr>
<td>(3) Insurance broker or agent</td>
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<tr>
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Number and Street 1: 1919 N PEARL STREET
Number and Street 2: SUITE B-2
City: TACOMA
State: Washington
Country: United States
ZIP+4/Postal Code: 98406
Facsimile Number, if any:

If this address is a private residence, check this box: □

Telephone Number: (253) 272-7058

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location? 2

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Number and Street 1: 1205 SOUTH MAIN STREET
Number and Street 2: SUITE 325
City: KALISPELL
State: Montana
Country: United States
ZIP+4/Postal Code: 59901
Facsimile Number, if any: 920-467-74909

If this address is a private residence, check this box: □

Telephone Number: 920-467-74909

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

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<table>
<thead>
<tr>
<th>Number and Street 1:</th>
<th>Number and Street 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>615 SOUTH 8TH ST</td>
<td>SUITE 240</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>SHEBOYGAN</td>
<td>Wisconsin</td>
</tr>
<tr>
<td></td>
<td>Country:</td>
</tr>
<tr>
<td></td>
<td>United States</td>
</tr>
<tr>
<td></td>
<td>ZIP+4/Postal Code:</td>
</tr>
<tr>
<td></td>
<td>53081</td>
</tr>
</tbody>
</table>

If this address is a private residence, check this box: ☐

Telephone Number: 920-453-0179

Facsimile Number, if any:

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?

1

Are other business activities conducted at this office location? (check all that apply)

☑ (1) Broker-dealer (registered or unregistered)
☐ (2) Bank (including a separately identifiable department or division of a bank)
☑ (3) Insurance broker or agent
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
☐ (5) Registered municipal advisor
☐ (6) Accountant or accounting firm
☐ (7) Lawyer or law firm

Describe any other investment-related business activities conducted from this office location:

Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees).

<table>
<thead>
<tr>
<th>Number and Street 1:</th>
<th>Number and Street 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 FAIRVIEW ROAD</td>
<td>SUITE 105</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>MOORESVILLE</td>
<td>North Carolina</td>
</tr>
<tr>
<td></td>
<td>Country:</td>
</tr>
<tr>
<td></td>
<td>United States</td>
</tr>
<tr>
<td></td>
<td>ZIP+4/Postal Code:</td>
</tr>
<tr>
<td></td>
<td>28117</td>
</tr>
</tbody>
</table>

If this address is a private residence, check this box: ☐

Telephone Number: 704-237-3753

Facsimile Number, if any:

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?

3

Are other business activities conducted at this office location? (check all that apply)

☑ (1) Broker-dealer (registered or unregistered)
☐ (2) Bank (including a separately identifiable department or division of a bank)
☑ (3) Insurance broker or agent
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
☐ (5) Registered municipal advisor
☐ (6) Accountant or accounting firm
☐ (7) Lawyer or law firm

Describe any other investment-related business activities conducted from this office location:
Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees).

Number and Street 1: __________________________ Number and Street 2: __________________________
City: __________________________ State: ____________ Country: ____________ ZIP+4/Postal Code: ____________

If this address is a private residence, check this box: ☑

Telephone Number: __________________________ Facsimile Number, if any: __________________________

253-946-6119

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

How many employees perform investment advisory functions from this office location?

3

Are other business activities conducted at this office location? (check all that apply)

☑ (1) Broker-dealer (registered or unregistered)
☐ (2) Bank (including a separately identifiable department or division of a bank)
☑ (3) Insurance broker or agent
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
☐ (5) Registered municipal advisor
☐ (6) Accountant or accounting firm
☐ (7) Lawyer or law firm

Describe any other investment-related business activities conducted from this office location:

SECTION 1.I. Website Addresses

List your website addresses, including addresses for accounts on publicly available social media platforms where you control the content (including, but not 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 available social media platform.

Address of Website/Account on Publicly Available Social Media Platform: https://www.facebook.com/JeffAcklerCFP/

Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/company/meritfinancialadvisors

Address of Website/Account on Publicly Available Social Media Platform: HTTPS://TWEET.COM/MERITFINADVISOR

Address of Website/Account on Publicly Available Social Media Platform: https://mersbergerfinancialgroup.com

Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/company/mersbergerfinancialgroup

Address of Website/Account on Publicly Available Social Media Platform: https://www.facebook.com/MersbergerFinancialGroup

Address of Website/Account on Publicly Available Social Media Platform: https://yourreason.com/
<table>
<thead>
<tr>
<th>Address of Website/Account on Publicly Available Social Media Platform:</th>
<th><a href="https://twitter.com/wealthrealm">https://twitter.com/wealthrealm</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of Website/Account on Publicly Available Social Media Platform:</td>
<td><a href="HTTP://BLUHAWKWEALTH.COM">HTTP://BLUHAWKWEALTH.COM</a></td>
</tr>
<tr>
<td>Address of Website/Account on Publicly Available Social Media Platform:</td>
<td><a href="https://twitter.com/wellreasoned">https://twitter.com/wellreasoned</a></td>
</tr>
<tr>
<td>Address of Website/Account on Publicly Available Social Media Platform:</td>
<td><a href="https://www.linkedin.com/company/yourreason/">https://www.linkedin.com/company/yourreason/</a></td>
</tr>
<tr>
<td>Address of Website/Account on Publicly Available Social Media Platform:</td>
<td><a href="HTTP://WWW.MYWEALTHREALM.COM">HTTP://WWW.MYWEALTHREALM.COM</a></td>
</tr>
<tr>
<td>Address of Website/Account on Publicly Available Social Media Platform:</td>
<td><a href="https://www.facebook.com/MeritFinancialGroup">https://www.facebook.com/MeritFinancialGroup</a></td>
</tr>
<tr>
<td>Address of Website/Account on Publicly Available Social Media Platform:</td>
<td><a href="https://www.mysimplified.net/">https://www.mysimplified.net/</a></td>
</tr>
<tr>
<td>Address of Website/Account on Publicly Available Social Media Platform:</td>
<td><a href="HTTP://WWW.MERITFINANCIALADVISORS.COM">HTTP://WWW.MERITFINANCIALADVISORS.COM</a></td>
</tr>
<tr>
<td>Address of Website/Account on Publicly Available Social Media Platform:</td>
<td><a href="https://www.youtube.com/@meritfinancialadvisors">https://www.youtube.com/@meritfinancialadvisors</a></td>
</tr>
<tr>
<td>Address of Website/Account on Publicly Available Social Media Platform:</td>
<td><a href="HTTP://WWW.MERITFA.COM">HTTP://WWW.MERITFA.COM</a></td>
</tr>
<tr>
<td>Address of Website/Account on Publicly Available Social Media Platform:</td>
<td><a href="https://www.facebook.com/mysimplifiedfinancial/">https://www.facebook.com/mysimplifiedfinancial/</a></td>
</tr>
<tr>
<td>Address of Website/Account on Publicly Available Social Media Platform:</td>
<td><a href="https://www.meritwa.com">https://www.meritwa.com</a></td>
</tr>
<tr>
<td>Address of Website/Account on Publicly Available Social Media Platform:</td>
<td><a href="https://www.facebook.com/MeritWealthAdvisors">https://www.facebook.com/MeritWealthAdvisors</a></td>
</tr>
</tbody>
</table>

**SECTION 1.L. Location of Books and Records**

Complete the following information for each location at which you keep your books and records, other than your principal office and place of business. You must complete a separate Schedule D, Section 1.L. for each location.

Name of entity where books and records are kept:

MERSBERGER ADVISORY GROUP

<table>
<thead>
<tr>
<th>Number and Street 1:</th>
<th>Number and Street 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>517 MONROE STREET</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Country:</th>
<th>ZIP+4/Postal Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHEBOYGAN FALLS</td>
<td>Wisconsin</td>
<td>United States</td>
<td>53085</td>
</tr>
</tbody>
</table>

If this address is a private residence, check this box: [ ]

Telephone Number: Facsimile number, if any:
Complete the following information for each office, other than your principal office and place of business, at which you... other party unaffiliated recordkeeper.

Briefly describe the books and records kept at this location. ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:

<table>
<thead>
<tr>
<th>REDTAIL CRM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and Street 1: 3131 FITE CIRCLE</td>
</tr>
<tr>
<td>City: SACRAMENTO</td>
</tr>
<tr>
<td>State: California</td>
</tr>
<tr>
<td>Country: United States</td>
</tr>
<tr>
<td>Telephone Number: 800-206-5030</td>
</tr>
</tbody>
</table>

This is (check one): a third-party unaffiliated recordkeeper.

Briefly describe the books and records kept at this location.

3RD PARTY VENDOR OF ELECTRONIC DATA STORAGE- 4 BRANCH OFFICES (ATLANTA/SOUTHLAKE/CHARLOTTE/RALEIGH/ CONSILIUM/IM WEALTH CARE/SIMPLIFIED FINANCIAL)

Name of entity where books and records are kept:

<table>
<thead>
<tr>
<th>MERIT FINANCIAL ADVISORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and Street 1:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Country:</td>
</tr>
<tr>
<td>Telephone Number:</td>
</tr>
</tbody>
</table>

This is (check one): a third-party unaffiliated recordkeeper.

