Primary Business Name: SAFANAD INC.

CRD Number: 170969

Other-Than-Annual Amendment - All Sections
Rev. 10/2021

8/9/2022 4:26:59 PM

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):

SAFANAD INC.

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

SAFANAD INC.

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: 801-80203

(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:

No Information Filed

E. (1) If you have a number (“CRD Number”) assigned by the FINRA’s CRD system or by the IARD system, your CRD number: 170969

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:
505 5TH AVENUE 24TH FLOOR
City: State: Country: ZIP+4/Postal Code:
NEW YORK New York United States 10017-4902

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 ☑ Other:

Normal business hours at this location:
9:00 AM-6:00 PM

(3) Telephone number at this location:
1-212-468-5600

(4) Facsimile number at this location, if any:
1-212-468-5649

(5) What is the total number of offices, other than your principal office and place of business, at which you conduct investment advisory business as of
G. Mailing address, if different from your principal office and place of business address:

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: □

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: ___________ Country: ___________________________ 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: ___________ Other titles, if any: ___________
Telephone number: ___________ Facsimile number, if any: ___________
Number and Street 1: ___________________________ Number and Street 2: ___________________________
City: ___________________________ State: ___________ Country: ___________________________ 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: ___________ Titles: ___________
Telephone number: ___________ Facsimile number, if any: ___________
Number and Street 1: ___________________________ Number and Street 2: ___________________________
City: ___________________________ State: ___________ Country: ___________________________ 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 □
$10 billion to less than $50 billion □
**SECTION 1.8. Other Business Names**

No Information Filed

**SECTION 1.F. Other Offices**

No Information Filed

**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.

<table>
<thead>
<tr>
<th>Address of Website/Account on Publicly Available Social Media Platform:</th>
<th><a href="HTTPS://WWW.LINKEDIN.COMCOMPANY/SAFANAD-INC">HTTPS://WWW.LINKEDIN.COMCOMPANY/SAFANAD-INC</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of Website/Account on Publicly Available Social Media Platform:</td>
<td><a href="HTTP://SAFANAD.COM">HTTP://SAFANAD.COM</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: MAPLES FUND SERVICES (MIDDLE EAST) LIMITED

<table>
<thead>
<tr>
<th>Name and Street 1:</th>
<th>Number and Street 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6TH FLOOR, OFFICE 616, LIBERTY HOUSE</td>
<td>DIFC, PO BOX 506734</td>
</tr>
<tr>
<td>City:</td>
<td>Country:</td>
</tr>
<tr>
<td>DUBAI</td>
<td>United Arab Emirates</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>0097145114200</td>
<td>0097145114100</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.

MAPLES FUND SERVICES (MIDDLE EAST) LIMITED PROVIDES SUPPORT SERVICES TO THE FUND ADMINISTRATOR FOR APPROXIMATELY 82 MASTER AND FEEDER FUND CLIENTS OF SAFANAD INC. AND AS A RESULT MAINTAINS CERTAIN RECORDS AND INFORMATION WITH RESPECT TO THESE FUNDS.
Name of entity where books and records are kept:

<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>
<th>City:</th>
<th>State:</th>
<th>Country:</th>
<th>ZIP+4/Postal Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORMATION CAPITAL, LLC</td>
<td>3500 LENOX ROAD NE</td>
<td>SUITE 510</td>
<td>ATLANTA</td>
<td>Georgia</td>
<td>United States</td>
<td>30326</td>
</tr>
</tbody>
</table>

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

Telephone Number: 770-754-9660  Facsimile number, if any: 770-754-3085

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.
CERTAIN FINANCIAL RECORDS NECESSARY FOR REVIEW AND SUPPORT OF SAFANAD INC. CLIENTS.

Name of entity where books and records are kept:

<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>
<th>City:</th>
<th>State:</th>
<th>Country:</th>
<th>ZIP+4/Postal Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD (DUBAI) LIMITED</td>
<td>LEVEL 4, UNIT 402A, THE GATE (EAST)</td>
<td>PO BOX 506704, DIFC</td>
<td>DUBAI</td>
<td></td>
<td>United Arab Emirates</td>
<td></td>
</tr>
</tbody>
</table>

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

Telephone Number: 971 4 312 9700  Facsimile number, if any: 0097143129777

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.
CERTAIN FINANCIAL RECORDS NECESSARY FOR REVIEW AND SUPPORT BY THE ADMINISTRATORS OF CERTAIN SAFANAD INC. CLIENTS.

Name of entity where books and records are kept:

<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>
<th>City:</th>
<th>State:</th>
<th>Country:</th>
<th>ZIP+4/Postal Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPLES FUND SERVICES (CAYMAN) LIMITED</td>
<td>PO BOX 309</td>
<td>UGLAND HOUSE</td>
<td>GRAND CAYMAN, KY1-1104</td>
<td></td>
<td>Cayman Islands</td>
<td></td>
</tr>
</tbody>
</table>

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

Telephone Number: 1-345-945-7099  Facsimile number, if any: 

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:
MAPLEFS LIMITED

Number and Street 1: PO BOX 1093
Number and Street 2: QUEENS Gate HOUSE
City: GRAND CAYMAN, KY1-1102
State: Country: ZIP+4/Postal Code: Cayman Islands

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

Telephone Number: 1-345-945-7099 Facsimile number, if any:
1-345-945-7100

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.
MAPLEFS LIMITED IS THE SAFEKEEPING AGENT FOR THE CLIENTS OF SAFANAD INC. AND MAINTAINS THE CASH AND INVESTMENT SAFEKEEPING RECORDS FOR SAFANAD'S CLIENTS.

SECTION 1.M. Registration with Foreign Financial Regulatory Authorities

No Information Filed

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; Click HERE for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.

☐ (3) 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>
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<tbody>
<tr>
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<tr>
<td>WI</td>
<td>WV</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

CRD Number of Registered Investment Adviser

SEC Number 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. You must make both of these 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:

☐ 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.

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

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)?

   Yes ☐  No ☐

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

B. Date of Succession: (MM/DD/YYYY)
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.
   19

B. (1) Approximately how many of the employees reported in 5.A. perform investment advisory functions (including research)?
    11

   (2) Approximately how many of the employees reported in 5.A. are registered representatives of a broker-dealer?
    0

   (3) Approximately how many of the employees reported in 5.A. are registered with one or more state securities authorities as investment adviser representatives?
    0

   (4) Approximately how many of the employees reported in 5.A. are registered with one or more state securities authorities as investment adviser representatives for an investment adviser other than you?
    0

   (5) Approximately how many of the employees reported in 5.A. are licensed agents of an insurance company or agency?
    0

   (6) Approximately how many firms or other persons solicit advisory clients on your behalf?
    0

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

Clients

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

C. (1) To approximately how many clients for whom you do not have regulatory assets under management did you provide investment advisory services during your most recently completed fiscal year?
    0

   (2) Approximately what percentage of your clients are non-United States persons?
    57%

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.
### Type of Client

<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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) High net worth individuals</td>
<td></td>
<td></td>
<td></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>72</td>
<td></td>
<td>$ 1,169,789,533</td>
</tr>
<tr>
<td>(g) Pension and profit sharing plans (but not the plan participants or government pension plans)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h) Charitable organizations</td>
<td></td>
<td></td>
<td></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></td>
<td></td>
<td></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
- [x] (6) Performance-based fees
- [ ] (7) Other (specify): ____________________________________________________________________________

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

#### Regulatory Assets Under Management

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) If yes, what is the amount of your regulatory assets under management and total number of accounts?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Dollar Amount</td>
<td>Total Number of Accounts</td>
<td></td>
</tr>
<tr>
<td>Discretionary:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) $ 1,169,789,533</td>
<td>(d) 72</td>
<td></td>
</tr>
<tr>
<td>Non-Discretionary:</td>
<td>(e) 0</td>
<td></td>
</tr>
<tr>
<td>(b) $ 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td>(f) 72</td>
<td></td>
</tr>
<tr>
<td>(c) $ 1,169,789,533</td>
<td></td>
<td></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.

### 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
- [x] (2) Portfolio management for individuals and/or small businesses
- [x] (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)
- [x] (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
Do not check Item S.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 S.G.(3), report the 811 or 814 number of the investment company or investment companies to which you provide advice in Section S.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

In your responses to this Item S.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?

- Yes
- No

(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
     - $ 0

If you report an amount in Item S.I.(2)(c), do not report that amount in Item S.I.(2)(a) or Item S.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 S.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 S.I.1 or enter any amounts in response to Item S.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?

- Yes
- No

(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?

- Yes
- No

K. Separately Managed Account Clients

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

- Yes
- No

If yes, complete Section S.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?

- Yes
- No

If yes, complete Section S.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?

- Yes
- No

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?

- Yes
- No

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

L. Marketing Activities

(1) Do any of your advertisements include:
SECTION 5.G.(3) Advisers to Registered Investment Companies and Business Development Companies
No Information Filed

SECTION 5.I.(2) Wrap Fee Programs
No Information Filed

SECTION 5.K.(1) Separately Managed Accounts

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Mid-year</th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Asset Type</td>
<td></td>
<td></td>
</tr>
<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"

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

Generally describe any assets included in "Other"

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 subadvise. End of year refers to the date used to calculate your regulatory assets under management for purposes of your annual updating amendment. Mid-year is the date six months before the end of year date.

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

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

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

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

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

(i) Mid-Year

<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>
</tr>
</thead>
<tbody>
<tr>
<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>
</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.

(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 subadvice.

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

No Information Filed

Item 6 Other Business Activities

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?
(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.(2) 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
☐ (15) sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles
☐ (16) sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

Note that Item 7.A. should not be used to disclose that some of your employees perform investment advisory functions or are registered representatives of a broker-dealer. The number of your firm's employees who perform investment advisory functions should be disclosed under Item 5.B.(1). The number of your firm's employees who 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:
SAFANAD STAR US FEEDER GP LLC

2. Primary Business Name of Related Person:
SAFANAD INDUSTRY CAPITAL INTERNET INFRASTRUCTURE MANAGEMENT, LLC

3. Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
802 - 112371
or
Other

4. Related Person's
   (a) CRD Number (if any):
     291959
   (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 required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?
   Yes ☐ No ☐
   (c) 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:
      City: __________________________ State: ___________ Number and Street 1: __________________________
      Number and Street 2: __________________________ Country: __________________________ ZIP+4/Postal Code: __________________________
      If this address is a private residence, check this box: ☐

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?
      EXEMPT REPORTING ADVISER

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.
     No Information Filed

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 ☐

1. Legal Name of Related Person:
SAFANAD STAR US FEEDER GP LLC
2. Primary Business Name of Related Person:
SAFANAD STAR US FEEDER GP LLC

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

4. Related Person’s
   (a) CRD Number (if any):
   (b) CIK Number(s) (if any):

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 required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?
   Yes No
   (c) 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:

   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: ☐

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

1. Legal Name of Related Person:
   SAFANAD INDUSTRY CAPITAL INTERNET INFRASTRUCTURE GP, LLC

2. Primary Business Name of Related Person:
   SAFANAD INDUSTRY CAPITAL INTERNET INFRASTRUCTURE GP, LLC

3. Related Person’s SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)
   -
   or
4. **Related Person’s**
   (a) **CRD Number (if any):**
   - 
   (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 required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?**
   - ☐ Yes
   - ☑ No

   (c) **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:**
     - 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: ☐

   - ☐ Yes
   - ☑ No

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?**
   - ☐ Yes
   - ☑ No

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.**
    - No Information Filed

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

---

1. **Legal Name of Related Person:**
   - SSHDIP I GP LLC

2. **Primary Business Name of Related Person:**
   - SSHDIP I GP LLC

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

4. **Related Person’s**
   (a) **CRD Number (if any):**
   - 
   (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

   Yes No

6. Do you control or are you controlled by the related person?

7. Are you and the related person under common control?

8. (a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?  
   (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 required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?
   (c) 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:
      Number and Street 1: _______ State: _______ Number and Street 2: _______ Country: _______ ZIP+4/Postal Code: _______
      If this address is a private residence, check this box: [ ]

   Yes No

9. (a) If the related person is an investment adviser, is it exempt from registration?  
   (b) If the answer is yes, under what exemption?

10. (a) Is the related person registered with a foreign financial regulatory authority?  
    (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?

12. Do you and the related person share the same physical location?

1. Legal Name of Related Person:
   SSHIP I GP, LLC

2. Primary Business Name of Related Person:
   SSHIP I GP, LLC

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

4. Related Person's
   (a) CRD Number (if any):
   (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)
1. Legal Name of Related Person:
   SSHIP II GP LIMITED

2. Primary Business Name of Related Person:
   SSHIP II GP LIMITED

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

4. Related Person’s
   (a) CRD Number (if any):

   (b) CIK Number(s) (if any):

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

   Yes No

6. Do you control or are you controlled by the related person?
   ☐ ☑

7. Are you and the related person under common control?
   ☐ ☑

8. (a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?
   ☐ ☑
   (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 required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?
   ☐ ☑

9. (a) If the related person is an investment adviser, is it exempt from registration?
   ☐ ☑
   (b) If the answer is yes, under what exemption?

10. (a) Is the related person registered with a foreign financial regulatory authority?
    ☐ ☑
    (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.
        No Information Filed

11. Do you and the related person share any supervised persons?
    ☑ ☐

12. Do you and the related person share the same physical location?
    ☑ ☐
FORM ADV
UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT BY EXEMPT REPORTING ADVISERS

Primary Business Name of Related Person:
SAFANAD GOLDENEYE GP LIMITED

1. Legal Name of Related Person:
SAFANAD GOLDENEYE GP LIMITED

2. Primary Business Name of Related Person:
SAFANAD GOLDENEYE GP LIMITED

3. Related Person’s SEC File Number (if any) (e.g., 81-, 8-, 866-, 802-)
- 
or
Other

4. Related Person’s
(a) CRD Number (if any):
(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

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 required to obtain a surprise examination for your clients’ funds or securities that are maintained at the related person?
Yes No

(c) 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:
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: ☐

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.
No Information Filed

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
6. Do you control or are you controlled by the related person?  

7. Are you and the related person under common control?  

8. (a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?  

(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 required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?  

(c) 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: 

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

Yes  No  

9. (a) If the related person is an investment adviser, is it exempt from registration?  

(b) If the answer is yes, under what exemption?  

10. (a) Is the related person registered with a foreign financial regulatory authority?  

(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.  

No Information Filed  

11. Do you and the related person share any supervised persons?  

12. Do you and the related person share the same physical location?  

---

1. Legal Name of Related Person:  
SAFANAD EDUCATION VENTURES GP LIMITED  

2. Primary Business Name of Related Person:  
SAFANAD EDUCATION VENTURES GP LIMITED  

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

4. Related Person's  
(a) CRD Number (if any):  
No Information Filed  

(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  

Yes  No  

6. Do you control or are you controlled by the related person?  

7. Are you and the related person under common control?  

---

Section 5.K.(1) Separately Managed Accounts  
In the table below, provide the following information regarding the separately managed accounts you advise as of the date used to determine your regulatory assets under management:

<table>
<thead>
<tr>
<th>Account Type</th>
<th>Reporting Indication</th>
<th>Summary of Report</th>
<th>Other Investors</th>
<th>Number of Accounts</th>
<th>Total Assets Under Management</th>
<th>Capital Investment</th>
<th>Total Capital Investment</th>
<th>Capital Investment Relative to Total Assets Under Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Securities Issued by Registered Investment Companies or Business Development Companies</td>
<td>(a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Derivatives</td>
<td>(b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Futures Commission Merchant Derivatives</td>
<td>(c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>(d)</td>
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</tr>
</tbody>
</table>

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Section 1.I. Website Addresses  
Describe your primary business (not your investment advisory business):

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

B. Your telephone number at this location:

C. Your address:

D. City:

E. State:

F. Country:

G. Zip + Postal Code:

---

Section 1.M. of Schedule D  
In the table below, provide a summary of each separately managed account as of the date used to determine your regulatory assets under management:

<table>
<thead>
<tr>
<th>Account Type</th>
<th>Account Identification Number</th>
<th>Securities</th>
<th>Number of Accounts</th>
<th>Total Assets Under Management</th>
<th>Capital Investment</th>
<th>Other Investors</th>
<th>Capital Investment Relative to Total Assets Under Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Securities Issued by Registered Investment Companies or Business Development Companies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Derivatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Futures Commission Merchant Derivatives</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td>Total</td>
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</tr>
</tbody>
</table>

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Section 7.A. of Schedule D  
In the table below, provide the following information regarding the separately managed accounts you advise as of the date used to determine your regulatory assets under management:

<table>
<thead>
<tr>
<th>Account Type</th>
<th>Reportable Type</th>
<th>Summary of Report</th>
<th>Other Investors</th>
<th>Number of Accounts</th>
<th>Total Assets Under Management</th>
<th>Capital Investment</th>
<th>Total Capital Investment</th>
<th>Capital Investment Relative to Total Assets Under Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Securities Issued by Registered Investment Companies or Business Development Companies</td>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Derivatives</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Futures Commission Merchant Derivatives</td>
<td>(3)</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
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<td></td>
</tr>
</tbody>
</table>

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Section 5.G.(3) of Schedule D  
In the table below, provide the following information regarding the separately managed accounts you advise as of the date used to determine your regulatory assets under management:

<table>
<thead>
<tr>
<th>Account Type</th>
<th>Account Identification Number</th>
<th>Securities</th>
<th>Number of Accounts</th>
<th>Total Assets Under Management</th>
<th>Capital Investment</th>
<th>Other Investors</th>
<th>Capital Investment Relative to Total Assets Under Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Securities Issued by Registered Investment Companies or Business Development Companies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Derivatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Futures Commission Merchant Derivatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
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</tr>
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<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Section 1.L. of Schedule D  
Provide the following information related to your websites:

A. Related Person

B. Website Addresses

C. Other Portal Addresses

D. Accounts on Publicly Available Social Media Platforms

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Section 7.B. of Schedule D  
If the remaining amount is less than $10 billion in regulatory assets under management, complete Question (b).

---

Section 1.P. of Schedule D  
If you are changing your response to this Item, see Part 1A Instruction 5.a.
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 required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?
   Yes ☐  No ☐
(c) 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:
   Number and Street 1:  
   City:  State:  Country:  ZIP+4/Postal Code:  
   If this address is a private residence, check this box: ☐

   Yes ☐  No ☐
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.
    No Information Filed

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 ☐

1. Legal Name of Related Person:
   SAFANAD SSCP VI GP LLC

2. Primary Business Name of Related Person:
   SAFANAD SSCP VI GP LLC

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

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

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 required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?
   Yes ☐  No ☐
(c) 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:
   Number and Street 1:  
   City:  State:  Country:  ZIP+4/Postal Code:  
   If this address is a private residence, check this box: ☐

   Yes ☐  No ☐
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.
    No Information Filed

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 ☐

1. Legal Name of Related Person:
   SAFANAD SSCP VI GP LLC

2. Primary Business Name of Related Person:
   SAFANAD SSCP VI GP LLC

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

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

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 required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?
   Yes ☐  No ☐
(c) 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:
   Number and Street 1:  
   City:  State:  Country:  ZIP+4/Postal Code:  
   If this address is a private residence, check this box: ☐

   Yes ☐  No ☐
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.
    No Information Filed

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 ☐

1. Legal Name of Related Person:
   SAFANAD SSCP VI GP LLC

2. Primary Business Name of Related Person:
   SAFANAD SSCP VI GP LLC

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

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

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 required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?
   Yes ☐  No ☐
(c) 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:
   Number and Street 1:  
   City:  State:  Country:  ZIP+4/Postal Code:  
   If this address is a private residence, check this box: ☐

   Yes ☐  No ☐
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.
    No Information Filed

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 ☐
FORM ADV
UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT BY EXEMPT REPORTING ADVISERS

Primary Business Name of Related Person:

SSHIP II GP LLC

Legal Name of Related Person:

SSHIP II GP LLC

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

- or Other

Related Person’s

(a) CRD Number (if any):

(b) CIK Number(s) (if any):

No Information Filed

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

Do you control or are you controlled by the related person?

☐ ☐

Are you and the related person under common control?

☐ ☐

Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?

☐ ☐

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 required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?

☐ ☐

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:

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: ☐

Yes No

If the related person is an investment adviser, is it exempt from registration?

☐ ☐

If the answer is yes, under what exemption?

☐ ☐

Is the related person registered with a foreign financial regulatory authority?

☐ ☐

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.

No Information Filed

Do you and the related person share any supervised persons?

☐ ☐

Do you and the related person share the same physical location?

☐ ☐
10. (a) Is the related person registered with a foreign financial regulatory authority? ☐ ☑
   (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. No Information Filed

11. Do you and the related person share any supervised persons? ☐ ☑

12. Do you and the related person share the same physical location? ☐ ☑

1. Legal Name of Related Person:
   SSOP GP, LLC

2. Primary Business Name of Related Person:
   SSOP GP, LLC

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

4. Related Person's
   (a) CRD Number (if any):
   No Information Filed
   (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? ☐ ☑

7. Are you and the related person under common control? ☐ ☑

8. (a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients? ☐ ☑
   (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 required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person? ☐ ☑
   (c) 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:
   Number and Street 1: ☐
   City: ☐
   State: ☐
   ZIP+4/Postal Code: ☐

9. (a) If the related person is an investment adviser, is it exempt from registration? ☐ ☑
   (b) If the answer is yes, under what exemption? ☐ ☑

10. (a) Is the related person registered with a foreign financial regulatory authority? ☐ ☑
    (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. No Information Filed

11. Do you and the related person share any supervised persons? ☐ ☑
12. Do you and the related person share the same physical location?

Yes ☐ No ☐

1. Legal Name of Related Person:
SAFANAD (DUBAI) LIMITED

2. Primary Business Name of Related Person:
SAFANAD (DUBAI) LIMITED

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

4. Related Person's
   (a) CRD Number (if any):
   (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

Yes No

6. Do you control or are you controlled by the related person?

☐ ☐

7. Are you and the related person under common control?

☐ ☐

8. (a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?

☐ ☐

(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 required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?