Briefly describe the books and records kept at this location.

ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:

<table>
<thead>
<tr>
<th>MERIT FINANCIAL ADVISORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and Street 1: 2625 E. SOUTHLAKE BLVD.</td>
</tr>
<tr>
<td>City: SOUTHLAKE</td>
</tr>
<tr>
<td>State: Texas</td>
</tr>
<tr>
<td>Country: United States</td>
</tr>
<tr>
<td>Telephone Number: 214-984-6800</td>
</tr>
</tbody>
</table>

This is (check one): a third-party unaffiliated recordkeeper.

Briefly describe the books and records kept at this location.

3RD PARTY VENDOR OF ELECTRONIC DATA STORAGE (ECOLOGY CACHET/CONSILUIM/IM WEALTH CARE/CONSILUIM INVESTMENT ADVISORY)
Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business.

<table>
<thead>
<tr>
<th>Name of entity where books and records are kept:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MERIT FINANCIAL ADVISORS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number and Street 1:</th>
<th>Number and Street 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1090 ELM STREET</td>
<td>SUITE 102</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Country:</th>
<th>ZIP+4/Postal Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROCKY HILL</td>
<td>Connecticut</td>
<td>United States</td>
<td>06067</td>
</tr>
</tbody>
</table>

If this address is a private residence, check this box: ☐

<table>
<thead>
<tr>
<th>Telephone Number:</th>
<th>Facsimile number, if any:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(860) 257-8688</td>
<td></td>
</tr>
</tbody>
</table>

This is (check one):

- ☐ one of your branch offices or affiliates.
- ☐ a third-party unaffiliated recordkeeper.
- ☐ other.

Briefly describe the books and records kept at this location.

ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

---

<table>
<thead>
<tr>
<th>Name of entity where books and records are kept:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICROSOFT CORPORATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number and Street 1:</th>
<th>Number and Street 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE MICROSOFT WAY</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Country:</th>
<th>ZIP+4/Postal Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>REDMOND</td>
<td>Washington</td>
<td>United States</td>
<td>98052</td>
</tr>
</tbody>
</table>

If this address is a private residence, check this box: ☐

<table>
<thead>
<tr>
<th>Telephone Number:</th>
<th>Facsimile number, if any:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8002857772</td>
<td></td>
</tr>
</tbody>
</table>

This is (check one):

- ☐ one of your branch offices or affiliates.
- ☐ a third-party unaffiliated recordkeeper.
- ☐ other.

Briefly describe the books and records kept at this location.

ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

---

<table>
<thead>
<tr>
<th>Name of entity where books and records are kept:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPL FINANCIAL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number and Street 1:</th>
<th>Number and Street 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Country:</th>
<th>ZIP+4/Postal Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If this address is a private residence, check this box: ☐

<table>
<thead>
<tr>
<th>Telephone Number:</th>
<th>Facsimile number, if any:</th>
</tr>
</thead>
<tbody>
<tr>
<td>817-267-9480</td>
<td>817-488-6700</td>
</tr>
</tbody>
</table>

This is (check one):

- ☐ one of your branch offices or affiliates.
- ☐ a third-party unaffiliated recordkeeper.
- ☐ other.

Briefly describe the books and records kept at this location.

ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

---

If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser on the Uniform Branch Office Registration Form (Form BR), please provide the

<table>
<thead>
<tr>
<th>Number and Street 1:</th>
<th>Number and Street 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Country:</th>
<th>ZIP+4/Postal Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Facsimile Number, if any:

<table>
<thead>
<tr>
<th>Telephone Number:</th>
<th>Facsimile number, if any:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is (check one):

- ☐ one of your branch offices or affiliates.
- ☐ a third-party unaffiliated recordkeeper.
- ☐ other.

Briefly describe the books and records kept at this location.

ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.
Complete the following information for each office, other than your principal office and place of business, at which you keep your books and records, other than your
branch offices or affiliates.

**Briefly describe the books and records kept at this location.**

**CRM PROVIDER FOR MERIT & MERIT WEALTH ADVISORS**

**Number and Street 1:**
4707 EXECUTIVE DRIVE
City: SAN DIEGO
State: California
Country: United States
**ZIP+4/Postal Code:** 92121

If this address is a private residence, check this box: ☐

Telephone Number: 8008777210

This is (check one):
- ☐ one of your branch offices or affiliates.
- ☐ a third-party unaffiliated recordkeeper.
- ☐ other.

**Briefly describe the books and records kept at this location.**

**Number and Street 1:**
8826 GOODBY'S EXECUTIVE DRIVE
City: JACKSONVILLE
State: Florida
Country: United States
**ZIP+4/Postal Code:** 32217

If this address is a private residence, check this box: ☐

Telephone Number: 904-733-1123

This is (check one):
- ☐ one of your branch offices or affiliates.
- ☐ a third-party unaffiliated recordkeeper.
- ☐ other.

**Briefly describe the books and records kept at this location.**

**Name of entity where books and records are kept:**
MERIT FINANCIAL ADVISORS

**Number and Street 1:**
ONE MARKET STREET
City: SAN FRANCISCO
State: California
Country: United States
**ZIP+4/Postal Code:** 94105

If this address is a private residence, check this box: ☐

Telephone Number: 800-667-6389

This is (check one):
- ☐ one of your branch offices or affiliates.
- ☐ a third-party unaffiliated recordkeeper.
- ☐ other.

**Briefly describe the books and records kept at this location.**

**CRM PROVIDER FOR MERIT & MERIT WEALTH ADVISORS**
Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business.

Name of entity where books and records are kept:
GLOBAL RELAY

Number and Street 1: 220 CAMBIE STREET
Number and Street 2: 2ND FLOOR
City: VANCOUVER
State: Country: ZIP+4/Postal Code: 
Canada V6B2M9

If this address is a private residence, check this box: [ ]

Telephone Number: 866-484-6630
Facsimile number, if any:

This is (check one):
☒ one of your branch offices or affiliates.
☒ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location.

EMAIL & SOCIAL MEDIA ARCHIVING VENDOR

Name of entity where books and records are kept:
MERIT WEALTH ADVISORS

Number and Street 1: 1303 LIMIT AVE
Number and Street 2: SUITE 200
City: MOUNT DORA
State: Florida
Country: United States
ZIP+4/Postal Code: 32757

If this address is a private residence, check this box: [ ]

Telephone Number: 407-797-3100
Facsimile number, if any:

This is (check one):
☒ one of your branch offices or affiliates.
☒ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location.

ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:
MERIT FINANCIAL ADVISORS

Number and Street 1: 130 HARBOUR PLACE DRIVE
Number and Street 2: SUITE 250
City: DAVIDSON
State: North Carolina
Country: United States
ZIP+4/Postal Code: 28036

If this address is a private residence, check this box: [ ]

Telephone Number: 704-892-1288
Facsimile number, if any: 704-892-1388

This is (check one):
☒ one of your branch offices or affiliates.
☒ a third-party unaffiliated recordkeeper.
☐ other.
| Name of entity where books and records are kept: | Simplified Financial |
| Number and Street 1: | 2614 NORTH HWY 16 |
| City: | Denver |
| State: | North Carolina |
| Country: | United States |
| ZIP+4/Postal Code: | 28037 |
| If this address is a private residence, check box: | ☐ |
| Telephone Number: | 980-222-7404 |
| Facsimile number, if any: | 980-222-7406 |
| This is (check one): | ☐ one of your branch offices or affiliates. |
| | ☐ a third-party unaffiliated recordkeeper. |
| | ☐ other. |
| Briefly describe the books and records kept at this location. | ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION. |

| Name of entity where books and records are kept: | Merit Financial Advisors |
| Number and Street 1: | 2828 Hood Street |
| City: | Dallas |
| State: | Texas |
| Country: | United States |
| ZIP+4/Postal Code: | 75219 |
| If this address is a private residence, check box: | ☐ |
| Telephone Number: | 817-267-9480 |
| Facsimile number, if any: | 817-488-6700 |
| This is (check one): | ☐ one of your branch offices or affiliates. |
| | ☐ a third-party unaffiliated recordkeeper. |
| | ☐ other. |
| Briefly describe the books and records kept at this location. | ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION. |

| Name of entity where books and records are kept: | Mersberger Financial Group |
| Number and Street 1: | 4321 W. College Avenue |
| City: | Appleton |
| State: | Wisconsin |
| Country: | United States |
| ZIP+4/Postal Code: | 54914 |
| If this address is a private residence, check box: | ☐ |
| Telephone Number: | (920) 467-4909 |
| Facsimile number, if any: | |
This is (check one):
☑ one of your branch offices or affiliates.
☑ a third-party unaffiliated recordkeeper.
☑ other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:
MERIT FINANCIAL ADVISORS

Number and Street 1:
15 RIVER ROAD

City:
WILTON

State:
Connecticut

Country:
United States

ZIP+4/Postal Code:
06897

If this address is a private residence, check this box: ☐

Telephone Number:
203-762-8499

Facsimile number, if any:
203-762-8404

This is (check one):
☑ one of your branch offices or affiliates.
☑ a third-party unaffiliated recordkeeper.
☑ other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:
I.M. FINANCIAL

Number and Street 1:
4582 S. ULSTER STREET

City:
DENVER

State:
Colorado

Country:
United States

ZIP+4/Postal Code:
80237

If this address is a private residence, check this box: ☐

Telephone Number:
720-389-7765

Facsimile number, if any:

This is (check one):
☑ one of your branch offices or affiliates.
☑ a third-party unaffiliated recordkeeper.
☑ other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:
MERIT FINANCIAL ADVISORS

Number and Street 1:
2551 LAFAYETTE PLAZA DRIVE

City:
ALBANY

State:
Georgia

Country:
United States

ZIP+4/Postal Code:
31707

If this address is a private residence, check this box: ☐
Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business.