☐ ☐

(c) 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:

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

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

Yes No

9. (a) If the related person is an investment adviser, is it exempt from registration?

☐ ☐

(b) If the answer is yes, under what exemption?
FOREIGN PRIVATE ADVISER EXEMPTION

10. (a) Is the related person registered with a foreign financial regulatory authority?

☐ ☐

(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.

   Name of Country/English Name of Foreign Financial Regulatory Authority
   Dubai - Dubai Financial Services Authority

11. Do you and the related person share any supervised persons?

☐ ☐

12. Do you and the related person share the same physical location?

☐ ☐
1. Legal Name of Related Person:
SAFANAD SENIOR CARE II GP, LLC

2. Primary Business Name of Related Person:
SAFANAD SENIOR CARE II GP, LLC

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

4. Related Person's
   (a) CRD Number (if any):
   (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 required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?
   Yes  No

   (c) 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:
      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: Yes  No

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.
    No Information Filed

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

4. Related Person’s
   (a) CRD Number (if any):
   (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

   Yes ☐ No

6. Do you control or are you controlled by the related person?

7. Are you and the related person under common control?

8. (a) Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients?
   (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 required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?
   (c) 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:
      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: ☐

   Yes ☐ No

9. (a) If the related person is an investment adviser, is it exempt from registration?
   (b) If the answer is yes, under what exemption?

10. (a) Is the related person registered with a foreign financial regulatory authority?
    (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. No Information Filed

11. Do you and the related person share any supervised persons?

12. Do you and the related person share the same physical location?

Item 7 Private Fund Reporting

8. Are you an adviser to any private fund?
   Yes ☐ No ☐

   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
SECTION 7.B.(1) Private Fund Reporting

A. PRIVATE FUND

Information About the Private Fund

1. (a) Name of the private fund:
   SAFANAD EDUCATION VENTURES LIMITED
   
   (b) Private fund identification number:
   (include the “805-” prefix also)
   805-343456155

2. Under the laws of what state or country is the private fund organized:
   State: 
   Country: Cayman Islands

3. (a) Name(s) of General Partner, Manager, Trustee, or Directors (or persons serving in a similar capacity):
   Name of General Partner, Manager, Trustee, or Director
   SAFANAD EDUCATION VENTURES MANAGEMENT LIMITED

4. The private fund (check all that apply; you must check at least one):
   - (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
   - (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

5. List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.
   Name of Country/English Name of Foreign Financial Regulatory Authority
   Cayman Islands - Cayman Islands Monetary Authority

6. (a) Is this a "master fund" in a master-feeder arrangement?
   Yes No

   (b) If yes, what is the name and private fund identification number (if any) of the feeder funds investing in this private fund?
      Name of private fund | Private fund identification number
      ----------------------|----------------------------------
      SAFANAD EDUCATION VENTURES GLOBAL FEEDER II LP | 805-6218320183
      SAFANAD EDUCATION VENTURES GLOBAL FEEDER LP | 805-4099767498
      SAFANAD EDUCATION VENTURES OFFSHORE FEEDER LP | 805-2962041656

   (c) Is this a "feeder fund" in a master-feeder arrangement?
   Yes No

   (d) If yes, what is the name and private fund identification number (if any) of the master fund in which this private fund invests?
      Name of private fund:
      
      Private fund identification number:
      (include the "805-" prefix also)

NOTE: You must complete question 6 for each master-feeder arrangement regardless of whether you are filing a single Schedule D, Section 7.B.(1) for the master-feeder arrangement or reporting on the funds separately.

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
   SAFANAD EDUCATION VENTURES GLOBAL FEEDER II LP

(b) Private fund identification number:
   (include the "805-" prefix also)
   805-6218320183

(c) Under the laws of what state or country is the private fund organized:
   State: Country:
   Cayman Islands

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD EDUCATION VENTURES GP LIMITED</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD EDUCATION VENTURES MANAGEMENT LIMITED</td>
</tr>
</tbody>
</table>

(e) The private fund (check all that apply; you must check at least one):
   - ☑ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
   - ☐ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

<table>
<thead>
<tr>
<th>Name of Country/English Name of Foreign Financial Regulatory Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cayman Islands - Cayman Islands Monetary Authority</td>
</tr>
</tbody>
</table>
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:
   (a) Name of the private fund:
       SAFANAD EDUCATION VENTURES OFFSHORE FEEDER LP
   (b) Private fund identification number:
       (include the "805-" prefix also)
       805-2962041656
   (c) Under the laws of what state or country is the private fund organized:
       State:  
       Country:  Cayman Islands
   (d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):
       Name of General Partner, Manager, Trustee or Director
       SAFANAD EDUCATION VENTURES GP LIMITED

8. (a) Is this private fund a "fund of funds"?
   NOTE: For purposes of this question only, answer "yes" if the fund invests 10 percent or more of its total assets in other pooled investment vehicles, regardless of whether they are also private funds or registered investment companies.
   (b) If yes, does the private fund invest in funds managed by you or by a related person?

9. During your last fiscal year, did the private fund invest in securities issued by investment companies registered under the Investment Company Act of 1940 (other than "money market funds," to the extent provided in Instruction 6.e.)?

10. What type of fund is the private fund?
    - hedge fund  
    - liquidity fund  
    - private equity fund  
    - real estate fund  
    - securitized asset fund  
    - venture capital fund  
    - Other private fund:

    NOTE: For definitions of these fund types, please see Instruction 6 of the Instructions to Part 1A.
11. Current gross asset value of the private fund: $349,198,697

Ownership

12. Minimum investment commitment required of an investor in the private fund: $5,000,000
   NOTE: Report the amount routinely required of investors who are not your related persons (even if different from the amount set forth in the organizational documents of the fund).

13. Approximate number of the private fund's beneficial owners: 3

14. What is the approximate percentage of the private fund beneficially owned by you and your related persons: 51%

15. (a) What is the approximate percentage of the private fund beneficially owned (in the aggregate) by funds of funds: 0%

   (b) If the private fund qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940, are sales of the fund limited to qualified clients?

   Yes No

   ☐ ☐

16. What is the approximate percentage of the private fund beneficially owned by non-United States persons: 96%

Your Advisory Services

17. (a) Are you a subadviser to this private fund?

   Yes No

   ☐ ☐

   (b) If the answer to question 17.(a) is "yes," provide the name and SEC file number, if any, of the adviser of the private fund. If the answer to question 17.(a) is "no," leave this question blank.

   No Information Filed

18. (a) Do any investment advisers (other than the investment advisers listed in Section 7.B.(1).A.3.(b)) advise the private fund?

   Yes No

   ☐ ☐

   (b) If the answer to question 18.(a) is "yes," provide the name and SEC file number, if any, of the other advisers to the private fund. If the answer to question 18.(a) is "no," leave this question blank.

   No Information Filed

19. Are your clients solicited to invest in the private fund?

   NOTE: For purposes of this question, do not consider feeder funds of the private fund.

   Yes No

   ☐ ☐

20. Approximately what percentage of your clients has invested in the private fund?

   0%

Private Offering

21. Has the private fund ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933?

   Yes No

   ☐ ☐

22. If yes, provide the private fund's Form D file number (if any):

   No Information Filed

B. SERVICE PROVIDERS

Auditors

23. (a) (1) Are the private fund's financial statements subject to an annual audit?

   Yes No

   ☐ ☐

   (2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP?

   Yes No

   ☐ ☐

   If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.
If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

(b) Name of the auditing firm: GRANT THORNTON

c) The location of the auditing firm's office responsible for the private fund's audit (city, state and country):
   City: GRAND CAYMAN
   State: Cayman Islands

(d) Is the auditing firm an independent public accountant? Yes No

(e) Is the auditing firm registered with the Public Company Accounting Oversight Board? Yes No
   If yes, Public Company Accounting Oversight Board-Assigned Number: 248

(f) If "yes" to (e) above, is the auditing firm subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules? Yes No

(g) Are the private fund's audited financial statements for the most recently completed fiscal year distributed to the private fund's investors? Yes No

(h) Do all of the reports prepared by the auditing firm for the private fund since your last annual updating amendment contain unqualified opinions? Yes No Report Not Yet Received
   If you check "Report Not Yet Received," you must promptly file an amendment to your Form ADV to update your response when the report is available.

Prime Broker

24. (a) Does the private fund use one or more prime brokers? Yes No
   If the answer to question 24.(a) is "yes," respond to questions (b) through (e) below for each prime broker the private fund uses. If the private fund uses more than one prime broker, you must complete questions (b) through (e) separately for each prime broker.

   No Information Filed

Custodian

25. (a) Does the private fund use any custodians (including the prime brokers listed above) to hold some or all of its assets? Yes No
   If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

   Additional Custodian Information: 1 Record(s) Filed.

   If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

   (b) Legal name of custodian: MAPLESFS LIMITED

   (c) Primary business name of custodian: MAPLESFS LIMITED

   (d) The location of the custodian's office responsible for custod of the private fund's assets (city, state and country):
      City: GRAND CAYMAN
      State: Cayman Islands

   (e) Is the custodian a related person of your firm? Yes No
Administrator

26. (a) Does the private fund use an administrator other than your firm?

Yes No

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the private fund uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

Additional Administrator Information: 1 Record(s) Filed.

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the private fund uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

(b) Name of administrator:

MAPLES FUND SERVICES (CAYMAN) LIMITED

(c) Location of administrator (city, state and country):

City: GRAND CAYMAN
State: Const: Cayman Islands
Country:

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

Yes No

(e) Does the administrator prepare and send investor account statements to the private fund’s investors?

Yes (provided to all investors) Some (provided to some but not all investors) No (provided to no investors)

(f) If the answer to question 26.(e) is "no" or "some," who sends the investor account statements to the (rest of the) private fund’s investors? If investor account statements are not sent to the (rest of the) private fund’s investors, respond "not applicable." THE APPLICABLE FUND.

27. During your last fiscal year, what percentage of the private fund’s assets (by value) was valued by a person, such as an administrator, that is not your related person?

100%

Include only those assets where (i) such person carried out the valuation procedure established for that asset, if any, including obtaining any relevant quotes, and (ii) the valuation used for purposes of investor subscriptions,redemptions or distributions, and fee calculations (including allocations) was the valuation determined by such person.

Marketers

28. (a) Does the private fund use the services of someone other than you or your employees for marketing purposes?

Yes No

You must answer "yes" whether the person acts as a placement agent, consultant, finder, introducer, municipal advisor or other solicitor, or similar person. If the answer to question 28.(a) is "yes," respond to questions (b) through (g) below for each such marketer the private fund uses. If the private fund uses more than one marketer you must complete questions (b) through (g) separately for each marketer.

No Information Filed

A. PRIVATE FUND

Information About the Private Fund

1. (a) Name of the private fund:

SAFANAD PENTANGLE HOLDINGS LIMITED
2. Under the laws of what state or country is the private fund organized:
   State: 
   Country: Cayman Islands

3. (a) Name(s) of General Partner, Manager, Trustee, or Directors (or persons serving in a similar capacity):

   Name of General Partner, Manager, Trustee, or Director
   SAFANAD MANAGEMENT LIMITED

   (b) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund.

   Filing Adviser/Relying Adviser Name
   SAFANAD INC.
   SAFANAD MANAGEMENT LIMITED

4. The private fund (check all that apply; you must check at least one):
   - (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
   - (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

5. List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

   No Information Filed

6. (a) Is this a "master fund" in a master-feeder arrangement?
   (b) If yes, what is the name and private fund identification number (if any) of the feeder funds investing in this private fund?

   No Information Filed

   (c) Is this a "feeder fund" in a master-feeder arrangement?
   (d) If yes, what is the name and private fund identification number (if any) of the master fund in which this private fund invests?

   Name of private fund:
   Private fund identification number:
   (include the "805-" prefix also)

   NOTE: You must complete question 6 for each master-feeder arrangement regardless of whether you are filing a single Schedule D, Section 7.B.(1) for the master-feeder arrangement or reporting on the funds separately.

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

   No Information Filed

   NOTE: For purposes of questions 6 and 7, in a master-feeder arrangement, one or more funds ("feeder funds") invest all or substantially all of their assets in a single fund ("master fund"). A fund would also be a "feeder fund" investing in a "master fund" for purposes of this question if it issued multiple classes (or series) of shares or interests, and each class (or series) invests substantially all of its assets in a single master fund.

8. (a) Is this private fund a "fund of funds"?
   NOTE: For purposes of this question only, answer "yes" if the fund invests 10 percent or more of its total assets in other pooled investment vehicles, regardless of whether they are also private funds or registered investment companies.
   (b) If yes, does the private fund invest in funds managed by you or by a related person?

   Yes No

9. During your last fiscal year, did the private fund invest in securities issued by investment companies registered under the Investment Company Act of 1940 (other than "money market funds," to the extent provided in Instruction 6.e.)?
10. What type of fund is the private fund?
   - hedge fund
   - liquidity fund
   - private equity fund
   - real estate fund
   - securitized asset fund
   - venture capital fund
   - Other private fund:

   NOTE: For definitions of these fund types, please see Instruction 6 of the Instructions to Part 1A.

11. Current gross asset value of the private fund:
   $4,936,535

Ownership

12. Minimum investment commitment required of an investor in the private fund:
   $5,000,000
   NOTE: Report the amount routinely required of investors who are not your related persons (even if different from the amount set forth in the organizational documents of the fund).

13. Approximate number of the private fund’s beneficial owners:
   29

14. What is the approximate percentage of the private fund beneficially owned by you and your related persons:
   32%

15. (a) What is the approximate percentage of the private fund beneficially owned (in the aggregate) by funds of funds:
   0%

   (b) If the private fund qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940, are sales of the fund limited to qualified clients?

   Yes No

16. What is the approximate percentage of the private fund beneficially owned by non-United States persons:
   100%

Your Advisory Services

17. (a) Are you a subadviser to this private fund?
   Yes No

   (b) If the answer to question 17.(a) is "yes," provide the name and SEC file number, if any, of the adviser of the private fund. If the answer to question 17.(a) is "no," leave this question blank.

   No InformationFiled

18. (a) Do any investment advisers (other than the investment advisers listed in Section 7.B.(1).A.3.(b)) advise the private fund?
   Yes No

   (b) If the answer to question 18.(a) is "yes," provide the name and SEC file number, if any, of the other advisers to the private fund. If the answer to question 18.(a) is "no," leave this question blank.

   No InformationFiled

19. Are your clients solicited to invest in the private fund?
   NOTE: For purposes of this question, do not consider feeder funds of the private fund.

   Yes No

20. Approximately what percentage of your clients has invested in the private fund?
   0%

Private Offering

21. Has the private fund ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933?

   Yes No

22. If yes, provide the private fund’s Form D file number (if any):

   No InformationFiled

B. SERVICE PROVIDERS

Auditors
23. (a) Are the private fund's financial statements subject to an annual audit?  
(1) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP?  
Yes ☐  No ☐  NaN ☐
If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

| No Information Filed |

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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(g) Are the private fund's audited financial statements for the most recently completed fiscal year distributed to the private fund's investors?  
Yes ☐  No ☐  NaN ☐
If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

(h) Do all of the reports prepared by the auditing firm for the private fund since your last annual updating amendment contain unqualified opinions?  
Yes ☐  No ☐  Report Not Yet Received ☐
If you check "Report Not Yet Received," you must promptly file an amendment to your Form ADV to update your response when the report is available.

Prime Broker

24. (a) Does the private fund use one or more prime brokers?  
Yes ☐  No ☐  NaN ☐
If the answer to question 24.(a) is "yes," respond to questions (b) through (e) below for each prime broker the private fund uses. If the private fund uses more than one prime broker, you must complete questions (b) through (f) separately for each prime broker.

| No Information Filed |

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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</table>

Custodian

25. (a) Does the private fund use any custodians (including the prime brokers listed above) to hold some or all of its assets?  
Yes ☐  No ☐  NaN ☐
If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

Additional Custodian Information : 1 Record(s) Filed.

If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

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</table>

(b) Legal name of custodian:
MAPLESFS LIMITED

c) Primary business name of custodian:
MAPLESFS LIMITED

d) The location of the custodian's office responsible for custody of the private fund's assets (city, state and country):
   City:  GRAND CAYMAN
   State:  KY1-1102
   Country:  Cayman Islands
Yes ☐  No ☐  NaN ☐
(e) Is the custodian a related person of your firm?  
Yes ☐  No ☐  NaN ☐
(f) If the custodian is a broker-dealer, provide its SEC registration number (if any):
CRD Number (if any):

(g) 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)

Administrator

26. (a) Does the private fund use an administrator other than your firm?  
Yes ☐  No ☐  NaN ☐
If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the private fund uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

| No InformationFiled |

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>NaN</th>
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</tbody>
</table>
A. PRIVATE FUND

Information About the Private Fund

1. (a) Name of the private fund:
   SAFANAD SENIOR CARE INVESTMENT PARTNERSHIP II CC, LP
(b) Private fund identification number:
   (include the "805-" prefix also)
   805-5289226935

2. Under the laws of what state or country is the private fund organized:
   State: Delaware
   Country: United States

3. (a) Name(s) of General Partner, Manager, Trustee, or Directors (or persons serving in a similar capacity):
   Name of General Partner, Manager, Trustee, or Director
   SAFANAD SENIOR CARE II CC GP, LLC

27. During your last fiscal year, what percentage of the private fund’s assets (by value) was valued by a person, such as an administrator, that is not your related person?
   100%

   Include only those assets where (i) such person carried out the valuation procedure established for that asset, if any, including obtaining any relevant quotes, and (ii) the valuation used for purposes of investor subscriptions, redemptions or distributions, and fee calculations (including allocations) was the valuation determined by such person.

28. (a) Does the private fund use the services of someone other than you or your employees for marketing purposes?
   You must answer "yes" whether the person acts as a placement agent, consultant, finder, introducer, municipal advisor or other solicitor, or similar person. If the answer to question 28.(a) is "yes," respond to questions (b) through (g) below for each such marketer the private fund uses. If the private fund uses more than one marketer you must complete questions (b) through (g) separately for each marketer.

   No Information Filed
4. The private fund (check all that apply; you must check at least one):
   - (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
   - (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

5. List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

   Yes No

6. (a) Is this a "master fund" in a master-feeder arrangement?
   - Yes
   - No

   (b) If yes, what is the name and private fund identification number (if any) of the feeder funds investing in this private fund?

<table>
<thead>
<tr>
<th>Name of private fund</th>
<th>Private fund identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSSC PARTNERS II, LLC</td>
<td>805-3972891642</td>
</tr>
<tr>
<td>SAFANAD SENIOR CARE II US FEEDER, LLC</td>
<td>805-5430041333</td>
</tr>
<tr>
<td>SSC II CC EQUITY I LIMITED</td>
<td>805-576976723</td>
</tr>
<tr>
<td>SSC II CC EQUITY II LIMITED</td>
<td>805-6042371296</td>
</tr>
<tr>
<td>SSC US INVESTORS, LLC</td>
<td>805-8018304429</td>
</tr>
<tr>
<td>SSCP II CC, LLC</td>
<td>805-1534569997</td>
</tr>
</tbody>
</table>

   Yes No

   (c) Is this a "feeder fund" in a master-feeder arrangement?
   - Yes
   - No

   (d) If yes, what is the name and private fund identification number (if any) of the master fund in which this private fund invests?

   Private fund identification number:
   (include the "805-" prefix also)

   NOTE: You must complete question 6 for each master-feeder arrangement regardless of whether you are filing a single Schedule D, Section 7.B.(1) for the master-feeder arrangement or reporting on the funds separately.

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

   Additional Feeder Fund Information : 6 Record(s) Filed.

   7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

   (a) Name of the private fund:
       NSSC PARTNERS II, LLC

   (b) Private fund identification number:
       (include the "805-" prefix also)
       805-3972891642

   (c) Under the laws of what state or country is the private fund organized:
       State: Delaware
       Country: United States

   (d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):
       Name of General Partner, Manager, Trustee or Director
       VINCENT THADDEUS PICA (II)

   (d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:
       Filing Adviser/Relying Adviser Name
       SAFANAD INC.
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the **private fund**:
   
   SSC II CC EQUITY I LIMITED

(b) *Private fund* identification number:
   (include the "805-" prefix also)
   
   805-5767967723

(c) Under the laws of what state or country is the **private fund** organized:
   
   State: Cayman Islands
   
   Country: Cayman Islands

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):
   
<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW VELLANI</td>
</tr>
</tbody>
</table>

(d) (2) If filing an *umbrella registration*, identify the *filing adviser* and/or *relying adviser(s)* that sponsor(s) or manage(s) this **private fund**:
   
<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD SENIOR CARE II MANAGEMENT, LLC</td>
</tr>
</tbody>
</table>

(e) The **private fund** (check all that apply; you must check at least one):
   
   - (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
   - (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the **private fund** is registered.
   
   No Information Filed
Filing Adviser/Relying Adviser Name
SAFANAD MANAGEMENT LIMITED

(e) The private fund (check all that apply; you must check at least one):
   - (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
   - (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.
   No Information Filed

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7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
   SSC II CC EQUITY II LIMITED

(b) Private fund identification number:
   (include the "805-" prefix also)
   805-6042371296

(c) Under the laws of what state or country is the private fund organized:
   State: Country:
   Cayman Islands

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):
   Name of General Partner, Manager, Trustee or Director
   ANDREW VELLANI
   DANIEL HAHN
   ZIAD MOHAMAD HUSSEIN DANNAOUI

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:
   Filing Adviser/Relying Adviser Name
   SAFANAD MANAGEMENT LIMITED

(e) The private fund (check all that apply; you must check at least one):
   - (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
   - (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.
   No Information Filed

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7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
   SSC US INVESTORS, LLC

(b) Private fund identification number:
   (include the "805-" prefix also)
   805-8018304429
Under the laws of what state or country is the private fund organized:

State: Delaware
Country: United States

Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

Name of General Partner, Manager, Trustee or Director
SAFANAD, INC.

Filing Adviser/Relying Adviser Name
SAFANAD INC.

The private fund (check all that apply; you must check at least one):

- [ ] (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- [x] (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

No Information Filed
8. (a) Is this private fund a "fund of funds"?
   NOTE: For purposes of this question only, answer "yes" if the fund invests 10 percent or more of its total assets in other pooled investment vehicles, regardless of whether they are also private funds or registered investment companies.
   (b) If yes, does the private fund invest in funds managed by you or by a related person?

9. During your last fiscal year, did the private fund invest in securities issued by investment companies registered under the Investment Company Act of 1940 (other than "money market funds," to the extent provided in Instruction 6.e.)?

10. What type of fund is the private fund?
   - [ ] hedge fund
   - [ ] liquidity fund
   - [ ] private equity fund
   - [ ] real estate fund
   - [ ] securitized asset fund
   - [ ] venture capital fund
   - [ ] Other private fund:

   NOTE: For definitions of these fund types, please see Instruction 6 of the Instructions to Part 1A.

11. Current gross asset value of the private fund:
   $ 0

Ownership

12. Minimum investment commitment required of an investor in the private fund:
   $ 2,000,000
   NOTE: Report the amount routinely required of investors who are not your related persons (even if different from the amount set forth in the organizational documents of the fund).

13. Approximate number of the private fund's beneficial owners:
   18

14. What is the approximate percentage of the private fund beneficially owned by you and your related persons:
   12%

15. (a) What is the approximate percentage of the private fund beneficially owned (in the aggregate) by funds of funds:
   0%
   (b) If the private fund qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940, are sales of the fund limited to qualified clients?

16. What is the approximate percentage of the private fund beneficially owned by non-United States persons:
   76%

Your Advisory Services

17. (a) Are you a subadviser to this private fund?
   (b) If the answer to question 17.(a) is "yes," provide the name and SEC file number, if any, of the adviser of the private fund. If the answer to question 17.(a) is "no," leave this question blank.

   No Information Filed

18. (a) Do any investment advisers (other than the investment advisers listed in Section 7.B.(1).A.3.(b)) advise the private fund?
   (b) If the answer to question 18.(a) is "yes," provide the name and SEC file number, if any, of the other advisers to the private fund. If the answer to question 18.(a) is "no," leave this question blank.

<table>
<thead>
<tr>
<th>Name of Other Adviser to private fund</th>
<th>SEC file number</th>
<th>CRD number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORMATION CAPITAL</td>
<td>801-80200</td>
<td>160400</td>
</tr>
</tbody>
</table>

19. Are your clients solicited to invest in the private fund?
   NOTE: For purposes of this question, do not consider feeder funds of the private fund.

20. Approximately what percentage of your clients has invested in the private fund?
   0%
B. SERVICE PROVIDERS

Auditors

23. (a) (1) Are the private fund's financial statements subject to an annual audit?
(2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP?
If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

No Information Filed

(g) Are the private fund's audited financial statements for the most recently completed fiscal year distributed to the private fund's investors?
(h) Do all of the reports prepared by the auditing firm for the private fund since your last annual updating amendment contain unqualified opinions?
   ○ Yes ○ No ○ Report Not Yet Received
   If you check "Report Not Yet Received," you must promptly file an amendment to your Form ADV to update your response when the report is available.

Prime Broker

24. (a) Does the private fund use one or more prime brokers?
If the answer to question 24.(a) is "yes," respond to questions (b) through (e) below for each prime broker the private fund uses. If the private fund uses more than one prime broker, you must complete questions (b) through (e) separately for each prime broker.

No Information Filed

Custodian

25. (a) Does the private fund use any custodians (including the prime brokers listed above) to hold some or all of its assets?
If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

Additional Custodian Information: 4 Record(s) Filed.

If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

(b) Legal name of custodian:
   CIBC BANCORP USA INC.

(c) Primary business name of custodian:
   CIBC BANK USA

(d) The location of the custodian's office responsible for custody of the private fund's assets (city, state and country):
   City: CHICAGO
   State: Illinois
   Country: United States
   ○ Yes ○ No

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

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

If the answer to question 25.(a) is "yes," respond to questions (b) through g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

(b) Legal name of custodian:
JPMORGAN CHASE BANK, N.A.

(c) Primary business name of custodian:
JPMORGAN CHASE BANK, N.A.

(d) The location of the custodian's office responsible for custody of the private fund's assets (city, state and country):
City: NEWARK
State: Delaware
Country: United States

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

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

CRD Number (if any):

(g) 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)

If the answer to question 25.(a) is "yes," respond to questions (b) through g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

(b) Legal name of custodian:
MAPLESFS LIMITED

(c) Primary business name of custodian:
MAPLESFS LIMITED

(d) The location of the custodian's office responsible for custody of the private fund's assets (city, state and country):
City: GRAND CAYMAN
State: Cayman Islands

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

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

CRD Number (if any):

(g) 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)

If the answer to question 25.(a) is "yes," respond to questions (b) through g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

(b) Legal name of custodian:
UBS FINANCIAL SERVICES INC.
26. (a) Does the *private fund* use an administrator other than your firm?

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the *private fund* uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

### Additional Administrator Information: 2 Record(s) Filed.

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the *private fund* uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

#### (b) Name of administrator:

FORMATION CAPITAL, LLC

#### (c) Location of administrator (city, state and country):

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATLANTA</td>
<td>Georgia</td>
<td>United States</td>
</tr>
</tbody>
</table>

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

- [ ] Yes
- [ ] No

#### (e) Does the administrator prepare and send investor account statements to the *private fund*'s investors?

- [ ] Yes (provided to all investors)
- [ ] Some (provided to some but not all investors)
- [ ] No (provided to no investors)

#### (f) If the answer to question 26.(e) is "no" or "some," who sends the investor account statements to the (rest of the) *private fund*'s investors? If investor account statements are not sent to the (rest of the) *private fund*'s investors, respond "not applicable."

Each of the master fund and the feeder funds use one of two administrators. Between the two administrators, investor account statements are sent to all investors.

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the *private fund* uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

#### (b) Name of administrator:

MAPLES FUND SERVICES (CAYMAN) LIMITED

#### (c) Location of administrator (city, state and country):

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRAND CAYMAN</td>
<td></td>
<td>Cayman Islands</td>
</tr>
</tbody>
</table>

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

- [ ] Yes
- [ ] No

#### (e) Does the administrator prepare and send investor account statements to the *private fund*'s investors?

- [ ] Yes
- [ ] No
27. During your last fiscal year, what percentage of the private fund's assets (by value) was valued by a person, such as an administrator, that is not your related person?

Include only those assets where (i) such person carried out the valuation procedure established for that asset, if any, including obtaining any relevant quotes, and (ii) the valuation used for purposes of investor subscriptions, redemptions or distributions, and fee calculations (including allocations) was the valuation determined by such person.

Marketers

28. (a) Does the private fund use the services of someone other than you or your employees for marketing purposes?

You must answer "yes" whether the person acts as a placement agent, consultant, finder, introducer, municipal advisor or other solicitor, or similar person. If the answer to question 28.(a) is "yes," respond to questions (b) through (g) below for each such marker the private fund uses. If the private fund uses more than one marketer you must complete questions (b) through (g) separately for each marketer.

No Information Filed
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

**Additional Feeder Fund Information : 6 Record(s) Filed.**

<table>
<thead>
<tr>
<th>(a) Name of the private fund:</th>
<th>SAFANAD SENIOR CARE V EQUITY I LIMITED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Private fund identification number:</td>
<td>805-1975783089</td>
</tr>
<tr>
<td>(c) Under the laws of what state or country is the private fund organized:</td>
<td>State: Cayman Islands</td>
</tr>
<tr>
<td>(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):</td>
<td>ANDREW VELLANI, DANIEL HAHN, ZIAD MOHAMAD HUSSEIN DANNAQUI</td>
</tr>
<tr>
<td>(d) (2) Filing Adviser/Relying Adviser Name:</td>
<td>SAFANAD MANAGEMENT LIMITED</td>
</tr>
<tr>
<td>(e) The private fund (check all that apply; you must check at least one):</td>
<td>(1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940, (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940</td>
</tr>
<tr>
<td>(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered:</td>
<td>No Information Filed</td>
</tr>
</tbody>
</table>

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

<table>
<thead>
<tr>
<th>(a) Name of the private fund:</th>
<th>SAFANAD SENIOR CARE V EQUITY II LIMITED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Private fund identification number:</td>
<td>(include the &quot;805-&quot; prefix also) 805-3958726181</td>
</tr>
<tr>
<td>(c) Under the laws of what state or country is the private fund organized:</td>
<td>State: Florida, Country: United States</td>
</tr>
<tr>
<td>(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):</td>
<td>ZAID MOHAMAD HUSSEIN DANNAQUI, DANIEL HAHN</td>
</tr>
<tr>
<td>(d) (2) Filing Adviser/Relying Adviser Name:</td>
<td>SAFANAD MANAGEMENT LIMITED</td>
</tr>
<tr>
<td>(e) The private fund (check all that apply; you must check at least one):</td>
<td>(1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940, (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940</td>
</tr>
<tr>
<td>(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered:</td>
<td>No Information Filed</td>
</tr>
</tbody>
</table>
Private fund identification number:
(include the "805-" prefix also)
805-2072229010

Under the laws of what state or country is the private fund organized:
State: Cayman Islands

Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW VELLANI</td>
</tr>
<tr>
<td>DANIEL HAHN</td>
</tr>
<tr>
<td>ZIAD MOHAMAD HUSSEIN DANNAOUI</td>
</tr>
</tbody>
</table>

If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD MANAGEMENT LIMITED</td>
</tr>
</tbody>
</table>

The private fund (check all that apply; you must check at least one):

☐ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
☐ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.
No Information Filed

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SAFANAD SENIOR CARE V EQUITY III LIMITED

(b) Private fund identification number:
(include the "805-" prefix also)
805-8028903126

(c) Under the laws of what state or country is the private fund organized:
State: Cayman Islands

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW VELLANI</td>
</tr>
<tr>
<td>DANIEL HAHN</td>
</tr>
<tr>
<td>ZIAD MOHAMAD HUSSEIN DANNAOUI</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD MANAGEMENT LIMITED</td>
</tr>
</tbody>
</table>

(e) The private fund (check all that apply; you must check at least one):

☐ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
☐ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SAFANAD SENIOR CARE V EQUITY IV LIMITED

(b) Private fund identification number:
(include the "805-" prefix also)
805-4128726852

(c) Under the laws of what state or country is the private fund organized:
State: Delaware
Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW VELLANI</td>
</tr>
<tr>
<td>DANIEL HAHN</td>
</tr>
<tr>
<td>ZIAD MOHAMAD HUSSEIN DANNAOUI</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

Filing Adviser/Relying Adviser Name
SAFANAD MANAGEMENT LIMITED

(e) The private fund (check all that apply; you must check at least one):
☐ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
☑ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.
No Information Filed
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SSCIP V INVESTORS, LLC

(b) Private fund identification number:
(include the "805-" prefix also)
805-6809218423

(c) Under the laws of what state or country is the private fund organized:
State: Delaware
Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN RUTLEDGE</td>
</tr>
<tr>
<td>SAFANAD PATRON INVESTORS 1 LIMITED</td>
</tr>
<tr>
<td>VINCENT THADDEUS PICA (II)</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD INC.</td>
</tr>
</tbody>
</table>

(e) The private fund (check all that apply; you must check at least one):

- (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

No Information Filed

NOTE: For purposes of questions 6 and 7, in a master-feeder arrangement, one or more funds ("feeder funds") invest all or substantially all of their assets in a single fund ("master fund"). A fund would also be a "feeder fund" investing in a "master fund" for purposes of this question if it issued multiple classes (or series) of shares or interests, and each class (or series) invests substantially all of its assets in a single master fund.

8. (a) Is this private fund a "fund of funds"?

Yes  No

NOTE: For purposes of this question only, answer "yes" if the fund invests 10 percent or more of its total assets in other pooled investment vehicles, regardless of whether they are also private funds or registered investment companies.

(b) If yes, does the private fund invest in funds managed by you or by a related person?

Yes  No

9. During your last fiscal year, did the private fund invest in securities issued by investment companies registered under the Investment Company Act of 1940 (other than "money market funds," to the extent provided in Instruction 6.e.)?

Yes  No

10. What type of fund is the private fund?
11. Current gross asset value of the private fund:
   $700,507

Ownership

12. Minimum investment commitment required of an investor in the private fund:
   $5,000,000
   NOTE: Report the amount routinely required of investors who are not your related persons (even if different from the amount set forth in the organizational documents of the fund).

13. Approximate number of the private fund's beneficial owners:
   35

14. What is the approximate percentage of the private fund beneficially owned by you and your related persons:
   7%

15. (a) What is the approximate percentage of the private fund beneficially owned (in the aggregate) by funds of funds:
   0%
   (b) If the private fund qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940, are sales of the fund limited to qualified clients?

16. What is the approximate percentage of the private fund beneficially owned by non-United States persons:
   50%

Your Advisory Services

17. (a) Are you a subadviser to this private fund?
   Yes
   (b) If the answer to question 17.(a) is "yes," provide the name and SEC file number, if any, of the adviser of the private fund. If the answer to question 17.(a) is "no," leave this question blank.
   No Information Filed

18. (a) Do any investment advisers (other than the investment advisers listed in Section 7.B.(1).A.3.(b)) advise the private fund?
   Yes
   (b) If the answer to question 18.(a) is "yes," provide the name and SEC file number, if any, of the other advisers to the private fund. If the answer to question 18.(a) is "no," leave this question blank.

<table>
<thead>
<tr>
<th>Name of Other Adviser to private fund</th>
<th>SEC file number</th>
<th>CRD number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORMATION CAPITAL</td>
<td>801-80200</td>
<td>160400</td>
</tr>
</tbody>
</table>

19. Are your clients solicited to invest in the private fund?
   NOTE: For purposes of this question, do not consider feeder funds of the private fund.

20. Approximately what percentage of your clients has invested in the private fund:
   0%

Private Offering

21. Has the private fund ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933?
   Yes

22. If yes, provide the private fund's Form D file number (if any):

<table>
<thead>
<tr>
<th>Form D file number</th>
</tr>
</thead>
<tbody>
<tr>
<td>021-221040</td>
</tr>
</tbody>
</table>

B. SERVICE PROVIDERS

Auditors
23. (a) Are the private fund's financial statements subject to an annual audit?
   (2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP?
   Yes ☐ No ☐

   If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

   No Information Filed

   (g) Are the private fund's audited financial statements for the most recently completed fiscal year distributed to the private fund's investors?
   Yes ☐ No ☐

   (h) Do all of the reports prepared by the auditing firm for the private fund since your last annual updating amendment contain unqualified opinions?
   Yes ☐ No ☐ Report Not Yet Received

   If you check "Report Not Yet Received," you must promptly file an amendment to your Form ADV to update your response when the report is available.

   Prime Broker

24. (a) Does the private fund use one or more prime brokers?
   Yes ☐ No ☐

   If the answer to question 24.(a) is "yes," respond to questions (b) through (e) below for each prime broker the private fund uses. If the private fund uses more than one prime broker, you must complete questions (b) through (e) separately for each prime broker.

   No Information Filed

   Custodian

25. (a) Does the private fund use any custodians (including the prime brokers listed above) to hold some or all of its assets?
   Yes ☐ No ☐

   If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

   Additional Custodian Information : 2 Record(s) Filed.

   If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

   (b) Legal name of custodian:
   CIBC BANCORP USA INC.

   (c) Primary business name of custodian:
   CIBC BANK USA

   (d) The location of the custodian's office responsible for custody of the private fund's assets (city, state and country):
   City: CHICAGO State: Illinois Country: United States

   Yes ☐ No ☐

   (e) Is the custodian a related person of your firm?
   Yes ☐ No ☐

   (f) If the custodian is a broker-dealer, provide its SEC registration number (if any):
   CRD Number (if any):

   (g) 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)

   If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.
If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the private fund uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

(b) Name of administrator:
FORMATION CAPITAL, LLC

(c) Location of administrator (city, state and country):
City: ATLANTA
State: Georgia
Country: United States

(d) Is the administrator a related person of your firm?
Yes No

(e) Does the administrator prepare and send investor account statements to the private fund's investors?
- Yes (provided to all investors)  
- Some (provided to some but not all investors)  
- No (provided to no investors)

(f) If the answer to question 26.(e) is "no" or "some," who sends the investor account statements to the (rest of the) private fund's investors? If investor account statements are not sent to the (rest of the) private fund's investors, respond "not applicable." EACH OF THE MASTER FUND AND THE FEEDER FUNDS USE ONE OF TWO ADMINISTRATORS. BETWEEN THE TWO ADMINISTRATORS, INVESTOR ACCOUNT STATEMENTS ARE SENT TO ALL INVESTORS.

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the private fund uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

(b) Name of administrator:
MAPLES FUND SERVICES (CAYMAN) LIMITED

(c) Location of administrator (city, state and country):
City: GRAND CAYMAN
State: Cayman Islands

(d) Is the administrator a related person of your firm?
Yes No
27. During your last fiscal year, what percentage of the private fund's assets (by value) was valued by a person, such as an administrator, that is not your related person?

100%

Include only those assets where (i) such person carried out the valuation procedure established for that asset, if any, including obtaining any relevant quotes, and (ii) the valuation used for purposes of investor subscriptions, redemptions or distributions, and fee calculations (including allocations) was the valuation determined by such person.

28. (a) Does the private fund use the services of someone other than you or your employees for marketing purposes?

You must answer "yes" whether the person acts as a placement agent, consultant, finder, introducer, municipal advisor or other solicitor, or similar person. If the answer to question 28.(a) is "yes," respond to questions (b) through (g) below for each such marketer the private fund uses. If the private fund uses more than one marketer you must complete questions (b) through (g) separately for each marketer.

No Information Filed

A. PRIVATE FUND

Information About the Private Fund

1. (a) Name of the private fund:
   SAFANAD SENIOR CARE INVESTMENT PARTNERSHIP VI, LP
   (b) Private fund identification number:
   (include the "805-" prefix also)
   805-4259622604

2. Under the laws of what state or country is the private fund organized:
   State: Delaware
   Country: United States

3. (a) Name(s) of General Partner, Manager, Trustee, or Directors (or persons serving in a similar capacity):

   Name of General Partner, Manager, Trustee, or Director
   FC DOMINO GENERAL PARTNER, LLC

(b) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund.

   Filing Adviser/Relying Adviser Name
   SAFANAD SSCP VI MANAGEMENT, LLC

4. The private fund (check all that apply; you must check at least one):
   (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
   (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

5. List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

   No Information Filed

6. (a) Is this a "master fund" in a master-feeder arrangement?

   (b) If yes, what is the name and private fund identification number (if any) of the feeder funds investing in this private fund?

   Name of private fund
   Private fund identification number

   No Information Filed
### Additional Feeder Fund Information: 4 Record(s) Filed.

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

<table>
<thead>
<tr>
<th>Record</th>
<th>Name of the private fund</th>
<th>Private fund identification number</th>
<th>State</th>
<th>Country</th>
<th>Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity)</th>
<th>Filing Adviser/Relying Adviser Name</th>
<th>The private fund</th>
<th>Foreign Financial Regulatory Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SSCIP VI NEWCO INC.</td>
<td>805-5542599488</td>
<td>Delaware</td>
<td>United States</td>
<td>ANDREW TRICKETT, ANDREW VELLANI, DANIEL HAHN, ZIAD DANNAOUI</td>
<td>SAFANAD SSCIP VI MANAGEMENT, LLC</td>
<td>(1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940</td>
<td></td>
</tr>
</tbody>
</table>

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

- Name of the private fund:
  - SSCIP VI NEWCO INC.

- Private fund identification number:
  - 805-5542599488

- Under the laws of what state or country is the private fund organized:
  - State: Delaware
  - Country: United States

- Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):
  - ANDREW TRICKETT
  - ANDREW VELLANI
  - DANIEL HAHN
  - ZIAD DANNAOUI

- The private fund (check all that apply; you must check at least one):
  - (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
  - (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

- List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.
  - No Information Filed
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
   SSCIP VI SPLITTER LLC

(b) Private fund identification number:
   (include the "805-" prefix also)
   805-6570338046

(c) Under the laws of what state or country is the private fund organized:
   State: Delaware
   Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):
   Name of General Partner, Manager, Trustee or Director
   SAFANAD SSCIP VI GP LLC

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:
   Filing Adviser/Relying Adviser Name
   SAFANAD INC.

(e) The private fund (check all that apply; you must check at least one):
   □ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
   ✔ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.
   Name of Country/English Name of Foreign Financial Regulatory Authority
   Cayman Islands - Cayman Islands Monetary Authority
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the **private fund**:
SSCIP VI US FEEDER LP

(b) **Private fund identification number**:
(include the "805-" prefix also)
805-8531601756

(c) **Under the laws of what state or country is the private fund organized**:
State: Delaware
Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD SSCIP VI GP LLC</td>
</tr>
</tbody>
</table>

(d) (2) If filing an **umbrella registration**, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD SSCIP VI MANAGEMENT, LLC</td>
</tr>
</tbody>
</table>

(e) **The private fund** (check all that apply; you must check at least one):

- [ ] (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- [X] (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

No Information Filed

NOTE: For purposes of questions 6 and 7, in a master-feeder arrangement, one or more funds ("feeder funds") invest all or substantially all of their assets in a single fund ("master fund"). A fund would also be a "feeder fund" investing in a "master fund" for purposes of this question if it issued multiple classes (or series) of shares or interests, and each class (or series) invests substantially all of its assets in a single master fund.

8. (a) **Is this private fund a "fund of funds"?**

- [ ] Yes
- [X] No

NOTE: For purposes of this question only, answer "yes" if the fund invests 10 percent or more of its total assets in other pooled investment vehicles, regardless of whether they are also private funds or registered investment companies.

(b) If yes, does the private fund invest in funds managed by you or by a related person?

- [ ] Yes
- [ ] No

9. During your last fiscal year, did the private fund invest in securities issued by investment companies registered under the Investment Company Act of 1940 (other than "money market funds," to the extent provided in Instruction 6.e.)?