<table>
<thead>
<tr>
<th>Name of entity where books and records are kept:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CHARLES SCHWAB &amp; CO., INC.</td>
<td>TD AMERITRADE INSTITUTIONAL</td>
</tr>
<tr>
<td>Number and Street 1:</td>
<td>Number and Street 2:</td>
</tr>
<tr>
<td>1958 SUMMIT PARK DRIVE</td>
<td>1598/1600 SUMMIT PARK DRIVE</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>ORLANDO</td>
<td>Florida</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>IRVING</td>
<td>Texas</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>Facsimile number, if any:</td>
</tr>
<tr>
<td>800-515-2157</td>
<td></td>
</tr>
<tr>
<td>This is (check one):</td>
<td>This is (check one):</td>
</tr>
<tr>
<td>☐ one of your branch offices or affiliates.</td>
<td>☐ one of your branch offices or affiliates.</td>
</tr>
<tr>
<td>☐ a third-party unaffiliated recordkeeper.</td>
<td>☐ a third-party unaffiliated recordkeeper.</td>
</tr>
<tr>
<td>☐ other.</td>
<td>☐ other.</td>
</tr>
<tr>
<td>Briefly describe the books and records kept at this location.</td>
<td>Briefly describe the books and records kept at this location.</td>
</tr>
<tr>
<td>CUSTODIAN</td>
<td>CUSTODIAN</td>
</tr>
</tbody>
</table>
Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business.

Name of entity where books and records are kept:
MERIT FINANCIAL ADVISORS

Number and Street 1: 195 NE GILMAN BLVD
Number and Street 2: SUITE 101
City: CHESTERFIELD
State: Missouri
Country: United States
ZIP+4/Postal Code: 63017

If this address is a private residence, check this box: ❏

Telephone Number: (913) 396-4600
Facsimile number, if any:

This is (check one):
☒ one of your branch offices or affiliates.
☒ a third-party unaffiliated recordkeeper.
☒ other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:
THE FAMILY HUG

Number and Street 1: 2828 HOOD STREET
Number and Street 2: 
City: TACOMA
State: Washington
Country: United States
ZIP+4/Postal Code: 98406

If this address is a private residence, check this box: ❏

Telephone Number: 561-317-9333
Facsimile number, if any:

This is (check one):
☒ one of your branch offices or affiliates.
☒ a third-party unaffiliated recordkeeper.
☒ other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:
MERIT FINANCIAL ADVISORS

Number and Street 1: 220 CAMBIE STREET
Number and Street 2: 
City: VICTORIA
State: British Columbia
Country: United States
ZIP+4/Postal Code: V8V 6B2

If this address is a private residence, check this box: ❏

Telephone Number: (604) 515-2157
Facsimile number, if any:

This is (check one):
☒ one of your branch offices or affiliates.
☒ a third-party unaffiliated recordkeeper.
☒ other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.
Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. All client files, books and records needed to conduct advisory services at this location.

**Name of entity where books and records are kept:**
MERIT FINANCIAL ADVISORS

Number and Street 1: 1919 N PEARL STREET

If this address is a private residence, check this box: □

Telephone Number: (253) 272-7058

Facsimile number, if any:

This is (check one):
☐ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

---

Number and Street 1: 1999 BROADWAY
City: DENVER  State: Colorado  Country: United States  ZIP+4/Postal Code: 80202

If this address is a private residence, check this box: □

Telephone Number: (303) 996-651

Facsimile number, if any:

This is (check one):
☐ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

---

Number and Street 1: 8198 JOG ROAD
City: BOYNTON BEACH  State: Florida  Country: United States  ZIP+4/Postal Code: 33472

If this address is a private residence, check this box: □

Telephone Number: (561)740-1200

Facsimile number, if any:

This is (check one):
☐ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.
Complete the following information for each office, other than your principal office and place of business, at which you keep your books and records:

**SECTION 1.L. Location of Books and Records**

**Name of entity where books and records are kept:**

- **MERIT FINANCIAL ADVISORS**
  - **Number and Street 1:** 615 S 8TH STREET
  - **Number and Street 2:** SUITE 240
  - **City:** SHEBOYGAN
  - **State:** Wisconsin
  - **Country:** United States
  - **ZIP+4/Postal Code:** 53081

  **Telephone Number:** (920) 453-0179

  **This is (check one):**
  - ☐ one of your branch offices or affiliates.
  - ☐ a third-party unaffiliated recordkeeper.
  - ☐ other.

  **Briefly describe the books and records kept at this location.**

  ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

**Name of entity where books and records are kept:**

- **XERO**
  - **Number and Street 1:** 1615 PLATTE STREET
  - **Number and Street 2:** SUITE 400
  - **City:** DENVER
  - **State:** Colorado
  - **Country:** United States
  - **ZIP+4/Postal Code:** 80202

  **Telephone Number:** 678-867-7050

  **This is (check one):**
  - ☐ one of your branch offices or affiliates.
  - ☐ a third-party unaffiliated recordkeeper.
  - ☐ other.

  **Briefly describe the books and records kept at this location.**

  ACCOUNTING SOFTWARE FOR INTERNAL USE.

**Name of entity where books and records are kept:**

- **MERIT WEALTH ADVISORS**
  - **Number and Street 1:** 1060 MAITLAND CENTER COMMONS BLVD.
  - **Number and Street 2:** SUITE 365
  - **City:** MAITLAND
  - **State:** Florida
  - **Country:** United States
  - **ZIP+4/Postal Code:** 32751

  **Telephone Number:** 407-661-1225

  **Facsimile number, if any:** 407-740-6113

  **This is (check one):**
  - ☐ one of your branch offices or affiliates.
  - ☐ a third-party unaffiliated recordkeeper.
Name of entity where books and records are kept:
MERIT FINANCIAL ADVISORS

Number and Street 1: 6140 SOUTH 104 EAST AVENUE
Number and Street 2: SUITE 100
City: TULSA
State: Oklahoma
Country: United States
ZIP+4/Postal Code: 74133

If this address is a private residence, check this box: [ ]

Telephone Number: 918-627-2500
Facsimile number, if any:

This is (check one):
☐ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:
REASON FINANCIAL

Number and Street 1: 4747 MORENA BOULEVARD
Number and Street 2: SUITE 102
City: SAN DIEGO
State: California
Country: United States
ZIP+4/Postal Code: 92117

If this address is a private residence, check this box: [ ]

Telephone Number: 858-483-7500
Facsimile number, if any:

This is (check one):
☐ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:
MERIT FINANCIAL ADVISORS

Number and Street 1: 131 EAST MAIN STREET
Number and Street 2: SUITE 201
City: NORMAN
State: Oklahoma
Country: United States
ZIP+4/Postal Code: 73069

If this address is a private residence, check this box: [ ]

Telephone Number: 405-329-3110
Facsimile number, if any:

This is (check one):
☐ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.
This is (check one):
- one of your branch offices or affiliates.
- a third-party unaffiliated recordkeeper.
- other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept: MERIT FINANCIAL ADVISORS

Number and Street 1: 601 DELAWARE
Number and Street 2: PO BOX 266
City: PERRY
State: Oklahoma
Country: United States
ZIP+4/Postal Code: 73077

This is (check one):
- one of your branch offices or affiliates.
- a third-party unaffiliated recordkeeper.
- other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept: MERIT FINANCIAL ADVISORS

Number and Street 1: 3100 SMOKETREE COURT
Number and Street 2: SUITE 1002
City: RALEIGH
State: North Carolina
Country: United States
ZIP+4/Postal Code: 27604

If this address is a private residence, check this box: □

Telephone Number: 919-878-6600
Facsimile number, if any: 919-878-6544

This is (check one):
- one of your branch offices or affiliates.
- a third-party unaffiliated recordkeeper.
- other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept: MERIT FINANCIAL ADVISORS

Number and Street 1: 1025 OLD ROSWELL ROAD
Number and Street 2: SUITE 104
City: ROSWELL
State: Georgia
Country: United States
ZIP+4/Postal Code: 30076
Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business.

If this office location is also required to be registered with FINRA or a state securities authority, please provide the information below for each location. You must complete a separate Schedule D, Section 1.L. for each location.

1. Name of entity where books and records are kept:
   MERIT FINANCIAL ADVISORS

   Number and Street 1: 4565 HILTON PARKWAY
   Number and Street 2: SUITE 101
   City: COLORADO SPRINGS
   State: Colorado
   Country: United States
   ZIP+4/Postal Code: 80907

   If this address is a private residence, check this box: ☐

   Telephone Number: 719-359-9450
   Facsimile number, if any: 719-270-9131

   This is (check one):
   ☐ one of your branch offices or affiliates.
   ☐ a third-party unaffiliated recordkeeper.
   ☐ other.