- [ ] Yes
- [ ] No

10. **What type of fund is the private fund?**

- [ ] hedge fund
- [ ] liquidity fund
- [ ] private equity fund
- [X] real estate fund
- [ ] securitized asset fund
- [ ] venture capital fund
- [ ] Other private fund:

NOTE: For definitions of these fund types, please see Instruction 6 of the Instructions to Part 1A.

11. **Current gross asset value of the private fund:**

$ 201,856,715

**Ownership**

12. Minimum investment commitment required of an investor in the private fund:

$ 5,000,000
13. Approximate number of the private fund’s beneficial owners:
57

14. What is the approximate percentage of the private fund beneficially owned by you and your related persons:
11%

15. (a) What is the approximate percentage of the private fund beneficially owned (in the aggregate) by funds of funds:
0%

(b) If the private fund qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940, are sales of the fund limited to qualified clients?

Yes No

16. What is the approximate percentage of the private fund beneficially owned by non-United States persons:
38%

Your Advisory Services

17. (a) Are you a subadviser to this private fund?

Yes No

(b) If the answer to question 17.(a) is "yes," provide the name and SEC file number, if any, of the adviser of the private fund. If the answer to question 17.(a) is "no," leave this question blank.

No Information Filed

18. (a) Do any investment advisers (other than the investment advisers listed in Section 7.B.(1).A.3.(b)) advise the private fund?

Yes No

(b) If the answer to question 18.(a) is "yes," provide the name and SEC file number, if any, of the other advisers to the private fund. If the answer to question 18.(a) is "no," leave this question blank.

<table>
<thead>
<tr>
<th>Name of Other Adviser to private fund</th>
<th>SEC file number</th>
<th>CRD number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORMATION CAPITAL</td>
<td>801-80200</td>
<td>160400</td>
</tr>
</tbody>
</table>

19. Are your clients solicited to invest in the private fund?

NOTE: For purposes of this question, do not consider feeder funds of the private fund.

Yes No

20. Approximately what percentage of your clients has invested in the private fund?
0%

Private Offering

21. Has the private fund ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933?

Yes No

22. If yes, provide the private fund’s Form D file number (if any):

<table>
<thead>
<tr>
<th>Form D file number</th>
</tr>
</thead>
<tbody>
<tr>
<td>021-264093</td>
</tr>
</tbody>
</table>

B. SERVICE PROVIDERS

Auditors

23. (a) (1) Are the private fund’s financial statements subject to an annual audit?

Yes No

(2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP?

Yes No

If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

Additional Auditor Information: 2 Record(s) Filed.

If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

(b) Name of the auditing firm:
(c) The location of the auditing firm's office responsible for the private fund's audit (city, state and country):  
City: ATLANTA  
State: Georgia  
Country: United States

Yes No

(d) Is the auditing firm an independent public accountant?  

Yes No

(e) Is the auditing firm registered with the Public Company Accounting Oversight Board?  

Yes No

If yes, Public Company Accounting Oversight Board-Assigned Number: 34

Yes No

(f) If "yes" to (e) above, is the auditing firm subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules?  

Yes No

If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

(b) Name of the auditing firm:  
GRANT THORNTON

Yes No

(c) The location of the auditing firm's office responsible for the private fund's audit (city, state and country):  
City: GRAND CAYMAN  
State:  
Country: Cayman Islands

Yes No

(d) Is the auditing firm an independent public accountant?  

Yes No

(e) Is the auditing firm registered with the Public Company Accounting Oversight Board?  

Yes No

If yes, Public Company Accounting Oversight Board-Assigned Number: 248

Yes No

(f) If "yes" to (e) above, is the auditing firm subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules?  

Yes No

(g) Are the private fund's audited financial statements for the most recently completed fiscal year distributed to the private fund's investors?  

Yes No

(h) Do all of the reports prepared by the auditing firm for the private fund since your last annual updating amendment contain unqualified opinions?  

Yes No  
Report Not Yet Received

If you check "Report Not Yet Received," you must promptly file an amendment to your Form ADV to update your response when the report is available.

Prime Broker

24. (a) Does the private fund use one or more prime brokers?  

Yes No

If the answer to question 24.(a) is "yes," respond to questions (b) through (e) below for each prime broker the private fund uses. If the private fund uses more than one prime broker, you must complete questions (b) through (e) separately for each prime broker.

No Information Filed

Custodian

25. (a) Does the private fund use any custodians (including the prime brokers listed above) to hold some or all of its assets?  

Yes No

If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

Additional Custodian Information : 2 Record(s) Filed.
If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

(b) Legal name of custodian:  
CIBC BANCORP USA INC.

c) Primary business name of custodian:  
CIBC BANK USA

d) The location of the custodian's office responsible for custody of the private fund's assets (city, state and country):  
City: CHICAGO  
State: Illinois  
Country: United States  

(e) Is the custodian a related person of your firm?  
Yes No

(f) If the custodian is a broker-dealer, provide its SEC registration number (if any):  
CRD Number (if any):

g) 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)

If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

(b) Legal name of custodian:  
MAPLESFS LIMITED

c) Primary business name of custodian:  
MAPLESFS LIMITED

d) The location of the custodian's office responsible for custody of the private fund's assets (city, state and country):  
City: GRAND CAYMAN  
State:  
Country: Cayman Islands  

(e) Is the custodian a related person of your firm?  
Yes No

(f) If the custodian is a broker-dealer, provide its SEC registration number (if any):  
CRD Number (if any):

g) 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)

26. (a) Does the private fund use an administrator other than your firm?

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the private fund uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

(b) Name of administrator:  

Additional Administrator Information : 2 Record(s) Filed.
If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the *private fund* uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

(b) Name of administrator:

MAPLES FUND SERVICES (CAYMAN) LIMITED

(c) Location of administrator (city, state and country):

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRAND CAYMAN</td>
<td></td>
<td>Cayman Islands</td>
</tr>
</tbody>
</table>

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

- Yes
- No

(e) Does the administrator prepare and send investor account statements to the *private fund's* investors?

- Yes (provided to all investors)
- Some (provided to some but not all investors)
- No (provided to no investors)

(f) If the answer to question 26.(e) is "no" or "some," who sends the investor account statements to the (rest of the) *private fund's* investors? If investor account statements are not sent to the (rest of the) *private fund's* investors, respond "not applicable."

**EACH OF THE MASTER FUND AND THE FEEDER FUNDS USE ONE OF TWO ADMINISTRATORS. BETWEEN THE TWO ADMINISTRATORS, INVESTOR ACCOUNT STATEMENTS ARE SENT TO ALL INVESTORS.**

---

27. During your last fiscal year, what percentage of the *private fund*’s assets (by value) was valued by a person, such as an administrator, that is not your related person?

- 100%

Include only those assets where (i) such person carried out the valuation procedure established for that asset, if any, including obtaining any relevant quotes, and (ii) the valuation used for purposes of investor subscriptions, redemptions or distributions, and fee calculations (including allocations) was the valuation determined by such person.

---

28. (a) Does the *private fund* use the services of someone other than you or your employees for marketing purposes?

- Yes
- No

You must answer "yes" whether the person acts as a placement agent, consultant, finder, introducer, municipal advisor or other solicitor, or similar person. If the answer to question 28.(a) is "yes," respond to questions (b) through (g) below for each such marketer the *private fund* uses. If the *private fund* uses more than one marketer you must complete questions (b) through (g) separately for each marketer.

---

No Information Filed

---

A. PRIVATE FUND

**Information About the Private Fund**

1. (a) Name of the *private fund*:
2. Under the laws of what state or country is the private fund organized:

State: Delaware
Country: United States

3. (a) Name(s) of General Partner, Manager, Trustee, or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee, or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSHDIP I GP, LLC</td>
</tr>
</tbody>
</table>

(b) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund.

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSHDIP I MANAGEMENT LLC</td>
</tr>
</tbody>
</table>

4. The private fund (check all that apply; you must check at least one):

- ☑ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- ☑ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

5. List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

<table>
<thead>
<tr>
<th>Authority Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Information Filed</td>
</tr>
</tbody>
</table>

6. (a) Is this a "master fund" in a master-feeder arrangement?

(b) If yes, what is the name and private fund identification number (if any) of the feeder funds investing in this private fund?

<table>
<thead>
<tr>
<th>Name of private fund</th>
<th>Private fund identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSHDIP EQUITY I LIMITED</td>
<td>805-7816528249</td>
</tr>
<tr>
<td>SSHDIP EQUITY II LIMITED</td>
<td>805-6267288154</td>
</tr>
<tr>
<td>SSHDIP EQUITY III LIMITED</td>
<td>805-3583479105</td>
</tr>
<tr>
<td>SSHDIP EQUITY IV LIMITED</td>
<td>805-3182482880</td>
</tr>
<tr>
<td>SSHDIP I HOLDINGS, LLC</td>
<td>805-5921691199</td>
</tr>
<tr>
<td>SSHDIP I INVESTORS, LLC</td>
<td>805-8189508516</td>
</tr>
<tr>
<td>SSHDIP I US FEEDER, LP</td>
<td>805-9868458000</td>
</tr>
<tr>
<td>SSHDIP I-1, INC.</td>
<td>805-4063314745</td>
</tr>
<tr>
<td>SSHDIP I-2, INC.</td>
<td>805-4561227650</td>
</tr>
<tr>
<td>SSHDIP I-3, INC.</td>
<td>805-4775952084</td>
</tr>
</tbody>
</table>

(c) Is this a "feeder fund" in a master-feeder arrangement?

(d) If yes, what is the name and private fund identification number (if any) of the master fund in which this private fund invests?

<table>
<thead>
<tr>
<th>Name of private fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSHDIP I MANAGEMENT LLC</td>
</tr>
</tbody>
</table>

Private fund identification number:
(include the "805-" prefix also)

NOTE: You must complete question 6 for each master-feeder arrangement regardless of whether you are filing a single Schedule D, Section 7.B.(1) for the master-feeder arrangement or reporting on the funds separately.

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

Additional Feeder Fund Information : 10 Record(s) Filed.

(a) Name of the private fund:

SSHDIP EQUITY I LIMITED
(b)  Private fund identification number:
(include the "805-" prefix also)
805-7816528249

(c)  Under the laws of what state or country is the private fund organized:
State:  
Country:  Cayman Islands

(d)  (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):
Name of General Partner, Manager, Trustee or Director
ANDREW VELLANI
DANIEL HAHN
ZIAD MOHAMAD HUSSEIN DANNAOUI

(d)  (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:
Filing Adviser/Rellying Adviser Name
SAFANAD MANAGEMENT LIMITED

(e)  The private fund (check all that apply; you must check at least one):
☐  (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
☑  (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f)  List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.
Name of Country/English Name of Foreign Financial Regulatory Authority
Cayman Islands - Cayman Islands Monetary Authority

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a)  Name of the private fund:
SSHDIP EQUITY II LIMITED

(b)  Private fund identification number:
(include the "805-" prefix also)
805-6267288154

(c)  Under the laws of what state or country is the private fund organized:
State:  
Country:  Cayman Islands

(d)  (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):
Name of General Partner, Manager, Trustee or Director
ANDREW VELLANI
DANIEL HAHN
ZIAD MOHAMAD HUSSEIN DANNAOUI

(d)  (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:
Filing Adviser/Rellying Adviser Name
SAFANAD MANAGEMENT LIMITED

(e)  The private fund (check all that apply; you must check at least one):
☐  (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
☑  (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SSHDIP EQUITY III LIMITED

(b) Private fund identification number:
(include the "805-" prefix also)
805-3583479105

(c) Under the laws of what state or country is the private fund organized:
State: Country:
Cayman Islands

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW VELLANI</td>
</tr>
<tr>
<td>DANIEL HAHN</td>
</tr>
<tr>
<td>ZIAD MOHAMAD HUSSEIN DANNAQUI</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

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<tbody>
<tr>
<td>SAFANAD MANAGEMENT LIMITED</td>
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</table>

(e) The private fund (check all that apply; you must check at least one):
- (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

<table>
<thead>
<tr>
<th>Name of Country/English Name of Foreign Financial Regulatory Authority</th>
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<tbody>
<tr>
<td>Cayman Islands - Cayman Islands Monetary Authority</td>
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</table>
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<td>SAFANAD MANAGEMENT LIMITED</td>
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(e) The private fund (check all that apply; you must check at least one):

- [ ] (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- [X] (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

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<tr>
<th>Name of Country/English Name of Foreign Financial Regulatory Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cayman Islands - Cayman Islands Monetary Authority</td>
</tr>
</tbody>
</table>

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:

SSHDIP I HOLDINGS, LLC

(b) Private fund identification number:

(include the "805-" prefix also)

805-5921691199

(c) Under the laws of what state or country is the private fund organized:

State: Delaware
Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSHDIP I GP LLC</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

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<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD INC.</td>
</tr>
</tbody>
</table>

(e) The private fund (check all that apply; you must check at least one):

- [ ] (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- [X] (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

No Information Filed
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:

SSHIDP I US FEEDER, LP

(b) Private fund identification number:

(include the "805-" prefix also)

805-9868458000

(c) Under the laws of what state or country is the private fund organized:

State: Delaware
Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

Name of General Partner, Manager, Trustee or Director

JOHN RUTLEDGE
SAFANAD PATRON INVESTORS 1 LIMITED
VINCENT THADDEUS PICA (II)

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

Filing Adviser/Relying Adviser Name

SAFANAD INC.

(e) The private fund (check all that apply; you must check at least one):

- (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

No Information Filed
(a) Name of the private fund:
SSHDIP I-1, INC.

(b) Private fund identification number:
(include the "805-" prefix also)
805-4063314745

(c) Under the laws of what state or country is the private fund organized:
State: Delaware
Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW VELLANI</td>
</tr>
<tr>
<td>DANIEL HAHN</td>
</tr>
<tr>
<td>VINCENT THADDEUS PICA (II)</td>
</tr>
<tr>
<td>ZIAD DANNAOUI</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD INC.</td>
</tr>
</tbody>
</table>

(e) The private fund (check all that apply; you must check at least one):

- [ ] (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- [ ] (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

| No Information Filed |

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SSHDIP I-2, INC.

(b) Private fund identification number:
(include the "805-" prefix also)
805-4561227650

(c) Under the laws of what state or country is the private fund organized:
State: Delaware
Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW VELLANI</td>
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<td>DANIEL HAHN</td>
</tr>
<tr>
<td>VINCENT THADDEUS PICA (II)</td>
</tr>
<tr>
<td>ZIAD DANNAOUI</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD INC.</td>
</tr>
</tbody>
</table>

(e) The private fund (check all that apply; you must check at least one):
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SSHDIP I-3, INC.

(b) Private fund identification number:
(include the "805-" prefix also)
805-4775952084

(c) Under the laws of what state or country is the private fund organized:
State: Delaware
Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
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<tbody>
<tr>
<td>ANDREW VELLANI</td>
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<td>DANIEL HAHN</td>
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<td>VINCENT THADDEUS PICA (II)</td>
</tr>
<tr>
<td>ZIAD DANNAOUI</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

<table>
<thead>
<tr>
<th>Filing Adviser/Relaying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD INC.</td>
</tr>
</tbody>
</table>

(e) The private fund (check all that apply; you must check at least one):
□ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
☑ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

No Information Filed

NOTE: For purposes of questions 6 and 7, in a master-feeder arrangement, one or more funds ("feeder funds") invest all or substantially all of their assets in a single fund ("master fund"). A fund would also be a "feeder fund" investing in a "master fund" for purposes of this question if it issued multiple classes (or series) of shares or interests, and each class (or series) invests substantially all of its assets in a single master fund.

8. (a) Is this private fund a "fund of funds"?

Yes ☑ No ☐

NOTE: For purposes of this question only, answer "yes" if the fund invests 10 percent or more of its total assets in other pooled investment vehicles, regardless of whether they are also private funds or registered investment companies.

(b) If yes, does the private fund invest in funds managed by you or by a related person?

Yes ☐ No ☑

9. During your last fiscal year, did the private fund invest in securities issued by investment companies registered under the Investment Company Act of 1940 (other than "money market funds," to the extent provided in Instruction 6.e.)?

Yes ☐ No ☑

10. What type of fund is the private fund?

☑ hedge fund ☑ liquidity fund ☑ private equity fund ☑ real estate fund ☑ securitized asset fund ☑ venture capital fund ☐ Other private fund:
11. Current gross asset value of the private fund:
   $ 1,336,816

Ownership

12. Minimum investment commitment required of an investor in the private fund:
   $ 5,000,000
   NOTE: Report the amount routinely required of investors who are not your related persons (even if different from the amount set forth in the organizational documents of the fund).

13. Approximate number of the private fund's beneficial owners:
   11

14. What is the approximate percentage of the private fund beneficially owned by you and your related persons:
   24%

15. (a) What is the approximate percentage of the private fund beneficially owned (in the aggregate) by funds of funds:
   0%
   (b) If the private fund qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940, are sales of the fund limited to qualified clients?

16. What is the approximate percentage of the private fund beneficially owned by non-United States persons:
   100%

Your Advisory Services

17. (a) Are you a subadviser to this private fund?
   (b) If the answer to question 17.(a) is "yes," provide the name and SEC file number, if any, of the adviser of the private fund. If the answer to question 17.(a) is "no," leave this question blank.

   No Information Filed

18. (a) Do any investment advisers (other than the investment advisers listed in Section 7.B.(1).A.(b)) advise the private fund?
   (b) If the answer to question 18.(a) is "yes," provide the name and SEC file number, if any, of the other advisers to the private fund. If the answer to question 18.(a) is "no," leave this question blank.

   No Information Filed

19. Are your clients solicited to invest in the private fund?
   NOTE: For purposes of this question, do not consider feeder funds of the private fund.

20. Approximately what percentage of your clients has invested in the private fund?
   0%

Private Offering

21. Has the private fund ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933?

22. If yes, provide the private fund's Form D file number (if any):

   Form D file number
   021-267492

B. SERVICE PROVIDERS

Auditors

23. (a) (1) Are the private fund's financial statements subject to an annual audit?
   (2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP?
**Additional Auditor Information : 1 Record(s) Filed.**

If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

<table>
<thead>
<tr>
<th>(b) Name of the auditing firm:</th>
<th>GRANT THORNTON</th>
</tr>
</thead>
<tbody>
<tr>
<td>(c) The location of the auditing firm's office responsible for the private fund's audit (city, state and country):</td>
<td>GRAND CAYMAN</td>
</tr>
<tr>
<td></td>
<td>Cayman Islands</td>
</tr>
<tr>
<td>(d) Is the auditing firm an independent public accountant?</td>
<td>Yes</td>
</tr>
<tr>
<td>(e) Is the auditing firm registered with the Public Company Accounting Oversight Board?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, Public Company Accounting Oversight Board-Assigned Number:</td>
<td>248</td>
</tr>
<tr>
<td>(f) If &quot;yes&quot; to (e) above, is the auditing firm subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules?</td>
<td>Yes</td>
</tr>
<tr>
<td>(g) Are the private fund's audited financial statements for the most recently completed fiscal year distributed to the private fund's investors?</td>
<td>Yes</td>
</tr>
<tr>
<td>(h) Do all of the reports prepared by the auditing firm for the private fund since your last annual updating amendment contain unqualified opinions?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If you check "Report Not Yet Received," you must promptly file an amendment to your Form ADV to update your response when the report is available.

**Prime Broker**

24. (a) Does the private fund use one or more prime brokers?

If the answer to question 24.(a) is "yes," respond to questions (b) through (e) below for each prime broker the private fund uses. If the private fund uses more than one prime broker, you must complete questions (b) through (e) separately for each prime broker.

| No Information Filed |

**Custodian**

25. (a) Does the private fund use any custodians (including the prime brokers listed above) to hold some or all of its assets?

If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

**Additional Custodian Information : 1 Record(s) Filed.**

If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

| (b) Legal name of custodian: | MAPLESFS LIMITED |
| (c) Primary business name of custodian: | MAPLESFS LIMITED |
| (d) The location of the custodian's office responsible for custody of the private fund's assets (city, state and country): | GRAND CAYMAN |
| | Cayman Islands |
(e) Is the custodian a related person of your firm?  

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

   CRD Number (if any):  

(g) 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)

26. (a) Does the private fund use an administrator other than your firm?  

   If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the private fund uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

   Additional Administrator Information : 1 Record(s) Filed.

   (b) Name of administrator:  

   MAPLES FUND SERVICES (CAYMAN) LIMITED

   (c) Location of administrator (city, state and country):  

   City: GRAND CAYMAN  
   State:  
   Country: Cayman Islands

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

   (e) Does the administrator prepare and send investor account statements to the private fund’s investors?  

   Yes (provided to all investors)  Some (provided to some but not all investors)  No (provided to no investors)

   (f) If the answer to question 26.(e) is "no" or "some," who sends the investor account statements to the (rest of the) private fund’s investors? If investor account statements are not sent to the (rest of the) private fund’s investors, respond "not applicable."  

   THE APPLICABLE FUND.

27. During your last fiscal year, what percentage of the private fund’s assets (by value) was valued by a person, such as an administrator, that is not your related person?  

   100%  

   Include only those assets where (i) such person carried out the valuation procedure established for that asset, if any, including obtaining any relevant quotes, and (ii) the valuation used for purposes of investor subscriptions, redemptions or distributions, and fee calculations (including allocations) was the valuation determined by such person.

Marketeters

28. (a) Does the private fund use the services of someone other than you or your employees for marketing purposes?  

   You must answer "yes" whether the person acts as a placement agent, consultant, finder, introducer, municipal advisor or other solicitor, or similar person. If the answer to question 28.(a) is "yes," respond to questions (b) through (g) below for each such marketer the private fund uses. If the private fund uses more than one marketer you must complete questions (b) through (g) separately for each marketer.

   No Information Filed
1. (a) Name of the private fund:
   SAFANAD STUDENT HOUSING INVESTMENT PARTNERSHIP I, LP
   
   (b) Private fund identification number:
   (include the "805-" prefix also)
   805-5205548520

2. Under the laws of what state or country is the private fund organized:
   
   State: Delaware  
   Country: United States

3. (a) Name(s) of General Partner, Manager, Trustee, or Directors (or persons serving in a similar capacity):

   **Name of General Partner, Manager, Trustee, or Director**
   
   SSHIP I GP LLC

   (b) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund.