   Briefly describe the books and records kept at this location.
   ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:
MERIT WEALTH ADVISORS

Number and Street 1: 2151 CONSULATE DRIVE
Number and Street 2: SUITE 15-2
City: ORLANDO
State: Florida
Country: United States
ZIP+4/Postal Code: 32837

If this address is a private residence, check this box: ☐

Telephone Number: 407-797-3100
Facsimile number, if any: 888-959-4664

This is (check one):
☐ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:
ORION ADVISOR SERVICES

Number and Street 1: Number and Street 2:
ORLANDO

If this address is a private residence, check this box:

Telephone Number: 678-647-8040
Facsimile number, if any:

This is (check one):
☐ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.
Complete the following information for each office, other than your principal office and place of business, at which you perform investment-related business activities conducted from this office location:

1. Broker-dealer (registered or unregistered)
2. Bank (including a separately identifiable department or division of a bank)
3. Insurance company (including a separately identifiable department or division of an insurance company)
4. Investment adviser (registered or exempt reporting adviser)
5. Investment manager
6. Investment company
7. Lawyer or law firm
8. Other.

If this address is a private residence, check this box: □

Name of entity where books and records are kept:

**MERIT FINANCIAL ADVISORS**

Number and Street 1: 4235 STREAM BLVD.
Number and Street 2: SUITE 100
City: CHARLOTTE
State: North Carolina
Country: United States
ZIP+4/Postal Code: 28217

Telephone Number: (704) 357-8700
Facsimile number, if any: (704) 357-8300

This is (check one):
- one of your branch offices or affiliates.
- a third-party unaffiliated recordkeeper.
- other.

Briefly describe the books and records kept at this location.

ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:

**ADVICEPAY**

Number and Street 1: 24 E. MAIN STREET
City: BOZEMAN
State: Montana
Country: United States
ZIP+4/Postal Code: 59715

Telephone Number: 855-575-5730
Facsimile number, if any:

This is (check one):
- one of your branch offices or affiliates.
- a third-party unaffiliated recordkeeper.
- other.

Briefly describe the books and records kept at this location.

FINANCIAL PLANNING BILLING AND SIGNED AGREEMENTS
<table>
<thead>
<tr>
<th>Name of entity where books and records are kept</th>
<th>Number and Street 1</th>
<th>Number and Street 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVISOR BOB</td>
<td>171 W. LANCASTER AVENUE</td>
<td>SUITE 200</td>
</tr>
<tr>
<td>PAOLI</td>
<td>Pennsylvania</td>
<td>Country: United States</td>
</tr>
<tr>
<td>If this address is a private residence, check this box:</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>610-296-7630</td>
<td>Facsimile number, if any:</td>
</tr>
</tbody>
</table>

This is (check one):

- ☐ one of your branch offices or affiliates.
- ☐ a third-party unaffiliated recordkeeper.
- ☐ other.

Briefly describe the books and records kept at this location.

RI A BILLING PAYMENT REPORTING PORTAL

<table>
<thead>
<tr>
<th>Name of entity where books and records are kept</th>
<th>Number and Street 1</th>
<th>Number and Street 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIDELITY INSTITUTIONAL WEALTH SERVICES</td>
<td>100 CROSBY PARKWAY</td>
<td>SUITE 200</td>
</tr>
<tr>
<td>COVINGTON</td>
<td>Kentucky</td>
<td>Country: United States</td>
</tr>
<tr>
<td>If this address is a private residence, check this box:</td>
<td>☐</td>
<td></td>
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<tr>
<td>Telephone Number:</td>
<td>800-735-3756</td>
<td>Facsimile number, if any:</td>
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This is (check one):

- ☐ one of your branch offices or affiliates.
- ☐ a third-party unaffiliated recordkeeper.
- ☐ other.

Briefly describe the books and records kept at this location.

CUSTODIAN

<table>
<thead>
<tr>
<th>Name of entity where books and records are kept</th>
<th>Number and Street 1</th>
<th>Number and Street 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>MERIT FINANCIAL ADVISORS</td>
<td>3595 GRANDVIEW PKWY</td>
<td>SUITE 425</td>
</tr>
<tr>
<td>BIRMINGHAM</td>
<td>Alabama</td>
<td>Country: United States</td>
</tr>
<tr>
<td>If this address is a private residence, check this box:</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>205-969-8011</td>
<td>Facsimile number, if any:</td>
</tr>
</tbody>
</table>

This is (check one):

- ☐ one of your branch offices or affiliates.
- ☐ a third-party unaffiliated recordkeeper.
- ☐ other.
Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business.

You must complete a separate Schedule D Section 1.F. for each location.

Name of entity where books and records are kept:
MERIT FINANCIAL ADVISORS

Number and Street 1: 8490 E. CRESCENT PARKWAY
Number and Street 2: SUITE 110

If this address is a private residence, check this box: 

Telephone Number: 303-534-9328
Facsimile number, if any: 720-492-1318

This is (check one):
- one of your branch offices or affiliates.
- a third-party unaffiliated recordkeeper.
- other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:
MERIT FINANCIAL ADVISORS

Number and Street 1: 33 WITHERSPOON STREET
Number and Street 2: SUITE 201

If this address is a private residence, check this box: 

Telephone Number: 609-688-8701
Facsimile number, if any: 

This is (check one):
- one of your branch offices or affiliates.
- a third-party unaffiliated recordkeeper.
- other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:
MERIT FINANCIAL ADVISORS

Number and Street 1: 
Number and Street 2: 
City: 
State: Country: ZIP+4/Postal Code: 

If this address is a private residence, check this box: 

Telephone Number: 203-762-8499
Facsimile number, if any: 

This is (check one):
- one of your branch offices or affiliates.
- a third-party unaffiliated recordkeeper.
- other.
Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business.

If this address is a private residence, check this box: □

Telephone Number:   
609-688-8701
Facsimile number, if any:

This is (check one):
○ one of your branch offices or affiliates.
○ a third-party unaffiliated recordkeeper.
○ other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:
MERIT FINANCIAL ADVISORS

Number and Street 1:  
2801 NETWORK BLVD.
City:  
FRISCO
State:  
Texas
Country:  
United States
ZIP+4/Postal Code:  
75034

If this address is a private residence, check this box: □

Telephone Number:  
214-423-4200
Facsimile number, if any:  
214-423-4211

This is (check one):
○ one of your branch offices or affiliates.
○ a third-party unaffiliated recordkeeper.
○ other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:
DOCUPACE

Number and Street 1:  
11766 WILSHIRE BLVD
City:  
LOS ANGELES
State:  
California
Country:  
United States
ZIP+4/Postal Code:  
90025

If this address is a private residence, check this box: □

Telephone Number:  
310-445-7722
Facsimile number, if any:

This is (check one):
○ one of your branch offices or affiliates.
○ a third-party unaffiliated recordkeeper.
○ other.

Briefly describe the books and records kept at this location.
3RD PARTY VENDOR OF ELECTRONIC DATA STORAGE- IM WEALTH CARE

Name of entity where books and records are kept:
MERIT FINANCIAL ADVISORS

Number and Street 1:  
2799 NW 2ND AVENUE
City:  
BOCA RATON
State:  
Florida
Country:  
United States
ZIP+4/Postal Code:  
33431

If this address is a private residence, check this box: □

Telephone Number:  
609-688-8701
Facsimile number, if any:
| Name of entity where books and records are kept: | MERIT FINANCIAL ADVISORS |
| Number and Street 1: | 1205 SOUTH MAIN ST |
| City: | KALISPELL |
| State: | Montana |
| Country: | United States |
| ZIP+4/Postal Code: | 59901 |
| Telephone Number: | 920-467-4909 |
| Facsimile number, if any: |  |

This is (check one):  
- one of your branch offices or affiliates.  
- a third-party unaffiliated recordkeeper.  
- other.  

Briefly describe the books and records kept at this location.  
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

| Name of entity where books and records are kept: | MERIT WEALTH ADVISORS |
| Number and Street 1: | 150 FAIRVIEW ROAD |
| City: | MOORESVILLE |
| State: | North Carolina |
| Country: | United States |
| ZIP+4/Postal Code: | 28117 |
| Telephone Number: | 580-336-2054 |
| Facsimile number, if any: | 918-627-2500 |

This is (check one):  
- one of your branch offices or affiliates.  
- a third-party unaffiliated recordkeeper.  
- other.  

Briefly describe the books and records kept at this location.  
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

| Name of entity where books and records are kept: | BLUHAWK WEALTH MANAGEMENT |
| Number and Street 1: | 15 RIVER ROAD |
| City: | FRISCO |
| State: | Texas |
| Country: | United States |
| ZIP+4/Postal Code: | 75034 |
| Telephone Number: | (425) 392-2200 |
| Facsimile number, if any: |  |

This is (check one):  
- one of your branch offices or affiliates.  
- a third-party unaffiliated recordkeeper.  
- other.  

Briefly describe the books and records kept at this location.  
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.
Name of entity where books and records are kept:
BLUHAWK WEALTH MANAGEMENT
Number and Street 1:  
150 FAIRVIEW ROAD
Number and Street 2:  
SUITE 105
City:  
MOORESVILLE
State:  
North Carolina
Country:  
United States
ZIP+4/Postal Code:  
28117
If this address is a private residence, check this box:  
☐
Telephone Number:  
704-237-3753
Facsimile number, if any:  

This is (check one):
☐ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location.
ALL CLIENT FILES, BOOKS AND RECORDS NEEDED TO CONDUCT ADVISORY SERVICES AT THIS LOCATION.

Name of entity where books and records are kept:
RED OAK COMPLIANCE SOFTWARE, LLC
Number and Street 1:  
1320 ARROW POINT DRIVE
Number and Street 2:  
SUITE 411
City:  
CEDAR PARK
State:  
Texas
Country:  
United States
ZIP+4/Postal Code:  
78613
If this address is a private residence, check this box:  
☐
Telephone Number:  
888-302-4594
Facsimile number, if any:  

This is (check one):
☐ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location.
ADVERTISING REVIEW SOFTWARE

Name of entity where books and records are kept:
ACA COMPLIANCE GROUP
Number and Street 1:  
8401 COLESVILLE RD
Number and Street 2:  
SUITE 700
City:  
SILVER SPRING
State:  
Maryland
Country:  
United States
ZIP+4/Postal Code:  
20910
If this address is a private residence, check this box:  
☐
Telephone Number:  
301-495-7850
Facsimile number, if any:  

This is (check one):
☐ one of your branch offices or affiliates.
☐ a third-party unaffiliated recordkeeper.
☐ other.

Briefly describe the books and records kept at this location.
COMPLIANCE SOFTWARE

Name of entity where books and records are kept:
EMONEY
Number and Street 1:  
100 MATSONFORD RD.
Number and Street 2:  
SUITE 300
**Item 2 SEC Registration/Reporting**

Responses 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 SEC registration or submitting an annual updating amendment to your SEC registration. If you are filing an umbrella registration, the information in Item 2 should be provided for the filing adviser only.

A. To register (or remain registered) with the SEC, you must check at least one of the Items 2.A.(1) through 2.A.(12), below. If you are submitting an 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 (in U.S. dollars) or more; or
  - (b) has regulatory assets under management of $90 million (in U.S. dollars) or more at the time of filing its most recent annual updating amendment and is registered with the SEC;

- **(2)** are a mid-sized advisory firm that has regulatory assets under management of $25 million (in U.S. dollars) or more but less than $100 million (in U.S. dollars) and you are either:
  - (a) not required to be registered as an adviser with the state securities authority of the state where you maintain your principal office and place of business; or
  - (b) not subject to examination by the state securities authority of the state where you maintain your principal office and place of business; or
  - (c) have regulatory assets under management of $25 million (in U.S. dollars) or more at the time of filing its most recent annual updating amendment and is registered with the SEC;
Reserved

☐ (4) have your principal office and place of business outside the United States;

☐ (5) are an investment adviser (or subadviser) to an investment company registered under the Investment Company Act of 1940;

☐ (6) are an investment adviser to a company which has elected to be a business development company pursuant to section 54 of the Investment Company Act of 1940 and has not withdrawn the election, and you have at least $25 million of regulatory assets under management;

☐ (7) are a pension consultant with respect to assets of plans having an aggregate value of at least $200,000,000 that qualifies for the exemption in rule 203A-2(a);

☐ (8) are a related adviser under rule 203A-2(b) that controls, is controlled by, or is under common control with, an investment adviser that is registered with the SEC, and your principal office and place of business is the same as the registered adviser;

*If you check this box, complete Section 2.A.(8) of Schedule D.*

☐ (9) are an adviser relying on rule 203A-2(c) because you expect to be eligible for SEC registration within 120 days;

*If you check this box, complete Section 2.A.(9) of Schedule D.*

☐ (10) are a multi-state adviser that is required to register in 15 or more states and is relying on rule 203A-2(d);

*If you check this box, complete Section 2.A.(10) of Schedule D.*

☐ (11) are an Internet adviser relying on rule 203A-2(e);

☐ (12) have received an SEC order exempting you from the prohibition against registration with the SEC;

*If you check this box, complete Section 2.A.(12) of Schedule D.*

☐ (13) are no longer eligible to remain registered with the SEC.

### State Securities Authority Notice Filings and State Reporting by Exempt Reporting Advisers

C. Under state laws, SEC-registered advisers may be required to provide to state securities authorities a copy of the Form ADV and any amendments they file with the SEC. These are called notice filings. In addition, exempt reporting advisers may be required to provide state securities authorities with a copy of reports and any amendments they file with the SEC. If this is an initial application or report, check the box(es) next to the state(s) that you would like to receive notice of this and all subsequent filings or reports you submit to the SEC. If this is an amendment to direct your notice filings or reports to additional state(s), check the box(es) next to the state(s) that you would like to receive notice of this and all subsequent filings or reports you submit to the SEC. If this is an amendment to your registration to stop your notice filings or reports from going to state(s) that currently receive them, uncheck the box(es) next to those state(s).

#### Jurisdictions

<table>
<thead>
<tr>
<th>AL</th>
<th>IL</th>
<th>NE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td>IN</td>
<td>NV</td>
</tr>
<tr>
<td>AZ</td>
<td>IA</td>
<td>NH</td>
</tr>
<tr>
<td>AR</td>
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<td>NJ</td>
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<td>LA</td>
<td>NY</td>
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<tr>
<td>CT</td>
<td>ME</td>
<td>NC</td>
</tr>
<tr>
<td>DE</td>
<td>MD</td>
<td>ND</td>
</tr>
<tr>
<td>DC</td>
<td>MA</td>
<td>OH</td>
</tr>
<tr>
<td>FL</td>
<td>MI</td>
<td>OK</td>
</tr>
<tr>
<td>GA</td>
<td>MN</td>
<td>OR</td>
</tr>
<tr>
<td>GU</td>
<td>MS</td>
<td>PA</td>
</tr>
<tr>
<td>HI</td>
<td>MO</td>
<td>PR</td>
</tr>
<tr>
<td>ID</td>
<td>MT</td>
<td>RI</td>
</tr>
<tr>
<td>SC</td>
<td>SD</td>
<td>TN</td>
</tr>
<tr>
<td>TX</td>
<td>UT</td>
<td>VT</td>
</tr>
<tr>
<td>VI</td>
<td>WA</td>
<td>WV</td>
</tr>
<tr>
<td>VA</td>
<td>WI</td>
<td>WY</td>
</tr>
</tbody>
</table>

*If you are amending your registration to stop your notice filings or reports from going to a state that currently receives them and you do not want to pay that state’s notice filing or report filing fee for the coming year, your amendment must be filed before the end of the year (December 31).*

### SECTION 2.A.(8) Related Adviser

If you are relying on the exemption in rule 203A-2(b) from the prohibition on registration because you control, are controlled by, or are under common control with an investment adviser that is registered with the SEC and your principal office and place of business is the same as that of the registered adviser, provide the following information:

Name of Registered Investment adviser
SECTION 2.A.(9) Investment Adviser Expecting to be Eligible for Commission Registration within 120 Days

If you are relying on rule 203A-2(c), the exemption from the prohibition on registration available to an adviser that expects to be eligible for SEC registration within 120 days, you are required to make certain representations about your eligibility for SEC registration. By checking the appropriate boxes, you will be deemed to have made the required representations:

- I am not registered or required to be registered with the SEC or a state securities authority and I have a reasonable expectation that I will be eligible to register with the SEC within 120 days after the date my registration with the SEC becomes effective.
- I undertake to withdraw from SEC registration if, on the 120th day after my registration with the SEC becomes effective, I would be prohibited by Section 203A(a) of the Advisers Act from registering with the SEC.

SECTION 2.A.(10) Multi-State Adviser

If you are relying on rule 203A-2(d), the multi-state adviser exemption from the prohibition on registration, you are required to make certain representations about your eligibility for SEC registration. By checking the appropriate boxes, you will be deemed to have made the required representations.

If you are applying for registration as an investment adviser with the SEC, you must make both of these representations:

- I have reviewed the applicable state and federal laws and have concluded that I am required by the laws of 15 or more states to register as an investment adviser with the state securities authorities in those states.
- I undertake to withdraw from SEC registration if I file an amendment to this registration indicating that I would be required by the laws of fewer than 15 states to register as an investment adviser with the state securities authorities of those states.

If you are submitting your annual updating amendment, you must make this representation:

- 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 state securities authorities in those states.

SECTION 2.A.(12) SEC Exemptive Order

If you are relying upon an SEC order exempting you from the prohibition on registration, provide the following information:

Application Number:
803-

Date of order:

Item 3 Form of Organization

If you are filing an umbrella registration, the information in Item 3 should be provided for the filing adviser only.

A. How are you organized?

- Corporation
- Sole Proprietorship
- Limited Liability Partnership (LLP)
- Partnership
- Limited Liability Company (LLC)
- Limited Partnership (LP)
- Other (specify):

If you are changing your response to this Item, see Part 1A Instruction 4.