   **Filing Adviser/Relying Adviser Name**
   
   SSHIP I MANAGEMENT LLC

4. The private fund (check all that apply; you must check at least one):

   [ ] (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
   [x] (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

5. List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

   No Information Filed

6. (a) Is this a "master fund" in a master-feeder arrangement?

   (b) If yes, what is the name and private fund identification number (if any) of the feeder funds investing in this private fund?

   **Name of private fund**
   **Private fund identification number**
   
   SSHIP I EQUITY I LIMITED 805-1824586253
   SSHIP I EQUITY II LIMITED 805-7090813386
   SSHIP I EQUITY III LIMITED 805-4743823708
   SSHIP I EQUITY IV LIMITED 805-7766370137
   SSHIP I HOLDINGS , LLC 805-2510247636
   SSHIP I INVESTORS, LLC 805-4374227882
   SSHIP I US FEEDER LP 805-9883411573
   SSHIP I-1, INC. 805-9843310449
   SSHIP I-2, INC. 805-3772120278
   SSHIP I-3, INC. 805-3601304357
   SSHIP I-4, INC. 805-2290486539

   (c) Is this a "feeder fund" in a master-feeder arrangement?

   (d) If yes, what is the name and private fund identification number (if any) of the master fund in which this private fund invests?

   **Name of private fund**
   **Private fund identification number**
   (include the "805-" prefix also)

   NOTE: You must complete question 6 for each master-feeder arrangement regardless of whether you are filing a single Schedule D, Section 7.B.(1) for the master-feeder arrangement or reporting on the funds separately.

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

   **Additional Feeder Fund Information : 11 Record(s) Filed.**
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
   SSHIP I EQUITY I LIMITED

(b) Private fund identification number:
   (include the "805-" prefix also)
   805-1824586253

(c) Under the laws of what state or country is the private fund organized:
   State: 
   Country: 
   Cayman Islands

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW VELLANI</td>
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<tr>
<td>DANIEL HAHN</td>
</tr>
<tr>
<td>ZIAD MOHAMAD HUSSEIN DANNAOUI</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

Filing Adviser/Relying Adviser Name
SAFANAD MANAGEMENT LIMITED

(e) The private fund (check all that apply; you must check at least one):
   (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
   (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

<table>
<thead>
<tr>
<th>Name of Country/English Name of Foreign Financial Regulatory Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cayman Islands - Cayman Islands Monetary Authority</td>
</tr>
</tbody>
</table>
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SSHIP I EQUITY III LIMITED

(b) Private fund identification number:
(include the "805-" prefix also)
805-4743823708

(c) Under the laws of what state or country is the private fund organized:
State: Country:
Cayman Islands

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

Name of General Partner, Manager, Trustee or Director
ANDREW VELLANI
DANIEL HAHN
ZIAD MOHAMAD HUSSEIN DANNAOUI

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

Filing Adviser/Relying Adviser Name
SAFANAD MANAGEMENT LIMITED

(e) The private fund (check all that apply; you must check at least one):

☐ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
☒ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

Name of Country/English Name of Foreign Financial Regulatory Authority
Cayman Islands - Cayman Islands Monetary Authority

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SSHIP I EQUITY IV LIMITED

(b) Private fund identification number:
(include the "805-" prefix also)
805-7766370137

(c) Under the laws of what state or country is the private fund organized:
State: Country:
Cayman Islands
(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW VELLANI</td>
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<td>ZIAD MOHAMAD HUSSEIN DANNAOUI</td>
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<td>SAFANAD MANAGEMENT LIMITED</td>
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(e) The private fund (check all that apply; you must check at least one):

- (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Cayman Islands - Cayman Islands Monetary Authority</td>
</tr>
</tbody>
</table>

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:

SSHIP I HOLDINGS, LLC

(b) Private fund identification number:

(include the "805-" prefix also)

805-2510247636

(c) Under the laws of what state or country is the private fund organized:

<table>
<thead>
<tr>
<th>State:</th>
<th>Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>United States</td>
</tr>
</tbody>
</table>

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
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<th>Name of General Partner, Manager, Trustee or Director</th>
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</thead>
<tbody>
<tr>
<td>SSHIP I GP LLC</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

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<tbody>
<tr>
<td>SAFANAD INC.</td>
</tr>
</tbody>
</table>

(e) The private fund (check all that apply; you must check at least one):

- (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

No Information Filed

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:

SSHIP I INVESTORS, LLC
(b) Private fund identification number:
(include the "805-" prefix also)
805-4374227882

(c) Under the laws of what state or country is the private fund organized:
State: Delaware
Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):
Name of General Partner, Manager, Trustee or Director
JOHN RUTLEDGE
SAFANAD PATRON INVESTORS I LIMITED
VINCENT THADDEUS PICA (II)

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:
Filing Adviser/Relying Adviser Name
SAFANAD INC.

(e) The private fund (check all that apply; you must check at least one):
☒ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
☐ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.
No Information Filed

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:
(a) Name of the private fund:
SSHIP I US FEEDER LP

(b) Private fund identification number:
(include the "805-" prefix also)
805-9883411573

(c) Under the laws of what state or country is the private fund organized:
State: Delaware
Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):
Name of General Partner, Manager, Trustee or Director
SSHIP I GP LLC

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:
Filing Adviser/Relying Adviser Name
SSHIP I MANAGEMENT LLC

(e) The private fund (check all that apply; you must check at least one):
☐ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
☒ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.
No Information Filed
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:

SSHIP I-1, INC.

(b) Private fund identification number:

(include the "805-" prefix also)

805-9843310449

(c) Under the laws of what state or country is the private fund organized:

State: Delaware     Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW VELLANI</td>
</tr>
<tr>
<td>DANIEL HAHN</td>
</tr>
<tr>
<td>VINCENT THADDEUS PICA (II)</td>
</tr>
<tr>
<td>ZIAD DANNAOUI</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD INC.</td>
</tr>
</tbody>
</table>

(e) The private fund (check all that apply; you must check at least one):

- ☐ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- ☒ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

No Information Filed
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SSHIP I-3, INC.

(b) Private fund identification number:
(include the "805-" prefix also)
805-3601304357

(c) Under the laws of what state or country is the private fund organized:
State: Delaware
Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW VELLANI</td>
</tr>
<tr>
<td>DANIEL HAHN</td>
</tr>
<tr>
<td>VINCENT THADDEUS PICA (II)</td>
</tr>
<tr>
<td>ZIAD DANNAOUI</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD INC.</td>
</tr>
</tbody>
</table>

(e) The private fund (check all that apply; you must check at least one):

- (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.
   No Information Filed

---

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SSHIP I-4, INC.

(b) Private fund identification number:
(include the "805-" prefix also)
805-2290486539

(c) Under the laws of what state or country is the private fund organized:
State: Delaware
Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD INC.</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD INC.</td>
</tr>
</tbody>
</table>

(e) The private fund (check all that apply; you must check at least one):

- (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.
   No Information Filed

---
(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

Name of General Partner, Manager, Trustee or Director

ANDREW VELLANI

DANIEL HAHN

VINCENT THADDEUS PICA (II)

ZIAD DANNAOUI

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

Filing Adviser/Relying Adviser Name

SAFANAD INC.

(e) The private fund (check all that apply; you must check at least one):

☐ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940

☑ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

No Information Filed

NOTE: For purposes of questions 6 and 7, in a master-feeder arrangement, one or more funds ("feeder funds") invest all or substantially all of their assets in a single fund ("master fund"). A fund would also be a "feeder fund" investing in a "master fund" for purposes of this question if it issued multiple classes (or series) of shares or interests, and each class (or series) invests substantially all of its assets in a single master fund.

8. (a) Is this private fund a "fund of funds"?

NOTE: For purposes of this question only, answer "yes" if the fund invests 10 percent or more of its total assets in other pooled investment vehicles, regardless of whether they are also private funds or registered investment companies.

(b) If yes, does the private fund invest in funds managed by you or by a related person?

Yes No

9. During your last fiscal year, did the private fund invest in securities issued by investment companies registered under the Investment Company Act of 1940 (other than "money market funds," to the extent provided in Instruction 6.e.)?

Yes No

10. What type of fund is the private fund?

☐ hedge fund ☐ liquidity fund ☐ private equity fund ☐ real estate fund ☐ securitized asset fund ☐ venture capital fund ☐ Other private fund:

NOTE: For definitions of these fund types, please see Instruction 6 of the Instructions to Part 1A.

11. Current gross asset value of the private fund:

$ 21,183,061

Ownership

12. Minimum investment commitment required of an investor in the private fund:

$ 5,000,000

NOTE: Report the amount routinely required of investors who are not your related persons (even if different from the amount set forth in the organizational documents of the fund).

13. Approximate number of the private fund's beneficial owners:

22

14. What is the approximate percentage of the private fund beneficially owned by you and your related persons:

18%

15. (a) What is the approximate percentage of the private fund beneficially owned (in the aggregate) by funds of funds:

0%
16. What is the approximate percentage of the private fund beneficially owned by non-United States persons:
96%

Your Advisory Services

17. (a) Are you a subadviser to this private fund?

(b) If the answer to question 17.(a) is "yes," provide the name and SEC file number, if any, of the adviser of the private fund. If the answer to question 17.(a) is "no," leave this question blank.

No Information Filed

18. (a) Do any investment advisers (other than the investment advisers listed in Section 7.B.(1).A.3.(b)) advise the private fund?

(b) If the answer to question 18.(a) is "yes," provide the name and SEC file number, if any, of the other advisers to the private fund. If the answer to question 18.(a) is "no," leave this question blank.

No Information Filed

19. Are your clients solicited to invest in the private fund?

NOTE: For purposes of this question, do not consider feeder funds of the private fund.

20. Approximately what percentage of your clients has invested in the private fund?
0%

Private Offering

21. Has the private fund ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933?

22. If yes, provide the private fund's Form D file number (if any):

Form D file number
021-267499

B. SERVICE PROVIDERS

Auditors

23. (a) (1) Are the private fund's financial statements subject to an annual audit?

(2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP?

If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

Additional Auditor Information: 1 Record(s) Filed.

If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

(b) Name of the auditing firm:
GRANT THORNTON

(c) The location of the auditing firm's office responsible for the private fund's audit (city, state and country):
City: GRAND CAYMAN
State: Country: Cayman Islands

(d) Is the auditing firm an independent public accountant?

(e) Is the auditing firm registered with the Public Company Accounting Oversight Board?

If yes, Public Company Accounting Oversight Board-Assigned Number:
248
Under the laws of what state or country is the private fund organized:
State: Country: Cayman Islands

(g) Are the private fund's audited financial statements for the most recently completed fiscal year distributed to the private fund's investors?

(h) Do all of the reports prepared by the auditing firm for the private fund since your last annual updating amendment contain unqualified opinions?

If you check "Report Not Yet Received," you must promptly file an amendment to your Form ADV to update your response when the report is available.

Prime Broker

24. (a) Does the private fund use one or more prime brokers?

If the answer to question 24.(a) is "yes," respond to questions (b) through (e) below for each prime broker the private fund uses. If the private fund uses more than one prime broker, you must complete questions (b) through (e) separately for each prime broker.

No Information Filed

Custodian

25. (a) Does the private fund use any custodians (including the prime brokers listed above) to hold some or all of its assets?

If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

Additional Custodian Information : 1 Record(s) Filed.

If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

(b) Legal name of custodian:
MAPLESFS LIMITED

(c) Primary business name of custodian:
MAPLESFS LIMITED

(d) The location of the custodian's office responsible for custody of the private fund's assets (city, state and country):
City: GRAND CAYMAN
State: Country: Cayman Islands

Yes No

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

Yes No

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

- CRD Number (if any):

(g) 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)

Administrator

26. (a) Does the private fund use an administrator other than your firm?

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the private fund uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

Additional Administrator Information : 1 Record(s) Filed.
If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the private fund uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

(b) Name of administrator:
MAPLES FUND SERVICES (CAYMAN) LIMITED

c) Location of administrator (city, state and country):
City: GRAND CAYMAN
State: Country: Cayman Islands

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

Yes No

(e) Does the administrator prepare and send investor account statements to the private fund's investors?

Yes (provided to all investors) ☐ Some (provided to some but not all investors) ☐ No (provided to no investors)

(f) If the answer to question 26.(e) is "no" or "some," who sends the investor account statements to the (rest of the) private fund's investors? If investor account statements are not sent to the (rest of the) private fund's investors, respond "not applicable."

THE APPLICABLE FUND.

27. During your last fiscal year, what percentage of the private fund's assets (by value) was valued by a person, such as an administrator, that is not your related person?

100%

Include only those assets where (i) such person carried out the valuation procedure established for that asset, if any, including obtaining any relevant quotes, and (ii) the valuation used for purposes of investor subscriptions, redemptions or distributions, and fee calculations (including allocations) was the valuation determined by such person.

Marketers

28. (a) Does the private fund use the services of someone other than you or your employees for marketing purposes?

Yes ☐ No ☐

You must answer "yes" whether the person acts as a placement agent, consultant, finder, introducer, municipal advisor or other solicitor, or similar person. If the answer to question 28.(a) is "yes," respond to questions (b) through (g) below for each such marketer the private fund uses. If the private fund uses more than one marketer you must complete questions (b) through (g) separately for each marketer.

No Information Filed

A. PRIVATE FUND

Information About the Private Fund

1. (a) Name of the private fund:
SAFANAD STUDENT HOUSING INVESTMENT PARTNERSHIP II, LP

(b) Private fund identification number:
(Include the "805-" prefix also)
805-5552077848

2. Under the laws of what state or country is the private fund organized:

State: Delaware
Country: United States

3. (a) Name(s) of General Partner, Manager, Trustee, or Directors (or persons serving in a similar capacity):

Name of General Partner, Manager, Trustee, or Director
SSHIP II GP, LLC

(b) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund.

Filing Adviser/Relying Adviser Name
SSHIP II MANAGEMENT LLC

4. The private fund (check all that apply; you must check at least one):

Allocations, valuations, or accounting
For purposes of this question, do not consider feeder funds of the
vehicles, regardless of whether

NOTE: For purposes of this question, do not consider feeder funds of the
vehicles, regardless of whether

Yes ☐ No ☐
5. List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

<table>
<thead>
<tr>
<th>Name of the reporting country</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes No

6. (a) Is this a "master fund" in a master-feeder arrangement?

(b) If yes, what is the name and private fund identification number (if any) of the feeder funds investing in this private fund?

<table>
<thead>
<tr>
<th>Name of private fund</th>
<th>Private fund identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD SSHIP II HOLDCO LIMITED</td>
<td>805-4352669068</td>
</tr>
<tr>
<td>SSHIP II CAYMAN FEEDER, L.P.</td>
<td>805-8115894343</td>
</tr>
<tr>
<td>SSHIP II INVESTORS, LLC</td>
<td>805-7377244746</td>
</tr>
<tr>
<td>SSHIP II-1, INC.</td>
<td>805-6072033393</td>
</tr>
</tbody>
</table>

(c) Is this a "feeder fund" in a master-feeder arrangement?

(d) If yes, what is the name and private fund identification number (if any) of the master fund in which this private fund invests?

   Name of private fund:
   
   Private fund identification number:
   (include the "805-" prefix also)

NOTE: You must complete question 6 for each master-feeder arrangement regardless of whether you are filing a single Schedule D, Section 7.B.(1) for the master-feeder arrangement or reporting on the funds separately.

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

**Additional Feeder Fund Information : 4 Record(s) Filed.**

(a) Name of the private fund:
SAFANAD SSHIP II HOLDCO LIMITED

(b) Private fund identification number:
   (include the "805-" prefix also)
   805-4352669068

(c) Under the laws of what state or country is the private fund organized:
   State: Cayman Islands
   Country: Cayman Islands

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):
   
<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW VELLANI</td>
</tr>
<tr>
<td>DANIEL HAHN</td>
</tr>
<tr>
<td>ZIAD DANNAOUI</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD MANAGEMENT LIMITED</td>
</tr>
</tbody>
</table>

(e) The private fund (check all that apply; you must check at least one):

   - (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
   - (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SSHIP II CAYMAN FEEDER, L.P.

(b) Private fund identification number:
(include the "805-" prefix also)
805-8115894343

(c) Under the laws of what state or country is the private fund organized:
State: Delaware
Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSHIP II GP LIMITED</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD MANAGEMENT LIMITED</td>
</tr>
</tbody>
</table>

(e) The private fund (check all that apply; you must check at least one):
- (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

<table>
<thead>
<tr>
<th>Name of Country/English Name of Foreign Financial Regulatory Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cayman Islands - Cayman Islands Monetary Authority</td>
</tr>
</tbody>
</table>
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:

SSHIP II-1, INC.

(b) Private fund identification number:

(include the "805-" prefix also)

805-607203393

(c) Under the laws of what state or country is the private fund organized:

State: Delaware

Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

Name of General Partner, Manager, Trustee or Director

VINCENT THADDEUS PICA (II)

(e) The private fund (check all that apply; you must check at least one):

(1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940

(2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

No Information Filed

NOTE: For purposes of questions 6 and 7, in a master-feeder arrangement, one or more funds ("feeder funds") invest all or substantially all of their assets in a single fund ("master fund"). A fund would also be a "feeder fund" investing in a "master fund" for purposes of this question if it issued multiple classes (or series) of shares or interests, and each class (or series) invests substantially all of its assets in a single master fund.

8. (a) Is this private fund a "fund of funds"?

NOTE: For purposes of this question only, answer "yes" if the fund invests 10 percent or more of its total assets in other pooled investment vehicles, regardless of whether they are also private funds or registered investment companies.

Yes No

(b) If yes, does the private fund invest in funds managed by you or by a related person?

Yes No

9. During your last fiscal year, did the private fund invest in securities issued by investment companies registered under the Investment Company Act of 1940 (other than "money market funds," to the extent provided in Instruction 6.e.)?

Yes No

10. What type of fund is the private fund?
11. Current gross asset value of the private fund:
   $44,173,666

**Ownership**

12. Minimum investment commitment required of an investor in the private fund:
   $5,000,000
   
   NOTE: Report the amount routinely required of investors who are not your related persons (even if different from the amount set forth in the organizational documents of the fund).

13. Approximate number of the private fund's beneficial owners:
   10

14. What is the approximate percentage of the private fund beneficially owned by you and your related persons:
   62%

15. (a) What is the approximate percentage of the private fund beneficially owned (in the aggregate) by funds of funds:
   0%

   Yes No
   
   (b) If the private fund qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940, are sales of the fund limited to qualified clients?

   Yes No

16. What is the approximate percentage of the private fund beneficially owned by non-United States persons:
   92%

**Your Advisory Services**

17. (a) Are you a subadviser to this private fund?

   Yes No

   (b) If the answer to question 17.(a) is "yes," provide the name and SEC file number, if any, of the adviser of the private fund. If the answer to question 17.(a) is "no," leave this question blank.

   No Information Filed

18. (a) Do any investment advisers (other than the investment advisers listed in Section 7.B.(1).A.3.(b)) advise the private fund?

   Yes No

   (b) If the answer to question 18.(a) is "yes," provide the name and SEC file number, if any, of the other advisers to the private fund. If the answer to question 18.(a) is "no," leave this question blank.

   No Information Filed

19. Are your clients solicited to invest in the private fund?

   NOTE: For purposes of this question, do not consider feeder funds of the private fund.

20. Approximately what percentage of your clients has invested in the private fund?

   0%

**Private Offering**

21. Has the private fund ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933?

   Yes No

22. If yes, provide the private fund's Form D file number (if any):

   Form D file number
   021-304003

B. SERVICE PROVIDERS

**Auditors**

23. (a) (1) Are the private fund's financial statements subject to an annual audit?

   Yes No
(2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP?

If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the *private fund* uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

### Additional Auditor Information: 1 Record(s) Filed.

If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the *private fund* uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

(b) Name of the auditing firm:

**GRANT THORNTON**

(c) The location of the auditing firm’s office responsible for the *private fund*’s audit (city, state and country):

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRAND CAYMAN</td>
<td></td>
<td>Cayman Islands</td>
</tr>
</tbody>
</table>

(d) Is the auditing firm an *independent public accountant*?

Yes ☐ No ☐

(e) Is the auditing firm registered with the Public Company Accounting Oversight Board?

Yes ☐ No ☐

If yes, Public Company Accounting Oversight Board-Assigned Number:

248

(f) If "yes" to (e) above, is the auditing firm subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules?

Yes ☐ No ☐

(g) Are the *private fund*’s audited financial statements for the most recently completed fiscal year distributed to the *private fund*’s investors?

Yes ☐ No ☐ Report Not Yet Received

If you check "Report Not Yet Received," you must promptly file an amendment to your Form ADV to update your response when the report is available.

### Prime Broker

24. (a) Does the *private fund* use one or more prime brokers?

If the answer to question 24.(a) is "yes," respond to questions (b) through (e) below for each prime broker the *private fund* uses. If the *private fund* uses more than one prime broker, you must complete questions (b) through (e) separately for each prime broker.

No Information Filed

### Custodian

25. (a) Does the *private fund* use any custodians (including the prime brokers listed above) to hold some or all of its assets?

If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the *private fund* uses. If the *private fund* uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

### Additional Custodian Information: 1 Record(s) Filed.

If the answer to question 25.(a) is "yes," respond to questions (b) through g) below for each custodian the *private fund* uses. If the *private fund* uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

(b) Legal name of custodian:

**MAPLESFS LIMITED**

(c) Primary business name of custodian:

**MAPLESFS LIMITED**

(d) The location of the custodian’s office responsible for custody of the *private fund*’s assets (city, state and country):
Administrator

26. (a) Does the private fund use an administrator other than your firm?

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the private fund uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

Additional Administrator Information: 1 Record(s) Filed.