B. In what month does your fiscal year end each year?

DECEMBER

C. Under the laws of what state or country are you organized?

State       Country
Delaware    United States

If 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.
## Item 4 Successions

### 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)?

If "yes", complete Item 4.B. and Section 4 of Schedule D.

### B. 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 Part 1A Instruction 4.

## SECTION 4 Successions

No Information Filed

## 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.

217

### B. 

1. Approximately how many of the employees reported in 5.A. perform investment advisory functions (including research)?
   
   101

2. Approximately how many of the employees reported in 5.A. are registered representatives of a broker-dealer?
   
   99

3. Approximately how many of the employees reported in 5.A. are registered with one or more state securities authorities as investment adviser representatives?
   
   119

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?
   
   2

5. Approximately how many of the employees reported in 5.A. are licensed agents of an insurance company or agency?
   
   82

6. Approximately how many firms or other persons solicit advisory clients on your behalf?
   
   8

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?
   
   73

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 client. 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.

<table>
<thead>
<tr>
<th>Type of Client</th>
<th>(1) Number of Client(s)</th>
<th>(2) Fewer than 5 Clients</th>
<th>(3) Amount of Regulatory Assets under Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Individuals (other than high net worth individuals)</td>
<td>7074</td>
<td></td>
<td>$2,016,186,293</td>
</tr>
<tr>
<td>(b) High net worth individuals</td>
<td>2022</td>
<td></td>
<td>$3,400,415,668</td>
</tr>
<tr>
<td>(c) Banking or thrift institutions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Investment companies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Business development companies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Pooled investment vehicles (other than investment companies and business development companies)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) Pension and profit sharing plans (but not the plan participants or government pension plans)</td>
<td>6</td>
<td></td>
<td>$3,526,980</td>
</tr>
<tr>
<td>(h) Charitable organizations</td>
<td>18</td>
<td></td>
<td>$29,583,672</td>
</tr>
<tr>
<td>(i) State or municipal government entities (including government pension plans)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(j) Other investment advisers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(k) Insurance companies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(l) Sovereign wealth funds and foreign official institutions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(m) Corporations or other businesses not listed above</td>
<td>34</td>
<td></td>
<td>$72,885,055</td>
</tr>
<tr>
<td>(n) Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Compensation Arrangements

E. You are compensated for your investment advisory services by (check all that apply):

[ ] (1) A percentage of assets under your management
[ ] (2) Hourly charges
[ ] (3) Subscription fees (for a newsletter or periodical)
[ ] (4) Fixed fees (other than subscription fees)
[ ] (5) Commissions
[ ] (6) Performance-based fees
[ ] (7) Other (specify): CONSULTING FEES

Item 5 Information About Your Advisory Business - Regulatory Assets Under Management

Regulatory Assets Under Management

Yes No

F. (1) Do you provide continuous and regular supervisory or management services to securities portfolios?
[ ] Yes
[ ] No

(2) If yes, what is the amount of your regulatory assets under management and total number of accounts?

<table>
<thead>
<tr>
<th>U.S. Dollar Amount</th>
<th>Total Number of Accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discretionary:</td>
<td></td>
</tr>
<tr>
<td>(a) $5,483,416,255</td>
<td>(d) 19,176</td>
</tr>
<tr>
<td>Non-Discretionary:</td>
<td></td>
</tr>
<tr>
<td>(b) $39,154,413</td>
<td>(e) 192</td>
</tr>
<tr>
<td>Total:</td>
<td></td>
</tr>
<tr>
<td>(c) $5,522,570,668</td>
<td>(f) 19,368</td>
</tr>
</tbody>
</table>

Part 1A Instruction 5.b. explains how to calculate your regulatory assets under management. You must follow these instructions carefully when completing this Item.

(3) What is the approximate amount of your total regulatory assets under management (reported in Item 5.F.(2)(c) above) attributable to clients who are non-United States persons?

$459,483

Item 5 Information About Your Advisory Business - Advisory Activities

Advisory Activities
G. What type(s) of advisory services do you provide? Check all that apply.

☐ (1) Financial planning services
☐ (2) Portfolio management for individuals and/or small businesses
☐ (3) Portfolio management for investment companies (as well as "business development companies" that have made an election pursuant to section 54 of the Investment Company Act of 1940)
☐ (4) Portfolio management for pooled investment vehicles (other than investment companies)
☐ (5) Portfolio management for businesses (other than small businesses) or institutional clients (other than registered investment companies and other pooled investment vehicles)
☐ (6) Pension consulting services
☐ (7) Selection of other advisers (including private fund managers)
☐ (8) Publication of periodicals or newsletters
☐ (9) Security ratings or pricing services
☐ (10) Market timing services
☐ (11) Educational seminars/workshops
☐ (12) Other (specify):

Do not check Item 5.G.(3) unless you provide advisory services pursuant to an investment advisory contract to an investment company registered 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 company or investment companies to which you provide advice in Section 5.G.(3) of Schedule D.

H. If you provide financial planning services, to how many clients did you provide these services during your last fiscal year?

☐ 0
☐ 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 advisory relationship with those investors.

I. (1) Do you participate in a wrap fee program?

☐ (2) If you participate in a wrap fee program, what is the amount of your regulatory assets under management attributable to acting as:

   (a) sponsor to a wrap fee program
   $ 0

   (b) portfolio manager for a wrap fee program?
   $ 0

   (c) sponsor to and portfolio manager for the same wrap fee program?
   $ 1,087,691,900

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.I.(2) of Schedule D.

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 is offered through a wrap fee program, do not check Item 5.I.(1) or enter any amounts in response to Item 5.I.(2).

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?

☐ (2) Do you report client 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?

K. Separately Managed Account Clients

(1) Do you have regulatory assets under management attributable to clients other than those listed in Item 5.D.(3)(d)-(f) (separately managed account clients)?

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 clients that you advise?

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?

If yes, complete Section S.K.(2) of Schedule D.

(4) After subtracting the amounts in Item S.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?

If yes, complete Section S.K.(3) of Schedule D for each custodian.

L. Marketing Activities

(1) Do any of your advertisements include:

(a) Performance results?

(b) A reference to specific investment advice provided by you (as that phrase is used in rule 206(4)-1(a)(5))?

(c) Testimonials (other than those that satisfy rule 206(4)-1(b)(4)(ii))?

(d) Endorsements (other than those that satisfy rule 206(4)-1(b)(4)(ii))?

(e) Third-party ratings?

(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, in connection with the use of testimonials, endorsements, or third-party ratings?

(3) Do any of your advertisements include hypothetical performance?

(4) Do any of your advertisements include predecessor performance?

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

No Information Filed

SECTION 5.I.(2) Wrap Fee Programs

If you are a portfolio manager for one or more wrap fee programs, list the name of each program and its sponsor. You must complete a separate Schedule D Section S.I.(2) for each wrap fee program for which you are a portfolio manager.

Name of Wrap Fee Program
MERIT FINANCIAL GROUP WRAP FEE PROGRAM

Name of Sponsor
MERIT FINANCIAL GROUP, LLC

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

-

Sponsor's CRD Number (if any):

SECTION 5.K.(1) Separately Managed Accounts

After subtracting the amounts reported in Item S.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 S.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.

Inventories 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.

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Mid-year</th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Exchange-Traded Equity Securities</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>(ii) Non Exchange-Traded Equity Securities</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>(iii) U.S. Government/Agency Bonds</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>(iv) U.S. State and Local Bonds</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>(v) Sovereign Bonds</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>(vi) Investment Grade Corporate Bonds</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>(vii) Non-Investment Grade Corporate Bonds</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>(viii) Derivatives</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>(ix) Securities Issued by Registered Investment Companies or Business Development Companies</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>(x) Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Development Companies)</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>(xi) Cash and Cash Equivalents</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>(xii) Other</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

Generally describe any assets included in "Other"

POOLED INVESTMENT (NOT BDC OR INVESTMENT COMPANY), U.S. STATE AND LOCAL BONDS, NON-INVESTMENT GRADE CORPORATE BONDS, NON-EXCHANGE-TRADED EQUITY, ALTERNATIVES, ETC.

SECTION 5.K.(2) Separately Managed Accounts - Use of Borrowings and 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 subadvice. 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

<table>
<thead>
<tr>
<th>Gross Notional Exposure</th>
<th>(1) Regulatory Assets Under Management</th>
<th>(2) Borrowings</th>
<th>(3) Derivative Exposures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(a) Interest Rate Derivative</td>
<td>(b) Foreign Exchange Derivative</td>
</tr>
<tr>
<td>Less than 10%</td>
<td>$</td>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>10-149%</td>
<td>$</td>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>150% or more</td>
<td>$</td>
<td>$</td>
<td>%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Gross Notional Exposure</th>
<th>(1) Regulatory Assets Under Management</th>
<th>(2) Borrowings</th>
<th>(3) Derivative Exposures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(a) Interest Rate Derivative</td>
<td>(b) Foreign Exchange Derivative</td>
</tr>
<tr>
<td>Less than 10%</td>
<td>$</td>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>10-149%</td>
<td>$</td>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>150% or more</td>
<td>$</td>
<td>$</td>
<td>%</td>
</tr>
</tbody>
</table>

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 subadvisory.