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the private fund uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

(b) Name of administrator:
   MAPLES FUND SERVICES (CAYMAN) LIMITED

(c) Location of administrator (city, state and country):
   City: GRAND CAYMAN
   State: Country: Cayman Islands

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

(e) Does the administrator prepare and send investor account statements to the private fund's investors?
   - Yes (provided to all investors)
   - Some (provided to some but not all investors)
   - No (provided to no investors)

(f) If the answer to question 26.(e) is "no" or "some," who sends the investor account statements to the (rest of the) private fund's investors? If investor account statements are not sent to the (rest of the) private fund's investors, respond "not applicable."

   THE APPLICABLE FUND.

27. During your last fiscal year, what percentage of the private fund's assets (by value) was valued by a person, such as an administrator, that is not your related person?

100%

Include only those assets where (i) such person carried out the valuation procedure established for that asset, if any, including obtaining any relevant quotes, and (ii) the valuation used for purposes of investor subscriptions, redemptions or distributions, and fee calculations (including allocations) was the valuation determined by such person.

Marketers

28. (a) Does the private fund use the services of someone other than you or your employees for marketing purposes?

You must answer "yes" whether the person acts as a placement agent, consultant, finder, introducer, municipal advisor or other solicitor, or similar person. If the answer to question 28.(a) is "yes," respond to questions (b) through (g) below for each such marketer the private fund uses. If the private fund uses more than one marketer you must complete questions (b) through (g) separately for each marketer.

No Information Filed

A. PRIVATE FUND
Information About the Private Fund

1. (a) Name of the private fund:
   SAFANAD SUBURBAN OFFICE PARTNERSHIP, LP

   (b) Private fund identification number:
       (include the "805-" prefix also)
       805-5895179445

2. Under the laws of what state or country is the private fund organized:
   State: Delaware
   Country: United States

3. (a) Name(s) of General Partner, Manager, Trustee, or Directors (or persons serving in a similar capacity):

   Name of General Partner, Manager, Trustee, or Director
   SSOP GP, LLC

   (b) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund.

   Filing Adviser/Relying Adviser Name
   SSOP MANAGEMENT LLC

4. The private fund (check all that apply; you must check at least one):
   - [ ] (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
   - [X] (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

5. List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.
   No Information Filed

6. (a) Is this a "master fund" in a master-feeder arrangement?
   (b) If yes, what is the name and private fund identification number (if any) of the feeder funds investing in this private fund?

   Name of private fund | Private fund identification number
   --------------------------------|----------------------------------
   SSOP US FEEDER, LP | 805-8830905196
   SSOP EQUITY I LIMITED | 805-2000449798
   SSOP EQUITY II LIMITED | 805-6297306946
   SSOP EQUITY III LIMITED | 805-1495084656
   SSOP EQUITY IV LIMITED | 805-7852031893
   SSOP HOLDINGS, LLC | 805-9426072710
   SSOP INVESTORS, LLC | 805-8298777781
   SSOP-I, INC. | 805-4709294915
   SSOP-II, INC. | 805-9572658377
   SSOP-III, INC. | 805-8980794029
   SSOP-IV, INC. | 805-9151856214

   (c) Is this a "feeder fund" in a master-feeder arrangement?
   (d) If yes, what is the name and private fund identification number (if any) of the master fund in which this private fund invests?

   Name of private fund:
   Private fund identification number:
       (include the "805-" prefix also)

   NOTE: You must complete question 6 for each master-feeder arrangement regardless of whether you are filing a single Schedule D, Section 7.B.(1) for the master-feeder arrangement or reporting on the funds separately.

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

   Additional Feeder Fund Information : 11 Record(s) Filed.
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the **private fund**:
   SSOP EQUITY I LIMITED

(b) **Private fund** identification number:
   (include the "805-" prefix also)
   805-2000449798

(c) Under the laws of what state or country is the **private fund** organized:
   State: Country:
   Cayman Islands

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW VELLANI</td>
</tr>
<tr>
<td>DANIEL HAHN</td>
</tr>
<tr>
<td>ZIAD MOHAMAD HUSSEIN DANNAOUI</td>
</tr>
</tbody>
</table>

(d) (2) If filing an **umbrella registration**, identify the **filing adviser** and/or **relying adviser(s)** that sponsor(s) or manage(s) this **private fund**:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD MANAGEMENT LIMITED</td>
</tr>
</tbody>
</table>

(e) The **private fund** (check all that apply; you must check at least one):

- [ ] (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- [x] (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each **foreign financial regulatory authority** with which the **private fund** is registered.

<table>
<thead>
<tr>
<th>Name of Country/English Name of Foreign Financial Regulatory Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cayman Islands - Cayman Islands Monetary Authority</td>
</tr>
</tbody>
</table>
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SSOP EQUITY III LIMITED

(b) Private fund identification number:
(include the "805-" prefix also)
805-1495084656

(c) Under the laws of what state or country is the private fund organized:
State: Country:
Cayman Islands

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW VELLANI</td>
</tr>
<tr>
<td>DANIEL HAHN</td>
</tr>
<tr>
<td>ZIAD MOHAMAD HUSSEIN DANNAOUI</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD MANAGEMENT LIMITED</td>
</tr>
</tbody>
</table>

(e) The private fund (check all that apply; you must check at least one):

- (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

<table>
<thead>
<tr>
<th>Name of Country/English Name of Foreign Financial Regulatory Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cayman Islands - Cayman Islands Monetary Authority</td>
</tr>
</tbody>
</table>
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SSOP HOLDINGS, LLC

(b) Private fund identification number:
(include the "805-" prefix also)
805-9426072710

(c) Under the laws of what state or country is the private fund organized:
State: Delaware
Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

Name of General Partner, Manager, Trustee or Director
ANDREW VELLANI
DANIEL HAHN
ZIAD MOHAMAD HUSSEIN DANNAOUI

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

Filing Adviser/Relying Adviser Name
SAFANAD MANAGEMENT LIMITED

(e) The private fund (check all that apply; you must check at least one):

☐ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
☑ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

Name of Country/English Name of Foreign Financial Regulatory Authority
Cayman Islands - Cayman Islands Monetary Authority

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SSOP INVESTORS, LLC
(b) **Private fund** identification number:
(include the "805-" prefix also)
805-8298777781

(c) Under the laws of what state or country is the **private fund** organized:

<table>
<thead>
<tr>
<th>State</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>United States</td>
</tr>
</tbody>
</table>

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN RUTLEDGE</td>
</tr>
<tr>
<td>SAFANAD PATRON INVESTORS LIMITED</td>
</tr>
<tr>
<td>VINCENT THADDEUS PICA (II)</td>
</tr>
</tbody>
</table>

(d) (2) If filing an **umbrella registration**, identify the **filing adviser** and/or **relying adviser(s)** that sponsor(s) or manage(s) this **private fund**:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD INC.</td>
</tr>
</tbody>
</table>

(e) The **private fund** (check all that apply; you must check at least one):

- ☑ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each **foreign financial regulatory authority** with which the **private fund** is registered.

<table>
<thead>
<tr>
<th>Name</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSOP-I, INC.</td>
<td></td>
</tr>
<tr>
<td>SAFANAD MANAGEMENT LIMITED</td>
<td></td>
</tr>
<tr>
<td>ANDREW VELLANI</td>
<td></td>
</tr>
<tr>
<td>VINCENT THADDEUS PICA (II)</td>
<td></td>
</tr>
<tr>
<td>DANIEL HAHN</td>
<td></td>
</tr>
<tr>
<td>Relying Adviser</td>
<td></td>
</tr>
</tbody>
</table>

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the **private fund**:

SSOP US FEEDER, LP

(b) **Private fund** identification number:
(include the "805-" prefix also)
805-8830905196

(c) Under the laws of what state or country is the **private fund** organized:

<table>
<thead>
<tr>
<th>State</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>United States</td>
</tr>
</tbody>
</table>

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
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<tbody>
<tr>
<td>SSOP GP, LLC</td>
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</tbody>
</table>

(d) (2) If filing an **umbrella registration**, identify the **filing adviser** and/or **relying adviser(s)** that sponsor(s) or manage(s) this **private fund**:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSOP MANAGEMENT LLC</td>
</tr>
</tbody>
</table>

(e) The **private fund** (check all that apply; you must check at least one):

- ☑ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each **foreign financial regulatory authority** with which the **private fund** is registered.

<table>
<thead>
<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>SSOP INVESTORS, LLC</td>
<td></td>
</tr>
<tr>
<td>SAFANAD MANAGEMENT LIMITED</td>
<td></td>
</tr>
<tr>
<td>ANDREW VELLANI</td>
<td></td>
</tr>
<tr>
<td>VINCENT THADDEUS PICA (II)</td>
<td></td>
</tr>
<tr>
<td>DANIEL HAHN</td>
<td></td>
</tr>
<tr>
<td>Relying Adviser</td>
<td></td>
</tr>
</tbody>
</table>

No Information Filed
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SSOP-I, INC.

(b) Private fund identification number:
(include the "805-" prefix also)
805-4709294915

(c) Under the laws of what state or country is the private fund organized:
State: Delaware
Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW VELLANI</td>
</tr>
<tr>
<td>DANIEL HAHN</td>
</tr>
<tr>
<td>VINCENT THADDEUS PICA (II)</td>
</tr>
<tr>
<td>ZIAD DANNAOUI</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD INC.</td>
</tr>
</tbody>
</table>

(e) The private fund (check all that apply; you must check at least one):

- ☑ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- ☑ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

No Information Filed

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SSOP-II, INC.

(b) Private fund identification number:
(include the "805-" prefix also)
805-9572658377

(c) Under the laws of what state or country is the private fund organized:
State: Delaware
Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW VELLANI</td>
</tr>
<tr>
<td>DANIEL HAHN</td>
</tr>
<tr>
<td>VINCENT THADDEUS PICA (II)</td>
</tr>
<tr>
<td>ZIAD DANNAOUI</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SSOP-III, INC.

(b) Private fund identification number:
(include the "805-" prefix also)
805-8980794029

(c) Under the laws of what state or country is the private fund organized:
State: Delaware
Country: United States

(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):
- ANDREW VELLANI
- DANIEL HAHN
- VINCENT THADDEUS PICA (II)
- ZIAD DANNAOUI

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:
Filing Adviser/Relying Adviser Name
SAFANAD INC.

(e) The private fund (check all that apply; you must check at least one):
- (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.
No Information Filed

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

(a) Name of the private fund:
SSOP-IV, INC.

(b) Private fund identification number:
(include the "805-" prefix also)
805-9151856214

(c) Under the laws of what state or country is the private fund organized:
State: Delaware
Country: United States
(d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW VELLANI</td>
</tr>
<tr>
<td>DANIEL HAHN</td>
</tr>
<tr>
<td>VINCENT THADDEUS PICA (II)</td>
</tr>
<tr>
<td>ZIAD DANNAOUI</td>
</tr>
</tbody>
</table>

(d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:

<table>
<thead>
<tr>
<th>Filing Adviser/Relying Adviser Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD INC.</td>
</tr>
</tbody>
</table>

(e) The private fund (check all that apply; you must check at least one):

- ☐ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
- ☑ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940

(f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

No Information Filed

NOTE: For purposes of questions 6 and 7, in a master-feeder arrangement, one or more funds ("feeder funds") invest all or substantially all of their assets in a single fund ("master fund"). A fund would also be a "feeder fund" investing in a "master fund" for purposes of this question if it issued multiple classes (or series) of shares or interests, and each class (or series) invests substantially all of its assets in a single master fund.

8. (a) Is this private fund a "fund of funds"?

   Yes ☐ No ☑

   NOTE: For purposes of this question only, answer "yes" if the fund invests 10 percent or more of its total assets in other pooled investment vehicles, regardless of whether they are also private funds or registered investment companies.

   (b) If yes, does the private fund invest in funds managed by you or by a related person?

   Yes ☑ No ☐

9. During your last fiscal year, did the private fund invest in securities issued by investment companies registered under the Investment Company Act of 1940 (other than "money market funds," to the extent provided in Instruction 6.e.)?

   Yes ☐ No ☑

10. What type of fund is the private fund?

    ☐ hedge fund ☐ liquidity fund ☐ private equity fund ☑ real estate fund ☐ securitized asset fund ☐ venture capital fund ☐ Other private fund:

    NOTE: For definitions of these fund types, please see Instruction 6 of the Instructions to Part 1A.

11. Current gross asset value of the private fund:
    $ 81,939,220

Ownership

12. Minimum investment commitment required of an investor in the private fund:
    $ 5,000,000
    NOTE: Report the amount routinely required of investors who are not your related persons (even if different from the amount set forth in the organizational documents of the fund).

13. Approximate number of the private fund's beneficial owners:
    29

14. What is the approximate percentage of the private fund beneficially owned by you and your related persons:
    30%

15. (a) What is the approximate percentage of the private fund beneficially owned (in the aggregate) by funds of funds:
    0%
If the private fund qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940, are sales of the fund limited to qualified clients?

Yes No

16. What is the approximate percentage of the private fund beneficially owned by non-United States persons:

86%

Your Advisory Services

17. (a) Are you a subadviser to this private fund?

(b) If the answer to question 17.(a) is "yes," provide the name and SEC file number, if any, of the adviser of the private fund. If the answer to question 17.(a) is "no," leave this question blank.

No Information Filed

18. (a) Do any investment advisers (other than the investment advisers listed in Section 7.B.(1).A.3.(b)) advise the private fund?

(b) If the answer to question 18.(a) is "yes," provide the name and SEC file number, if any, of the other advisers to the private fund. If the answer to question 18.(a) is "no," leave this question blank.

No Information Filed

19. Are your clients solicited to invest in the private fund?

NOTE: For purposes of this question, do not consider feeder funds of the private fund.

20. Approximately what percentage of your clients has invested in the private fund?

0%

Private Offering

21. Has the private fund ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933?

Yes No

22. If yes, provide the private fund's Form D file number (if any):

Form D file number

021-272737

B. SERVICE PROVIDERS

Auditors

23. (a) (1) Are the private fund's financial statements subject to an annual audit?

(2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP?

If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

Additional Auditor Information : 1 Record(s) Filed.

If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

(b) Name of the auditing firm:

GRANT THORNTON

(c) The location of the auditing firm's office responsible for the private fund's audit (city, state and country):

City: GRAND CAYMAN
State: Country: Cayman Islands

Yes No

(d) Is the auditing firm an independent public accountant?

Yes No

(e) Is the auditing firm registered with the Public Company Accounting Oversight Board?

Yes No

If yes, Public Company Accounting Oversight Board-Assigned Number:

248
If the custodian is a broker-dealer, provide its SEC registration number (if any):

CRD Number (if any):

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the private fund uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

Additional Administrator Information : 1 Record(s) Filed.

If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

Additional Custodian Information : 1 Record(s) Filed.

If the answer to question 24.(a) is "yes," respond to questions (b) through (e) below for each prime broker the private fund uses. If the private fund uses more than one prime broker, you must complete questions (b) through (e) separately for each prime broker.

Prime Broker

Yes No

Custodian

Yes No

Administrator

Yes No
If the custodian is a broker-dealer, provide its SEC registration number (if any): 

- 

CRD Number (if any): 

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) 

Administrator Yes No

26. (a) Does the private fund use an administrator other than your firm? 

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the private fund uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

(b) Name of administrator:
MAPLES FUND SERVICES (CAYMAN) LIMITED

(c) Location of administrator (city, state and country):
City: GRAND CAYMAN
State: Country: Cayman Islands

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

Yes No

(e) Does the administrator prepare and send investor account statements to the private fund's investors?

Yes (provided to all investors) Some (provided to some but not all investors) No (provided to no investors)

(f) If the answer to question 26.(e) is "no" or "some," who sends the investor account statements to the (rest of the) private fund's investors? If investor account statements are not sent to the (rest of the) private fund's investors, respond "not applicable."

THE APPLICABLE FUND.

27. During your last fiscal year, what percentage of the private fund's assets (by value) was valued by a person, such as an administrator, that is not your related person? 

100%

Include only those assets where (i) such person carried out the valuation procedure established for that asset, if any, including obtaining any relevant quotes, and (ii) the valuation used for purposes of investor subscriptions, redemptions or distributions, and fee calculations (including allocations) was the valuation determined by such person.

Marketers

Yes No

28. (a) Does the private fund use the services of someone other than you or your employees for marketing purposes? 

You must answer "yes" whether the person acts as a placement agent, consultant, finder, introducer, municipal advisor or other solicitor, or similar person. If the answer to question 28.(a) is "yes," respond to questions (b) through (g) below for each such marketer the private fund uses. If the private fund uses more than one marketer you must complete questions (b) through (g) separately for each marketer.

No Information Filed

A. PRIVATE FUND

Information About the Private Fund

1. (a) Name of the private fund: SKYFALL, LP 

(b) Private fund identification number: (include the "805-" prefix also) 805-2522246392

2. Under the laws of what state or country is the private fund organized: State: Country: Cayman Islands

3. (a) Name(s) of General Partner, Manager, Trustee, or Directors (or persons serving in a similar capacity):

<table>
<thead>
<tr>
<th>Name of General Partner, Manager, Trustee, or Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>SKYFALL GP LIMITED</td>
</tr>
</tbody>
</table>

(b) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund.

Filing Adviser/Relying Adviser Name

| SAFANAD GOLDENEYE MANAGEMENT LIMITED |
5. List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

<table>
<thead>
<tr>
<th>Name of Country/English Name of Foreign Financial Regulatory Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cayman Islands - Cayman Islands Monetary Authority</td>
</tr>
</tbody>
</table>

6. (a) Is this a "master fund" in a master-feeder arrangement?
   (b) If yes, what is the name and private fund identification number (if any) of the feeder funds investing in this private fund?

<table>
<thead>
<tr>
<th>Name of private fund</th>
<th>Private fund identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD GOLDenEYE II LIMITED</td>
<td>805-8923542938</td>
</tr>
<tr>
<td>SAFANAD GOLDenEYE LIMITED</td>
<td>805-8873166564</td>
</tr>
</tbody>
</table>

(c) Is this a "feeder fund" in a master-feeder arrangement?
(d) If yes, what is the name and private fund identification number (if any) of the master fund in which this private fund invests?

   Name of private fund:
   
   Private fund identification number:
   (include the "805-" prefix also)

NOTE: You must complete question 6 for each master-feeder arrangement regardless of whether you are filing a single Schedule D, Section 7.B.(1) for the master-feeder arrangement or reporting on the funds separately.

7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:

   Additional Feeder Fund Information : 2 Record(s) Filed.

   7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:
   (a) Name of the private fund:
       SAFANAD GOLDenEYE II LIMITED
   (b) Private fund identification number:
       (include the "805-" prefix also)
       805-8923542938
   (c) Under the laws of what state or country is the private fund organized:
       State: Cayman Islands
       Country: Cayman Islands
   (d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):
       SKYFALL GP LIMITED
   (d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:
       Filing Adviser/Relying Adviser Name
       SAFANAD GOLDenEYE MANAGEMENT LIMITED
   (e) The private fund (check all that apply; you must check at least one):
       ☑ (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940
       ☑ (2) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940
   (f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.

<table>
<thead>
<tr>
<th>Name of Country/English Name of Foreign Financial Regulatory Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No</td>
</tr>
<tr>
<td>Cayman Islands - Cayman Islands Monetary Authority</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of private fund</th>
<th>Private fund identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD GOLDenEYE II LIMITED</td>
<td>805-8923542938</td>
</tr>
<tr>
<td>SAFANAD GOLDenEYE LIMITED</td>
<td>805-8873166564</td>
</tr>
</tbody>
</table>

   (c) Is this a "feeder fund" in a master-feeder arrangement?
   (d) If yes, what is the name and private fund identification number (if any) of the master fund in which this private fund invests?

   Name of private fund:
   
   Private fund identification number:
   (include the "805-" prefix also)
7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds answer the following questions:
   (a) Name of the private fund:
       SAFANAD GOLDENEYE LIMITED
   (b) Private fund identification number:
       (include the "805-" prefix also)
       805-8873166564
   (c) Under the laws of what state or country is the private fund organized:
       State: Cayman Islands
       Country: Cayman Islands
   (d) (1) Name(s) of General Partner, Manager, Trustee or Directors (or persons serving in a similar capacity):
       | Name of General Partner, Manager, Trustee or Director |
       |-----------------------------------------------------|
       | ANDREW VELLANI                                    |
       | DANIEL HAHN                                        |
       | SAFANAD GOLDENEYE MANAGEMENT LIMITED               |
       | ZIAD MOHAMAD HUSSEIN DANNAOUI                      |
   (d) (2) If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund:
       Filing Adviser/Relying Adviser Name
       SAFANAD GOLDENEYE MANAGEMENT LIMITED
   (f) List the name and country, in English, of each foreign financial regulatory authority with which the private fund is registered.
       No Information Filed

NOTE: For purposes of questions 6 and 7, in a master-feeder arrangement, one or more funds ("feeder funds") invest all or substantially all of their assets in a single fund ("master fund"). A fund would also be a "feeder fund" investing in a "master fund" for purposes of this question if it issued multiple classes (or series) of shares or interests, and each class (or series) invests substantially all of its assets in a single master fund.

8. (a) Is this private fund a "fund of funds"?
   NOTE: For purposes of this question only, answer "yes" if the fund invests 10 percent or more of its total assets in other pooled investment vehicles, regardless of whether they are also private funds or registered investment companies.
   (b) If yes, does the private fund invest in funds managed by you or by a related person?

9. During your last fiscal year, did the private fund invest in securities issued by investment companies registered under the Investment Company Act of 1940 (other than "money market funds," to the extent provided in Instruction 6.e.)?

10. What type of fund is the private fund?
    - hedge fund
    - liquidity fund
    - private equity fund
    - real estate fund
    - securitized asset fund
    - venture capital fund
    - Other private fund:

    NOTE: For definitions of these fund types, please see Instruction 6 of the Instructions to Part 1A.

11. Current gross asset value of the private fund:
    $ 464,464,316
Ownership

12. Minimum investment commitment required of an investor in the private fund:

$ 2,706,400

NOTE: Report the amount routinely required of investors who are not your related persons (even if different from the amount set forth in the organizational documents of the fund).