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.

<table>
<thead>
<tr>
<th>Gross Notional Exposure</th>
<th>(1) Regulatory Assets Under Management</th>
<th>(2) Borrowings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 10%</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>10-149%</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>150% or more</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

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:
    LPL FINANCIAL LLC
(b) Primary business name of custodian:
    LPL FINANCIAL LLC
(c) The location(s) of the custodian’s office(s) responsible for custody of the assets:
    City:
    BOSTON
    State:
    Massachusetts
    Country:
    United States
    Yes  No
(d) Is the custodian a related person of your firm?
    ☐ Yes  ☐ No
(e) If the custodian is a broker-dealer, provide its SEC registration number (if any)
    8 - 17668
(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?
    $ 3,487,523,310

(a) Legal name of custodian:
    FIDELITY BROKERAGE SERVICES LLC
(b) Primary business name of custodian:
    FIDELITY BROKERAGE SERVICES LLC
(c) The location(s) of the custodian’s office(s) responsible for custody of the assets:
    City:
    COVINGTON
    State:
    Kentucky
    Country:
    United States
    Yes  No
(d) Is the custodian a related person of your firm?
    ☐ Yes  ☐ No
(e) If the custodian is a broker-dealer, provide its SEC registration number (if any)
    8 - 23292
(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?
    $ 893,412,638

(a) Legal name of custodian:
    CHARLES SCHWAB & CO., INC.
(b) Primary business name of custodian:
    CHARLES SCHWAB & CO., INC.
(c) The location(s) of the custodian’s office(s) responsible for custody of the assets:
    City:
    SAN FRANCISCO
    State:
    California
    Country:
    United States
    Yes  No
(d) Is the custodian a related person of your firm?
    ☐ Yes  ☐ No
(e) If the custodian is a broker-dealer, provide its SEC registration number (if any)
    8 - 16514
(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?
    $ 629,300,341
In this Item, 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 you 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 Schedule D.

Yes No

B. (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?
  ○ ☐

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 that name.

Yes No

(3) Do you sell products or provide services other than investment advice to your advisory clients?
  ○ ☐

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 that name.

SECTION 6.A. Names of Your Other Businesses

No Information Filed

SECTION 6.B.(2) Description of Primary Business

Describe your primary business (not your investment advisory business):

If you engage in that business under a different name, provide that name:

SECTION 6.B.(3) Description of Other Products and Services

Describe other products or services you sell to your client. You may omit products and services that you listed in Section 6.B.(2) above.

If you engage in that business under a different name, provide that name:

Item 7 Financial Industry Affiliations

In 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 securities dealer, or government securities broker or dealer (registered or unregistered)
☐ (2) other investment adviser (including financial planners)
☐ (3) registered municipal advisor
☐ (4) registered security-based swap dealer
☐ (5) major security-based swap participant
☐ (6) 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) pension consultant
☐ (14) real estate broker or dealer
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 are registered representatives of a broker-dealer 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 adviser.

For each related person, including foreign affiliates that may not be registered or required to be registered in the United States, complete Section 7.A. of Schedule D.

You do not need to complete Section 7.A. of Schedule D for any related person if: (1) you have no business dealings with the related person in connection with advisory services you provide to your clients; (2) you do not conduct shared operations with the related person; (3) you do not refer clients or business to the related person, and the related person does not refer prospective clients or business to you; (4) you do not share supervised persons or premises with the related person; and (5) you have no reason to believe that your relationship with the related person otherwise creates a conflict of interest with your clients.

You must complete Section 7.A. of Schedule D for each related person acting as qualified custodian in connection with advisory services you provide to your clients (other than any mutual fund transfer agent pursuant to rule 206(4)-2(b)(1)), regardless of whether you have determined the related person to be operationally independent under rule 206(4)-2 of the Advisers Act.

SECTION 7.A. Financial Industry Affiliations

Complete a separate Schedule D Section 7.A. for each related person listed in Item 7.A.

1. Legal Name of Related Person:
   STONE CREEK CAPITAL MANAGEMENT LLC

2. Primary Business Name of Related Person:
   STONE CREEK CAPITAL MANAGEMENT LLC

3. Related Person’s SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
   801 - 109948
   or
   Other

4. Related Person’s
   (a) CRD Number (if any):
      284775
   (b) CIK Number(s) (if any):
      No Information Filed

5. Related Person is: (check all that apply)
   (a) ☐ broker-dealer, municipal securities dealer, or government securities broker or dealer
   (b) ☑ other investment adviser (including financial planners)
   (c) ☐ registered municipal advisor
   (d) ☐ registered security-based swap dealer
   (e) ☐ major security-based swap participant
   (f) ☐ commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
   (g) ☐ futures commission merchant
   (h) ☐ banking or thrift institution
   (i) ☐ trust company
   (j) ☐ accountant or accounting firm
   (k) ☐ lawyer or law firm
   (l) ☐ insurance company or agency
   (m) ☐ pension consultant
   (n) ☐ real estate broker or dealer
   (o) ☐ sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles
   (p) ☐ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

6. Do you control or are you controlled by the related person?
   (Yes) ☐ (No) ☑

7. Are you and the related person under common control?
   (Yes) ☐ (No) ☑

8. (a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?
   (Yes) ☐ (No) ☑

(b) If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the related person and thus are not
If you have answered "yes" to question 8.(a) above, provide the location of the related person's office responsible for custody of your clients' assets:

Name of entity where books and records are kept: 
BLUHAWK WEALTH MANAGEMENT 
Number and Street 1: 
150 FAIRVIEW ST, PHILADELPHIA, PA 19130  
Number and Street 2: 
City: Philadelphia  
State: PA  
Country: USA  
ZIP+4/Postal Code: 19130

9. (a) If the related person is an investment adviser, is it exempt from registration?
☐ Yes  ☐ No
(b) If the answer is yes, under what exemption?

10. (a) Is the related person registered with a foreign financial regulatory authority?
☐ Yes  ☐ No
(b) If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered.

11. Do you and the related person share any supervised persons?
☐ Yes  ☐ No

12. Do you and the related person share the same physical location?
☐ Yes  ☐ No

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**Item 7 Private Fund Reporting**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Are you an adviser to any private fund?</td>
<td>☐</td>
<td>☞</td>
</tr>
</tbody>
</table>

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.

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**SECTION 7.B.(1) Private Fund Reporting**

No Information Filed

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

No Information Filed

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**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.

**Proprietary Interest in Client Transactions**

A. Do you or any related person:

1. buy securities for yourself from advisory clients, or sell securities you own to advisory clients (principal transactions)?
☐ Yes  ☐ No

2. buy or sell for yourself securities (other than shares of mutual funds) that you also recommend to advisory clients?
☐ Yes  ☐ No

3. recommend securities (or other investment products) to advisory clients in which you or any related person has some other proprietary (ownership) interest (other than those mentioned in Items 8.A.(1) or (2))?
☐ Yes  ☐ No

**Sales Interest in Client Transactions**

B. Do you or any related person:

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)?
☐ Yes  ☐ No

2. recommend to advisory clients, or act as a purchaser representative for advisory clients with respect to, the purchase of securities for which you or any related person serves as underwriter or general or managing partner?
☐ Yes  ☐ No

3. recommend purchase or sale of securities to advisory clients for which you or any related person has any other sales interest (other than the receipt of sales commissions as a broker or registered representative of a broker-dealer)?
☐ Yes  ☐ No
Item 5 Information About Your Advisory Business - Employees, Clients, and Compensation

A. Do you or any related person have discretionary authority to determine the:
   (1) securities to be bought or sold for a client's account? ☐ ☐
   (2) amount of securities to be bought or sold for a client's account? ☐ ☐
   (3) broker or dealer to be used for a purchase or sale of securities for a client's account? ☐ ☐
   (4) commission rates to be paid to a broker or dealer for a client's securities transactions? ☐ ☐

D. If you answer "yes" to C.(3) above, are any of the brokers or dealers related persons?
   ☐ ☐

E. Do you or any related person recommend brokers or dealers to clients?
   ☐ ☐

F. If you answer "yes" to E. above, are any of the brokers or dealers related persons?
   ☐ ☐

G. (1) Do you or any related person receive research or other products or services other than execution from a broker-dealer or a third party ("soft dollar benefits") in connection with client securities transactions? ☐ ☐
   (2) If "yes" to G.(1) above, are all the "soft dollar benefits" you or any related persons receive eligible "research or brokerage services" under section 28(e) of the Securities Exchange Act of 1934? ☐ ☐

H. (1) Do you or any related person, directly or indirectly, compensate any person that is not an employee for client referrals?
   ☐ ☐
   (2) Do you or any related person, directly or indirectly, provide any employee compensation that is specifically related to obtaining clients for the firm (cash or non-cash compensation in addition to the employee's regular salary)? ☐ ☐

I. Do you or any related person, including any employee, directly or indirectly, receive compensation from any person (other than you or any related person) for client referrals?
   ☐ ☐

   In your response to Item 8.I., do not include the regular salary you pay to an employee.