13. Approximate number of the private fund's beneficial owners:

70

14. What is the approximate percentage of the private fund beneficially owned by you and your related persons:

14%

15. (a) What is the approximate percentage of the private fund beneficially owned (in the aggregate) by funds of funds:

0%

(b) If the private fund qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940, are sales of the fund limited to qualified clients?

Yes

16. What is the approximate percentage of the private fund beneficially owned by non-United States persons:

100%

Your Advisory Services

17. (a) Are you a subadviser to this private fund?

Yes

(b) If the answer to question 17. (a) is "yes," provide the name and SEC file number, if any, of the adviser of the private fund. If the answer to question 17. (a) is "no," leave this question blank.

No Information Filed

18. (a) Do any investment advisers (other than the investment advisers listed in Section 7.B.(1).A.3.(b)) advise the private fund?

Yes

(b) If the answer to question 18. (a) is "yes," provide the name and SEC file number, if any, of the other advisers to the private fund. If the answer to question 18. (a) is "no," leave this question blank.

<table>
<thead>
<tr>
<th>Name of Other Adviser to private fund</th>
<th>SEC file number</th>
<th>CRD number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORMATION CAPITAL</td>
<td>801-80200</td>
<td>160400</td>
</tr>
</tbody>
</table>

19. Are your clients solicited to invest in the private fund?

Yes

NOTE: For purposes of this question, do not consider feeder funds of the private fund.

20. Approximately what percentage of your clients has invested in the private fund?

0%

Private Offering

21. Has the private fund ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933?

Yes

22. If yes, provide the private fund's Form D file number (if any):

No Information Filed

B. SERVICE PROVIDERS

Auditors

23. (a) (1) Are the private fund's financial statements subject to an annual audit?

Yes

(2) If the answer to question 23. (a) (1) is "yes," are the financial statements prepared in accordance with U.S. GAAP?

Yes

If the answer to question 23. (a) (1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm.

Additional Auditor Information : 1 Record(s) Filed.

If the answer to question 23. (a) (1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one
If the custodian is a broker-dealer, provide its SEC registration number (if any):

CRD Number (if any): 

(g) Are the private fund's audited financial statements for the most recently completed fiscal year distributed to the private fund's investors?

Yes No

(h) Do all of the reports prepared by the auditing firm for the private fund since your last annual updating amendment contain unqualified opinions?

Yes No Report Not Yet Received

If you check "Report Not Yet Received," you must promptly file an amendment to your Form ADV to update your response when the report is available.

Prime Broker

24. (a) Does the private fund use one or more prime brokers?

Yes No

If the answer to question 24.(a) is "yes," respond to questions (b) through (e) below for each prime broker the private fund uses. If the private fund uses more than one prime broker, you must complete questions (b) through (e) separately for each prime broker.

No Information Filed

Custodian

25. (a) Does the private fund use any custodians (including the prime brokers listed above) to hold some or all of its assets?

Yes No

If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

Additional Custodian Information: 1 Record(s) Filed.

If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the private fund uses. If the private fund uses more than one custodian, you must complete questions (b) through (g) separately for each custodian.

(b) Legal name of custodian:

MAPLESFS LIMITED

c) Primary business name of custodian:

MAPLESFS LIMITED

d) The location of the custodian's office responsible for custody of the private fund's assets (city, state and country):

Yes No

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

Yes No

(f) If the custodian is a broker-dealer, provide its SEC registration number (if any):
26. (a) Does the private fund use an administrator other than your firm?

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the private fund uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

**Additional Administrator Information : 2 Record(s) Filed.**

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the private fund uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

(b) Name of administrator:
MAPLES FUND SERVICES (CAYMAN) LIMITED

(c) Location of administrator (city, state and country):
City: GRAND CAYMAN
State: Cayman Islands

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

Yes No

(e) Does the administrator prepare and send investor account statements to the private fund's investors?

Yes (provided to all investors) Some (provided to some but not all investors) No (provided to no investors)

(f) If the answer to question 26.(e) is "no" or "some," who sends the investor account statements to the (rest of the) private fund's investors? If investor account statements are not sent to the (rest of the) private fund's investors, respond "not applicable."

Each of the master fund and the feeder fund use one of two administrators. Between the two administrators, investor account statements are sent to all investors.

If the answer to question 26.(a) is "yes," respond to questions (b) through (f) below. If the private fund uses more than one administrator, you must complete questions (b) through (f) separately for each administrator.

(b) Name of administrator:
NATIONAL WESTMINSTER BANK

(c) Location of administrator (city, state and country):
City: LONDON
State: United Kingdom

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

Yes No

(e) Does the administrator prepare and send investor account statements to the private fund's investors?

Yes (provided to all investors) Some (provided to some but not all investors) No (provided to no investors)

(f) If the answer to question 26.(e) is "no" or "some," who sends the investor account statements to the (rest of the) private fund's investors? If investor account statements are not sent to the (rest of the) private fund's investors, respond "not applicable."

Each of the master fund and the feeder fund use one of two administrators. Between the two administrators, investor account statements are sent to all investors.

27. During your last fiscal year, what percentage of the private fund's assets (by value) was valued by a person, such as an administrator, that is not your related person?
100%
Include only those assets where (i) such person carried out the valuation procedure established for that asset, if any, including obtaining any relevant quotes, and (ii) the valuation used for purposes of investor subscriptions, redemptions or distributions, and fee calculations (including allocations) was the valuation determined by such person.

**Marketers**

28. (a) Does the private fund use the services of someone other than you or your employees for marketing purposes?  
You must answer "yes" whether the person acts as a placement agent, consultant, finder, introducer, municipal advisor or other solicitor, or similar person. If the answer to question 28.(a) is "yes," respond to questions (b) through (g) below for each such marketer the private fund uses. If the private fund uses more than one marketer you must complete questions (b) through (g) separately for each marketer.

**Additional Marketer Information : 1 Record(s) Filed.**

You must answer "yes" whether the person acts as a placement agent, consultant, finder, introducer, municipal advisor or other solicitor, or similar person. If the answer to question 28.(a) is "yes," respond to questions (b) through (g) below for each such marketer the private fund uses. If the private fund uses more than one marketer, you must complete questions (b) through (g) separately for each marketer.

(b) Is the marketer a related person of your firm?

Yes No

(c) Name of the marketer:

EVERCORE GROUP L.L.C.

(d) If the marketer is registered with the SEC, its file number (e.g., 801-, 8-, or 866-):

8 - 49830
and CRD Number (if any):

42405

(e) Location of the marketer's office used principally by the private fund (city, state and country):

City: NEW YORK  
State: New York  
Country: United States

Yes No

(f) Does the marketer market the private fund through one or more websites?

Yes No

(g) If the answer to question 28.(f) is "yes," list the website address(es):

No Information Filed

Funds Per Page: 15  Total Funds: 10

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

No Information Filed

**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)?  
2. buy or sell for yourself securities (other than shares of mutual funds) that you also recommend to advisory clients?
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))?  

**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
### Investment or Brokerage Discretion

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Do you or any related person have discretionary authority to determine:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) securities to be bought or sold for a client's account?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) amount of securities to be bought or sold for a client's account?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) broker or dealer to be used for a purchase or sale of securities for a client's account?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) commission rates to be paid to a broker or dealer for a client's securities transactions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. If you answer &quot;yes&quot; to C.(3) above, are any of the brokers or dealers related persons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Do you or any related person recommend brokers or dealers to clients?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. If you answer &quot;yes&quot; to E. above, are any of the brokers or dealers related persons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 (&quot;soft dollar benefits&quot;) in connection with client securities transactions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) If &quot;yes&quot; to G.(1) above, are all the &quot;soft dollar benefits&quot; you or any related persons receive eligible &quot;research or brokerage services&quot; under section 28(e) of the Securities Exchange Act of 1934?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. (1) Do you or any related person, directly or indirectly, compensate any person that is not an employee for client referrals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(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)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In your response to Item 8.I., do not include the regular salary you pay to an employee.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

### Item 9 Custody

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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. (1) Do you have custody of any advisory clients':</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) cash or bank accounts?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) securities?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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:

<table>
<thead>
<tr>
<th>U.S. Dollar Amount</th>
<th>Total Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,169,789,533</td>
<td>72</td>
</tr>
</tbody>
</table>

*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).*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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':</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) cash or bank accounts?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) securities?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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:

<table>
<thead>
<tr>
<th>U.S. Dollar Amount</th>
<th>Total Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) $1,169,789,533</td>
<td>(b) 72</td>
</tr>
</tbody>
</table>

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:
   10/2021

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?
   5

SECTION 9.C. Independent Public Accountant

You must complete the following information for each independent public accountant engaged to perform a surprise examination, perform an audit of a pooled investment vehicle that you manage, or prepare an internal control report. You must complete a separate Schedule D Section 9.C. for each independent public accountant.

1. Name of the independent public accountant:
   BDO USA, LLP

2. The location of the independent public accountant's office responsible for the services provided:

<table>
<thead>
<tr>
<th>Number and Street 1</th>
<th>Number and Street 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>330 E KILBURN AVENUE, SUITE 950</td>
<td>TWO PLAZA EAST</td>
</tr>
<tr>
<td>City: MILWAUKEE</td>
<td>State: Wisconsin</td>
</tr>
<tr>
<td>Country: United States</td>
<td>ZIP+4/Postal Code: 53202-3143</td>
</tr>
</tbody>
</table>

3. Is the independent public accountant registered with the Public Company Accounting Oversight Board? Yes No
   If "yes," Public Company Accounting Oversight Board-Assigned Number:
   243

4. If "yes" to (3) above, is the independent public accountant subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules? Yes No

5. The independent public accountant is engaged to:
   A. ☑ audit a pooled investment vehicle
   B. ☑ perform a surprise examination of clients' assets
   C. ☑ prepare an internal control report

6. Since your last annual updating amendment, did all of the reports prepared by the independent public accountant that audited the pooled investment vehicle or that examined internal controls contain unqualified opinions? Yes No
If the custodian is a broker-dealer, provide its SEC registration number (if any):

CRD Number (if any):

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

No

Yes

If you or any related persons ever relied on an exemption from registration of its securities under Regulation D of the United States:

Yes

No

What is the approximate percentage of the

During your last fiscal year, what percentage of the

What type of fund is the

An

No

No

No

Is the

Does the

Since your last

What is the approximate percentage of the

What is the approximate percentage of the

A. ☒ audit a pooled investment vehicle
B. ☐ perform a surprise examination of clients’ assets
C. ☐ prepare an internal control report

Additional Administrator Information : 1 Record(s) Filed.

Additional Marketer Information : 1 Record(s) Filed.

If filing an

An

No

No

Number and Street 2:

Number and Street 2:

Number and Street 1:

Number and Street 1:

Number and Street 2:

Number and Street 2:

City:

City:

State:

State:

Country:

Country:

ZIP+4/Postal Code:

ZIP+4/Postal Code:

Yes No

Is the independent public accountant registered with the Public Company Accounting Oversight Board?

If "yes," Public Company Accounting Oversight Board-Assigned Number:

Yes No

If "yes" to (3) above, is the independent public accountant subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules?

If "yes" to (3) above, is the independent public accountant subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules?

A. ☒ audit a pooled investment vehicle
B. ☐ perform a surprise examination of clients’ assets
C. ☐ prepare an internal control report

Yes No

Since your last annual updating amendment, did all of the reports prepared by the independent public accountant that audited the pooled investment vehicle or that examined internal controls contain unqualified opinions?

Yes No

Report Not Yet Received

Report Not Yet Received

Yes No
(1) Name of the independent public accountant:
KPMG

(2) The location of the independent public accountant's office responsible for the services provided:
Number and Street 1: Number and Street 2:
SIX CRICKET SQUARE
City: State: Country: ZIP+4/Postal Code:
GRAND CAYMAN Cayman Islands KY1-1106

(3) Is the independent public accountant registered with the Public Company Accounting Oversight Board?

If "yes," Public Company Accounting Oversight Board-Assigned Number:
185

(4) If "yes" to (3) above, is the independent public accountant subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules?

(5) The independent public accountant is engaged to:
A. [✓] audit a pooled investment vehicle
B. [✓] perform a surprise examination of clients' assets
C. [✓] prepare an internal control report

(6) Since your last annual updating amendment, did all of the reports prepared by the independent public accountant that audited the pooled investment vehicle or that examined internal controls contain unqualified opinions?

Yes No

Report Not Yet Received

If you check "Report Not Yet Received", you must promptly file an amendment to your Form ADV to update your response when the accountant's report is available.

---

(1) Name of the independent public accountant:
GRANT THORNTON

(2) The location of the independent public accountant's office responsible for the services provided:
Number and Street 1: Number and Street 2:
171 ELGIN AVENUE
City: State: Country: ZIP+4/Postal Code:
GRAND CAYMAN Cayman Islands

(3) Is the independent public accountant registered with the Public Company Accounting Oversight Board?

If "yes," Public Company Accounting Oversight Board-Assigned Number:
248

(4) If "yes" to (3) above, is the independent public accountant subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules?

(5) The independent public accountant is engaged to:
A. [✓] audit a pooled investment vehicle
B. [✓] perform a surprise examination of clients' assets
C. [✓] prepare an internal control report

(6) Since your last annual updating amendment, did all of the reports prepared by the independent public accountant that audited the pooled investment vehicle or that examined internal controls contain unqualified opinions?

Yes No

Report Not Yet Received

If you check "Report Not Yet Received", you must promptly file an amendment to your Form ADV to update your response when the accountant's report is available.
If the custodian is a broker-dealer, provide its SEC registration number (if any):
- CRD Number (if any): 6917944

(5) The independent public accountant is engaged to:
A. ☑ audit a pooled investment vehicle
B. ☑ perform a surprise examination of clients’ assets
C. ☑ prepare an internal control report

(6) Since your last annual updating amendment, did all of the reports prepared by the independent public accountant that audited the pooled investment vehicle or that examined internal controls contain unqualified opinions?
- ☑ Yes
- No
- Report Not Yet Received

If you check “Report Not Yet Received”, you must promptly file an amendment to your Form ADV to update your response when the accountant’s report is available.

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

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

A. Does any person not named in Item 1.A. or Schedules A, B, or C, directly or indirectly, control your management or policies?
- ☑ Yes
- No
- Report Not Yet Received

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

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

SECTION 10.A. Control Persons
You must complete a separate Schedule D Section 10.A. for each control person not named in Item 1.A. or Schedules A, B, or C that directly or indirectly controls your management or policies.

Individual Name (if applicable) (Last, First, Middle)
ABU ALNASR, ABDULKAREEM

CRD Number (if any)
6917944
If the custodian is a broker-dealer, provide its SEC registration number (if any):

CRD Number (if any):

If yes, Public Company Accounting Oversight Board-Assigned Number:

Additional Custodian Information: 1 Record(s) Filed.

No Information Filed

SECTION 10.B. Control Person Public Reporting Companies

BAHAMDAN, ABDULLAH, SALEM

CRD Number (if any)
6917937

Effective Date 07/23/2009

Termination Date

MS. LUBNA OLAYAN IS A DIRECTOR OF SAFANAD LIMITED (WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC.).

No Information Filed

SECTION 10.B. Control Person Public Reporting Companies

BAHAMDAN, ABDULLAH, SALEM

CRD Number (if any)
6917937

Effective Date 07/23/2009

Termination Date

MS. LUBNA OLAYAN IS A DIRECTOR OF SAFANAD LIMITED (WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC.).

No Information Filed

SECTION 10.B. Control Person Public Reporting Companies

BAHAMDAN, ABDULLAH, SALEM

CRD Number (if any)
6917937

Effective Date 07/23/2009

Termination Date

MS. LUBNA OLAYAN IS A DIRECTOR OF SAFANAD LIMITED (WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC.).

No Information Filed

SECTION 10.B. Control Person Public Reporting Companies

BAHAMDAN, ABDULLAH, SALEM

CRD Number (if any)
6917937

Effective Date 07/23/2009

Termination Date

MS. LUBNA OLAYAN IS A DIRECTOR OF SAFANAD LIMITED (WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC.).

No Information Filed

SECTION 10.B. Control Person Public Reporting Companies

BAHAMDAN, ABDULLAH, SALEM

CRD Number (if any)
6917937

Effective Date 07/23/2009

Termination Date

MS. LUBNA OLAYAN IS A DIRECTOR OF SAFANAD LIMITED (WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC.).

No Information Filed

SECTION 10.B. Control Person Public Reporting Companies

BAHAMDAN, ABDULLAH, SALEM

CRD Number (if any)
6917937

Effective Date 07/23/2009

Termination Date

MS. LUBNA OLAYAN IS A DIRECTOR OF SAFANAD LIMITED (WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC.).

No Information Filed

SECTION 10.B. Control Person Public Reporting Companies

BAHAMDAN, ABDULLAH, SALEM

CRD Number (if any)
6917937

Effective Date 07/23/2009

Termination Date

MS. LUBNA OLAYAN IS A DIRECTOR OF SAFANAD LIMITED (WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC.).

No Information Filed

SECTION 10.B. Control Person Public Reporting Companies

BAHAMDAN, ABDULLAH, SALEM

CRD Number (if any)
6917937

Effective Date 07/23/2009

Termination Date

MS. LUBNA OLAYAN IS A DIRECTOR OF SAFANAD LIMITED (WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC.).

No Information Filed

SECTION 10.B. Control Person Public Reporting Companies

BAHAMDAN, ABDULLAH, SALEM

CRD Number (if any)
6917937

Effective Date 07/23/2009

Termination Date

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No Information Filed

SECTION 10.B. Control Person Public Reporting Companies

BAHAMDAN, ABDULLAH, SALEM

CRD Number (if any)
6917937

Effective Date 07/23/2009

Termination Date

MS. LUBNA OLAYAN IS A DIRECTOR OF SAFANAD LIMITED (WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC.).

No Information Filed

SECTION 10.B. Control Person Public Reporting Companies

BAHAMDAN, ABDULLAH, SALEM

CRD Number (if any)
6917937

Effective Date 07/23/2009

Termination Date

MS. LUBNA OLAYAN IS A DIRECTOR OF SAFANAD LIMITED (WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC.).

No Information Filed

SECTION 10.B. Control Person Public Reporting Companies

BAHAMDAN, ABDULLAH, SALEM

CRD Number (if any)
6917937

Effective Date 07/23/2009

Termination Date

MS. LUBNA OLAYAN IS A DIRECTOR OF SAFANAD LIMITED (WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC.).

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 one of the questions below. In accordance with General Instruction 5 to Form ADV, "you" and "your" include the filing adviser and all relying advisers under an umbrella registration.

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

If you are submitting an initial application or report, you must complete Schedule A and Schedule B.

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 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?

Yes No

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...
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., 11.D., or 11.E?

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);
   (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:  
   - A - 5% but less than 10%
   - B - 10% but less than 25%
   - C - 25% but less than 50%
   - D - 50% but less than 75%
   - 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.

### FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)

<table>
<thead>
<tr>
<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>FE</td>
<td>SOLE SHAREHOLDER</td>
<td>02/2013</td>
<td>E</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>CHIEF INVESTMENT OFFICER; MEMBER - SAFANAD INVESTMENT COMMITTEE</td>
<td>01/2015</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>2272339</td>
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<tr>
<td>I</td>
<td>MANAGING DIRECTOR, REAL ESTATE</td>
<td>07/2017</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>4833083</td>
</tr>
<tr>
<td>I</td>
<td>MEMBER, SAFANAD INVESTMENT COMMITTEE</td>
<td>01/2017</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>1350735</td>
</tr>
<tr>
<td>I</td>
<td>DIRECTOR</td>
<td>06/2017</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>6774633</td>
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<tr>
<td>I</td>
<td>PARTNER, HEAD OF INVESTMENTS</td>
<td>06/2018</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>7085055</td>
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<tr>
<td>I</td>
<td>MEMBER, SAFANAD INVESTMENT COMMITTEE</td>
<td>01/2017</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>4606482</td>
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<tr>
<td>I</td>
<td>DIRECTOR, CHIEF COMPLIANCE OFFICER, ASSISTANT GENERAL COUNSEL</td>
<td>03/2022</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>3021004</td>
</tr>
<tr>
<td>I</td>
<td>DIRECTOR, CHIEF FINANCIAL OFFICER</td>
<td>03/2022</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>4195676</td>
</tr>
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### Schedule B

**Indirect Owners**

1. Complete Schedule B only if you are submitting an initial application or report. Schedule B asks for information about your indirect owners; you must first complete Schedule A, which asks for information about your direct owners. Use Schedule C to amend this information.

2. Indirect Owners. With respect to each owner listed on Schedule A (except individual owners), list below:

   (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;

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

   (b) in the case of an owner that is a partnership, 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%
   - D - 50% but less than 75%
   - E - 75% or more
   - F - Other (general partner, trustee, or elected manager)

7. (a) In the Control Person column, enter "Yes" if the person has control as defined in the Glossary of Terms to Form ADV, and enter "No" if the person does not have control. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are control persons.

   (b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.

   (c) Complete each column.
Schedule D - Miscellaneous

You may use the space below to explain a response to an Item or to provide any other information. Certain special purpose vehicles wholly-owned by one or more Funds that are feeder funds in a master/feeder fund structure are not listed in Section 7.B.(1) but are included in the reporting for that Section. The Firm utilizes a single Schedule D, Section 7.B. (1) for a master-feeder arrangement for all of its Clients. The term "Employees" as reported herein, includes directly employed individuals of Safanad Inc.; shared employees of other entities under common control with Safanad Inc., and non-executive directors and consultants utilized by Safanad Inc. Formed Capital, LLC ("Formation") is co-adviser to three of the Master Funds reported in Section 7.B.(1) as of December 31, 2021. Formation and Safanad Inc. share investment discretion with respect to those Master Funds. RAUM for Skyfall, LP under Item 7.B.1 uses GBP Year-End 2021 FX Rate of 1.353 in order to convert assets to USD.

Schedule R

SECTION 1 Identifying Information

Responses to this Section tell us who you (the relying adviser) are, where you are doing business, and how we can contact you.