   In responding 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 8.H.) or received 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 number or amount of client referrals.

Section 6.A. Names of Your Other Businesses

Item 6 Other Business Activities

In this Item, we ask you whether you or a related person has custody of client (other than clients that are investment companies registered under the Investment Company Act of 1940) assets and about your custodial practices.

A. (1) Do you have custody of any advisory clients':
   (a) cash or bank accounts? ☐ ☐
   (b) securities? ☐ ☐

   If you are registering or registered with the SEC, answer "No" to Item 9.A.(1)(a) and (b) if you have custody solely because (i) you deduct your advisory fees directly from your clients' accounts, or (ii) a related person has custody of client assets in connection with advisory services you provide to clients, but you have overcome the presumption that you are not operationally independent (pursuant to Advisers Act rule 206(4)-2(d)(5)) from the related person.

(2) If you checked "yes" to Item 9.A.(1)(a) or (b), what is the approximate amount of client funds and securities and total number of clients for which you have custody:
   U.S. Dollar Amount Total Number of Clients
   (a) $ 568,369,739 (b) 5,537

   If you are registering or registered with the SEC and you have custody solely because you deduct your advisory fees directly from your clients' accounts, do not include the amount of those assets and the number of those clients in your response to Item 9.A.(2). If your related person has custody of client assets in connection with advisory services you provide to clients, do not include the amount of those assets and number of those clients in your response to 9.A.(2). Instead, include that information in your response to Item 9.B.(2).

B. (1) In connection with advisory services you provide to clients, do any of your related persons have custody of any of your advisory clients':
   (a) cash or bank accounts? ☐ ☐
   (b) securities? ☐ ☐

   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 (b), what is the approximate amount of client funds and securities and total number of clients for which your related persons have custody:
   U.S. Dollar Amount Total Number of Clients
   (a) $ (b)
C. If you or your related persons have custody of client funds or securities in connection with advisory services you provide to clients, check all the following that apply:

1. A qualified custodian(s) sends account statements at least quarterly to the investors in the pooled investment vehicle(s) you manage.
2. An independent public accountant audits annually the pooled investment vehicle(s) that you manage and the audited financial statements are distributed to the investors in the pools.
3. An independent public accountant conducts an annual surprise examination of client funds and securities.
4. An independent public accountant prepares an internal control report with respect to custodial services when you or your related persons are qualified custodians for client funds and securities.

If you checked Item 9.C.(2), C.(3) or C.(4), list in Section 9.C. of Schedule D the accountants that are engaged to perform the audit or examination or prepare an internal control report. (If you checked Item 9.C.(2), you do not have to list auditor information in Section 9.C. of Schedule D if you already provided this information with respect to the private funds you advise in Section 7.B.(1) of Schedule D).

D. Do you or your related person(s) act as qualified custodians for your clients in connection with advisory services you provide to clients?  Yes  No

(1) you act as a qualified custodian
(2) your related person(s) act as qualified custodian(s)

If you checked "yes" to Item 9.D.(2), all related persons that act as qualified custodians (other than any mutual fund transfer agent pursuant to rule 206(4)-2(b)(1)) must be identified in Section 7.A. of Schedule D, regardless of whether you have determined the related person to be operationally independent under rule 206(4)-2 of the Advisers Act.

E. If you are filing your annual updating amendment and you were subject to a surprise examination by an independent public accountant during your last fiscal year, provide the date (MM/YYYY) the examination commenced:

F. If you or your related persons have custody of client funds or securities, how many persons, including, but not limited to, you and your related persons, act as qualified custodians for your clients in connection with advisory services you provide to clients?

4

SECTION 9.C. Independent Public Accountant

No Information Filed

SECTION 10.A. Control Persons

No Information Filed

SECTION 10.B. Control Person Public Reporting Companies

No Information Filed

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
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.

Do any of the events below involve you or any of your supervised persons?

For "yes" answers to the following questions, complete a Criminal Action DRP:

A. 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 any felony?
   (2) been charged with any felony?

   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 Item 11.A.(2) to charges that are currently pending.

B. 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 misdemeanor involving: investments or an investment-related 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?
   (2) been charged with a misdemeanor listed in Item 11.B.(1)?

   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 Item 11.B.(2) to charges that are currently pending.

For "yes" answers to the following questions, complete a Regulatory Action DRP:

C. Has the SEC or the Commodity Futures Trading Commission (CFTC) ever:
   (1) found you or any advisory affiliate to have made a false statement or omission?
   (2) found you or any advisory affiliate to have been involved in a violation of SEC or CFTC regulations or statutes?
   (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?
   (4) entered an order against you or any advisory affiliate in connection with investment-related activity?
   (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?

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?
   (2) ever found you or any advisory affiliate to have been involved in a violation of investment-related regulations or statutes?
   (3) ever 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?
   (4) in the past ten years, entered an order against you or any advisory affiliate in connection with an investment-related activity?
   (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?

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?
   (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)?
   (3) found you or any advisory affiliate to have been the cause of an investment-related business having its authorization to do business 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?

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?

G. Are you or any advisory affiliate now the subject of any regulatory proceeding that could result in a "yes" answer to any part of Item 11.C.,
For "yes" answers to the following questions, complete a Civil Judicial Action DRP:

H. (1) Has any domestic or foreign court:
   (a) in the past ten years, enjoined you or any advisory affiliate in connection with any investment-related activity?
   (b) ever found that you or any advisory affiliate were involved in a violation of investment-related statutes or regulations?
   (c) ever dismissed, pursuant to a settlement agreement, an investment-related civil action brought against you or any advisory affiliate by a state or foreign financial regulatory authority?
   (2) Are you or any advisory affiliate now the subject of any civil proceeding that could result in a "yes" answer to any part of Item 11.H.(1)?

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.

A. Did you have total assets of $5 million or more on the last day of your most recent fiscal year?

If "yes," you do not need to answer Items 12.B. and 12.C.

B. 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?
   (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?

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?
   (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?

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, all 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?  Yes  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%  
   - A - 5% but less than 10%  
   - C - 25% but less than 50%  
   - E - 75% or more

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.

<table>
<thead>
<tr>
<th>FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)</th>
<th>DE/FE/I</th>
<th>Title or Status</th>
<th>Date Title or Status Acquired MM/YYYY</th>
<th>Ownership Code</th>
<th>Control Person</th>
<th>PR</th>
<th>CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>KENT, RICK, LEE</td>
<td>I</td>
<td>CHIEF EXECUTIVE OFFICER</td>
<td>03/1997</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>2871310</td>
</tr>
<tr>
<td>MAYHUE, KAY, LYNN</td>
<td>I</td>
<td>PRESIDENT</td>
<td>11/2017</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>3138135</td>
</tr>
<tr>
<td>MERIT HOLDINGS, LLC</td>
<td>DE</td>
<td>HOLDING COMPANY OWNER OF THE INVESTMENT ADVISER</td>
<td>03/2022</td>
<td>E</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>LEE, CHRISSY, A</td>
<td>I</td>
<td>CHIEF OPERATING OFFICER/CCO</td>
<td>10/2022</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>5325251</td>
</tr>
<tr>
<td>Mitchell, Michael, Kevin</td>
<td>I</td>
<td>CHIEF FINANCIAL OFFICER</td>
<td>01/2023</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>7676551</td>
</tr>
</tbody>
</table>

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 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, all 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.

<table>
<thead>
<tr>
<th>FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)</th>
<th>DE/FE/I</th>
<th>Entity in Which Interest is Owned</th>
<th>Status</th>
<th>Date Status Acquired MM/YYYY</th>
<th>Ownership Code</th>
<th>Control Person</th>
<th>PR</th>
<th>CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MERIT INTERMEDIATE HOLDINGS, LLC</td>
<td>DE</td>
<td>MERIT HOLDINGS, LLC</td>
<td>INTERMEDIATE HOLDING COMPANY OWNER OF INVESTMENT ADVISER</td>
<td>01/2022</td>
<td>E</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

Schedule D - Miscellaneous

You may use the space below to explain a response to an Item or to provide any other information.
Part 2
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.

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:

<table>
<thead>
<tr>
<th>Brochure ID</th>
<th>Brochure Name</th>
<th>Brochure Type(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>276602</td>
<td>MERIT FINANCIAL GROUP WRAP FEE PROGRAM BROCHURE</td>
<td>Individuals, High net worth individuals, Wrap program</td>
</tr>
<tr>
<td>276603</td>
<td>MERIT FINANCIAL GROUP, LLC BROCHURE</td>
<td>Other institutional, Financial Planning Services, Individuals, High net worth individuals, Pension plans/profit sharing plans, Pension consulting, Foundations/charities</td>
</tr>
</tbody>
</table>

Part 3

<table>
<thead>
<tr>
<th>CRS</th>
<th>Type(s)</th>
<th>Affiliate Info</th>
<th>Retire</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Investment Advisor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
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
CHRIS LEE       03/30/2023
Printed Name:   Title:
CHRIS LEE       CHIEF OPERATING OFFICER & CHIEF COMPLIANCE OFFICER
Adviser CRD Number:  142457

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 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:  142457