A. Your full legal name:
   SAFANAD MANAGEMENT LIMITED

B. Name under which you primarily conduct your advisory business, if different from Section 1.A. above or Item 1.A. of the filing adviser's Form ADV Part 1A.

C. List any other business names and the jurisdictions in which you use them. Complete this question for each other business name.

   No Information Filed

   You do not have to include the names or jurisdictions of the filing adviser or other relying adviser(s) in response to this Section 1.C.

D. If you currently have, or ever had, a number ("CRD Number") assigned by the FINRA's CRD system or by the IARD system (other than the filing adviser's CRD number), your CRD number:

   293586

   No Information Filed

   If you do not have a CRD number, skip this Section 1.D. Do not provide the CRD number of one of your officers, employees, or affiliates (including the filing adviser).

E. Principal Office and Place of Business

   (1) Address (do not use a P.O. Box):
If the custodian is a broker-dealer, provide its SEC registration number (if any):

- CRD Number (if any):

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

EACH OF THE MASTER FUND AND THE FEEDER FUND USE ONE OF TWO ADMINISTRATORS.

A. Questions for the administrator:

(1) Is the administrator a public reporting company (a company subject to Sections 12 or 15(d) of the Securities Act of 1933)?

- No

(2) Days of week that you normally conduct business at your principal office and place of business:

- Monday - Friday

(3) Telephone number at this location:

9 714 312 9700

(4) Facsimile number at this location, if any:

9 714 312 9777

F. Mailing address, if different from your principal office and place of business address:

- Same as the filing adviser.

G. 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.

H. If you have Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

No Information Filed

SECTION 2 SEC Registration

Responses to this Section help us (and you) determine whether you are eligible to register with the SEC.

A. To be a relying adviser, you must be independently eligible to register (or remain registered) with the SEC. You must check at least one of the Sections 2.A.(1) through 2.A.(8), below. Part 1A Instruction 2 provides information to help you determine whether you may affirmatively respond to each of these items.

You (the relying 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;

    Click HERE for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.

- (3) Reserved

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

- (5) 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;
SECTION 2 SEC Registration

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

- CRD Number (if any):

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

No

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

If this office responsible for the services provided:

Name of administrator:

Are you a subadviser to this funds and securities.

Is the

No

No

Are you a subadviser to this

if any):

Form D file number (if any):

by you.

Termination Date

Is this

1350735

MS. LUBNA OLAYAN IS A DIRECTOR OF SAFANAD LIMITED (WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC.).

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

If you are registered or applying for registration

with the SEC, or if you are reporting as an

required if you are registered or applying for registration

in the case of a trust that directly owns 5% or more of a class of your voting securities,

uses more than one administrator, you

include only those assets where (i) such

Include only those assets where (i) such

The SEC is required by the Regulatory Flexibility Act to consider the effect of its regulations on small entities.

Schedule B asks for information about your indirect owners.

Schedule B asks for information about your indirect owners.

D.

School:

C.

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

3.

The filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule R if, at the time of the annual updating amendment, 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 3 Form of Organization

A. How are you organized?

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

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

Cayman Islands

If you are a partnership, provide the name of the state or country under whose laws your partnership was formed.

SECTION 4.A. Direct Owners and Executive Officers

In this Section 4, we ask you to identify each other person that, directly or indirectly, controls you.

(1) Section 4.A. asks for information about your direct owners and executive officers.

(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, 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 Section 4.A., 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
If the custodian is a broker-dealer, provide its SEC registration number (if any):

CRD Number (if any):

If "yes" to G.(1) above, are all the "soft dollar benefits" you or any related person:

Yes
No

What is the approximate percentage of the compensation that is specifically related to obtaining securities to be bought or sold for a client:

Y
N

Is the marketer a performing similar functions:

Yes
No

Is the

SUITE 2000

United States

No

The

Est

O

$25%

but less than

50%

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.

Do you have any indirect owners to be reported on Section 4.B. below?  

Yes  No

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.

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).

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

(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.

Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

SECTION 4.B. Indirect Owners

(1) Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., which asks for information about your direct owners.

(2) Indirect Owners. With respect to each owner listed in Section 4.A. (except individual owners), list below:

(a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;

For purposes of this Section, 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;

(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) Complete 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)

(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.

Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

**FULL LEGAL NAME**

(Individuals: Last Name, First Name, Middle Name)

<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>DANNAOUI, ZIAD, MOHAMAD HUSSEIN</td>
<td>I</td>
<td>DIRECTOR</td>
<td>05/2017</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>6774633</td>
</tr>
<tr>
<td>HAHN, DANIEL, JAMES</td>
<td>I</td>
<td>DIRECTOR</td>
<td>07/2021</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>5837266</td>
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<tr>
<td>SAFANAD LIMITED</td>
<td>FE</td>
<td>SOLE SHAREHOLDER</td>
<td>07/2009</td>
<td>E</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>VELLANI, HASSANALI ANDREW, SHAMS</td>
<td>I</td>
<td>DIRECTOR</td>
<td>07/2021</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>7374855</td>
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</table>

**SECTION 4.B. Indirect Owners**

(1) Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., which asks for information about your direct owners.

(2) Indirect Owners. With respect to each owner listed in Section 4.A. (except individual owners), list below:

(a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;

For purposes of this Section, 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;

(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) Complete 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)

(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.

Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

**FULL LEGAL NAME**

(Individuals: Last Name, First Name, Middle Name)

<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>
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<tbody>
<tr>
<td>BAHAMDAN INVESTMENT GROUP</td>
<td>FE</td>
<td>SAFANAD LIMITED</td>
<td>SHAREHOLDER</td>
<td>01/2010</td>
<td>C</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>BAHAMDAN, KAMAL, ABDULLAH</td>
<td>I</td>
<td>SAFANAD LIMITED</td>
<td>DIRECTOR AND CEO</td>
<td>06/2009</td>
<td>F</td>
<td>Y</td>
<td>N</td>
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### SECTION 4.C. Control Persons

<table>
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<tr>
<th>Individual Name (if applicable) (Last, First, Middle)</th>
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<td>ABU ALNASR, ABDULKAREEM</td>
<td></td>
<td></td>
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<td>01/18/2015</td>
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<tr>
<th>Business Address:</th>
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<tbody>
<tr>
<td>Number and Street 1</td>
<td>Number and Street 2</td>
</tr>
<tr>
<td>PO BOX 506704</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>DUBAI</td>
<td></td>
</tr>
</tbody>
</table>

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

Briefly describe the nature of the control:

MR. ABDULKAREEM ABU ALNASR IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SAFANAD MANAGEMENT LIMITED.

<table>
<thead>
<tr>
<th>Individual Name (if applicable) (Last, First, Middle)</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>AL OLAYAN, LUBNA, SULIMAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRD Number (if any)</td>
<td>7049129</td>
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<tbody>
<tr>
<td>11/09/2018</td>
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<table>
<thead>
<tr>
<th>Business Address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and Street 1</td>
<td>Number and Street 2</td>
</tr>
<tr>
<td>LEVEL 4, THE GATE (EAST)</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>DUBAI</td>
<td></td>
</tr>
</tbody>
</table>

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

Briefly describe the nature of the control:

MS. LUBNA OLAYAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT OWNER OF SAFANAD INC., WHICH IN TURN, CONTROLS SAFANAD MANAGEMENT LIMITED.

<table>
<thead>
<tr>
<th>Individual Name (if applicable) (Last, First, Middle)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZRACK, JOSEPH, FREDERICK</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CRD Number (if any)
2272339

Effective Date Termination Date
02/26/2017

Business Address:
Number and Street 1 Number and Street 2
500 FIFTH AVE, 38TH FLOOR
City State Country ZIP+4 Postal Code
NEW YORK New York United States 10110

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

Briefly describe the nature of the control:
MR. JOSEPH AZRACK IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT OWNER OF SAFANAD INC., WHICH IN TURN, CONTROLS SAFANAD MANAGEMENT LIMITED.

Individual Name (if applicable) (Last, First, Middle)
BAHAMDAN, ABDULLAH, SALEM

CRD Number (if any)
6917937

Effective Date Termination Date
06/07/2011

Business Address:
Number and Street 1 Number and Street 2
PO BOX 506704
City State Country ZIP+4 Postal Code
DUBAI United Arab Emirates

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

Briefly describe the nature of the control:
MR. ABDULLAH SALEM BAHAMDAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE SOLE-OWNER OF SAFANAD MANAGEMENT LIMITED.

Individual Name (if applicable) (Last, First, Middle)
EDELMAN, MARTIN, LEE

CRD Number (if any)
4606482

Effective Date Termination Date
01/15/2017

Business Address:
Number and Street 1 Number and Street 2
LEVEL 4, THE GATE (EAST)
City State Country ZIP+4 Postal Code
DUBAI United Arab Emirates

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

Briefly describe the nature of the control:
MR. MARTIN EDELMAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT OWNER OF SAFANAD INC., WHICH IN TURN, CONTROLS SAFANAD MANAGEMENT LIMITED.

SECTION 4.D. Control Persons - Public Reporting Companies

No Information Filed
SECTION 1 Identifying Information

Responses to this Section tell us who you (the relying adviser) are, where you are doing business, and how we can contact you.

A. Your full legal name:
SAFANAD GOLDENEYE MANAGEMENT LIMITED

B. Name under which you primarily conduct your advisory business, if different from Section 1.A. above or Item 1.A. of the filing adviser's Form ADV Part 1A.

C. List any other business names and the jurisdictions in which you use them. Complete this question for each other business name.

No Information Filed

You do not have to include the names or jurisdictions of the filing adviser or other relying adviser(s) in response to this Section 1.C.

D. If you currently have, or ever had, a number ("CRD Number") assigned by the FINRA's CRD system or by the IARD system (other than the filing adviser's CRD number), your CRD number:

293665

No Information Filed

If you do not have a CRD number, skip this Section 1.D. Do not provide the CRD number of one of your officers, employees, or affiliates (including the filing adviser).

E. Principal Office and Place of Business

(1) Address (do not use a P.O. Box):

Same as the filing adviser.

Number and Street 1: C/O MAPLES CORPORATE SERVICES LIMITED
City: KY1-1104, GEORGE TOWN, GRAND CAYMAN

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

Number and Street 2: UGLAND HOUSE, BOX 309, SOUTH CHURCH STREET
City: Country: Cayman Islands
ZIP+4/Postal Code:

(2) Days of week that you normally conduct business at your principal office and place of business:
Monday - Friday Other:
Normal business hours at this location:
9 AM TO 6 PM

(3) Telephone number at this location:
9 714 312 9700

(4) Facsimile number at this location, if any:
9 714 312 9777

F. Mailing address, if different from your principal office and place of business address:

Same as the filing adviser.

Number and Street 1: C/O SAFANAD (DUBAI) LIMITED, OFFICE 402
City: DUBAI,

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

Number and Street 2: LEVEL 4, THE GATE (EAST) DIFC, PO BOX 506704
City: Country: United Arab Emirates
ZIP+4/Postal Code:

G. 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.
H. If you have Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

No Information Filed

SECTION 2 SEC Registration

Responses to this Section help us (and you) determine whether you are eligible to register with the SEC.

A. To be a relying adviser, you must be independently eligible to register (or remain registered) with the SEC. You must check at least one of the Sections 2.A.(1) through 2.A.(8), below. Part 1A Instruction 2 provides information to help you determine whether you may affirmatively respond to each of these items.

You (the relying 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;

   Click HERE for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.

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

☐ (5) 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;

☐ (6) 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, you must make both of the representations below:
   ☐ 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.
   ☐ By submitting this Form ADV to the SEC, the filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule R if, on the 120th day after this application for umbrella registration with the SEC becomes effective, I would be prohibited by Section 203(a) of the Advisers Act from registering with the SEC.

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

   If this is your initial filing as a relying adviser, 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.
   ☐ The filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule R if, at the time of the annual updating amendment, 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.

☐ (8) have received an SEC Order exempting you from the prohibition against registration with the SEC. If you check this box, provide the following information:

   Application Number:  803-  Date of Order:

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

SECTION 3 Form of Organization

A. How are you organized?
   ☐ Corporation
   ☐ Sole Proprietorship
   ☐ Limited Liability Partnership (LLP)
**SECTION 4.A. Direct Owners and Executive Officers**

In this Section 4, we ask you to identify each other person that, directly or indirectly, controls you.

1. Section 4.A. asks for information about your direct owners and executive officers.

2. Direct Owners and Executive Officers. List below the names of:
   - each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, director and any other individuals with similar status or functions;
   - 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 Section 4.A., 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.
   - 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;
   - if 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
   - 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 Section 4.B. below? 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.

Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

<table>
<thead>
<tr>
<th>FULL LEGAL NAME</th>
<th>DE/FE/I</th>
<th>Title or Status</th>
<th>Date Title or Status Acquired</th>
<th>Ownership Code</th>
<th>Control Person</th>
<th>PR</th>
<th>CRD No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Individuals: Last Name, First Name, Middle Name)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DANNAOUI, ZIAID, MOHAMAD HUSSEIN</td>
<td>I</td>
<td>DIRECTOR</td>
<td>05/2017</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>6774633</td>
</tr>
<tr>
<td>HAHN, DANIEL, JAMES</td>
<td>I</td>
<td>DIRECTOR</td>
<td>07/2021</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>5837266</td>
</tr>
<tr>
<td>SAFANAD LIMITED</td>
<td>FE</td>
<td>SOLE SHAREHOLDER</td>
<td>08/2014</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VELLANI, HASSANALI ANDREW, SHAMS</td>
<td>I</td>
<td>DIRECTOR</td>
<td>07/2021</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>7374855</td>
</tr>
</tbody>
</table>

**SECTION 4.B. Indirect Owners**

1. Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., which asks for information about your direct owners.

2. Indirect Owners. With respect to each owner listed in Section 4.A. (except individual owners), list below:
   - 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
For purposes of this Section, 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.

(a) 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;

(b) in the case of an owner that is a trust, the trust and each trustee; and

(c) 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). (c) Complete each column.

Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

(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.

If yes, you must complete the information below for each control person not named in Section 1.A., Section 4.A., or Section 4.B. directly or indirectly, control your management or policies. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

<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>CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAHAMDAN INVESTMENT GROUP</td>
<td>FE</td>
<td>SAFANAD LIMITED</td>
<td>SHAREHOLDER</td>
<td>07/2009</td>
<td>C</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>BAHAMDAN, KAMAL, ABDULLAH</td>
<td>I</td>
<td>KB GROUP HOLDINGS LTD.</td>
<td>SHAREHOLDER</td>
<td>06/2006</td>
<td>E</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>BAHAMDAN, KAMAL, ABDULLAH</td>
<td>I</td>
<td>SAFANAD LIMITED</td>
<td>DIRECTOR, CEO</td>
<td>06/2009</td>
<td>F</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>BAHAMDAN, MOHANNAD, ABDULLAH</td>
<td>I</td>
<td>MB HOLDINGS LIMITED</td>
<td>SHAREHOLDER</td>
<td>03/2015</td>
<td>E</td>
<td>Y</td>
<td>7236884</td>
</tr>
<tr>
<td>KB GROUP HOLDINGS LTD.</td>
<td>FE</td>
<td>SAFANAD LIMITED</td>
<td>SHAREHOLDER</td>
<td>06/2009</td>
<td>C</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>KB GROUP HOLDINGS LTD.</td>
<td>FE</td>
<td>BAHAMDAN INVESTMENT GROUP</td>
<td>MEMBER</td>
<td>02/2020</td>
<td>C</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>MB HOLDINGS LIMITED</td>
<td>FE</td>
<td>BAHAMDAN INVESTMENT GROUP</td>
<td>MEMBER</td>
<td>02/2020</td>
<td>C</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**SECTION 4.C. Control Persons**

**C.** Does any person not named in Section 1.A., Section 4.A., or Section 4.B. directly or indirectly, control your management or policies?

Yes ☐ No ☑

If yes, you must complete the information below for each control person not named in Section 1.A., Section 4.A., or Section 4.B. that directly or indirectly controls your management or policies.

**Individual Name (if applicable) (Last, First, Middle)**

ABU ALNASR, ABDULKAREEM

**CRD Number (if any)**

6917944

**Effective Date**

01/18/2015

**Termination Date**

**Business Address:**

Number and Street 1

Number and Street 2
<table>
<thead>
<tr>
<th>Individual Name (if applicable) (Last, First, Middle)</th>
<th>CRD Number (if any)</th>
<th>Effective Date</th>
<th>Termination Date</th>
<th>Business Address:</th>
<th>Number and Street 1</th>
<th>Number and Street 2</th>
<th>City</th>
<th>State</th>
<th>Country</th>
<th>ZIP+4/Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL Olayan, Lubna, Suliman</td>
<td>7049129</td>
<td>11/09/2018</td>
<td></td>
<td>Business Address:</td>
<td>Level 4, The Gate (East)</td>
<td>PO BOX 506704, DIFC</td>
<td>Dubai</td>
<td>United Arab Emirates</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Number and Street 1</td>
<td>PO BOX 506704, DIFC</td>
<td>Dubai</td>
<td>United Arab Emirates</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Briefly describe the nature of the control:</td>
<td>MR. ABDULKAREEM ABU ALNASR IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT OWNER OF SAFANAD INC., WHICH IN TURN, CONTROLS SAFANAD GOLDENEYE MANAGEMENT LIMITED.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Name (if applicable) (Last, First, Middle)</td>
<td>CRD Number (if any)</td>
<td>Effective Date</td>
<td>Termination Date</td>
<td>Business Address:</td>
<td>Number and Street 1</td>
<td>Number and Street 2</td>
<td>City</td>
<td>State</td>
<td>Country</td>
<td>ZIP+4/Postal Code</td>
</tr>
<tr>
<td>AZrack, Joseph, Frederick</td>
<td>2272339</td>
<td>02/26/2017</td>
<td></td>
<td>Business Address:</td>
<td>500 Fifth Ave, 38th Floor</td>
<td></td>
<td>New York</td>
<td>New York</td>
<td>United States</td>
<td>10110</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Briefly describe the nature of the control:</td>
<td>MR. JOSEPH AZRACK IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT OWNER OF SAFANAD INC., WHICH IN TURN, CONTROLS SAFANAD GOLDENEYE MANAGEMENT LIMITED.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Name (if applicable) (Last, First, Middle)</td>
<td>CRD Number (if any)</td>
<td>Effective Date</td>
<td>Termination Date</td>
<td>Business Address:</td>
<td>Number and Street 1</td>
<td>Number and Street 2</td>
<td>City</td>
<td>State</td>
<td>Country</td>
<td>ZIP+4/Postal Code</td>
</tr>
<tr>
<td>BAHAMDAN, Abdullah, Salem</td>
<td>6917937</td>
<td>06/07/2011</td>
<td></td>
<td>Business Address:</td>
<td>PO BOX 506704</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION 1 Identifying Information

Responses to this Section tell us who you (the relying adviser) are, where you are doing business, and how we can contact you.

A. Your full legal name:
   SAFANAD EDUCATION VENTURES MANAGEMENT LIMITED

B. Name under which you primarily conduct your advisory business, if different from Section 1.A. above or Item 1.A. of the filing adviser’s Form ADV Part 1A.

C. List any other business names and the jurisdictions in which you use them. Complete this question for each other business name.
   No Information Filed

   You do not have to include the names or jurisdictions of the filing adviser or other relying adviser(s) in response to this Section 1.C.

D. If you currently have, or ever had, a number ("CRD Number") assigned by the FINRA’s CRD system or by the IARD system (other than the filing adviser’s CRD number), your CRD number:
   293666

   No Information Filed

   If you do not have a CRD number, skip this Section 1.D. Do not provide the CRD number of one of your officers, employees, or affiliates (including the filing adviser).

E. Principal Office and Place of Business

   (1) Address (do not use a P.O. Box):
SECTION 2 SEC Registration

Responses to this Section help us (and you) determine whether you are eligible to register with the SEC.

A. To be a relying adviser, you must be independently eligible to register (or remain registered) with the SEC. You must check at least one of the Sections 2.A.(1) through 2.A.(8), below. Part 1A Instruction 2 provides information to help you determine whether you may affirmatively respond to each of these items.

You (the relying 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;

Click HERE for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.

☐ (3) Reserved

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

☐ (5) 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;
(6) 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, you must make both of the representations below:

- 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.
- By submitting this Form ADV to the SEC, the filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule R if, on the 120th day after this application for umbrella registration with the SEC becomes effective, I would be prohibited by Section 203A(a) of the Advisers Act from registering with the SEC.

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

If this is your initial filing as a relying adviser, 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.
- The filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule R if, at the time of the annual updating amendment, 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.

(8) have received an SEC Order exempting you from the prohibition against registration with the SEC. If you check this box, provide the following information:

- Application Number: 803-
- Date of Order:

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

SECTION 3 Form of Organization

A. How are you organized?

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

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
Cayman Islands

If you are a partnership, provide the name of the state or country under whose laws your partnership was formed.

SECTION 4.A. Direct Owners and Executive Officers

In this Section 4, we ask you to identify each other person that, directly or indirectly, controls you.

(1) Section 4.A. asks for information about your direct owners and executive officers.

(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, 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 Section 4.A., 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 control of a class of your voting securities, the name of the individual trustee who is the spouse, brother-in-law, sister-in-law, father-in-law, mother-in-law, male or female stepparent, male or female steppgrandparent, male or female steppgrandchild, or child of such individual, whose name appears on the trust's schedule of beneficiaries or in the trust agreement.
Section 4.A. asks for information about your direct owners and executive officers.

<table>
<thead>
<tr>
<th>FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)</th>
<th>DE/FE/I 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>JIAD, ZIAD, MOHAMAD HUSSEIN</td>
<td>DIRECTOR</td>
<td>05/2017</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>6774633</td>
</tr>
<tr>
<td>HAHN, DANIEL, JAMES</td>
<td>DIRECTOR</td>
<td>05/2021</td>
<td>NA</td>
<td>Y</td>
<td>N</td>
<td>5837266</td>
</tr>
<tr>
<td>SAFANAD LIMITED</td>
<td>SOLE SHAREHOLDER</td>
<td>02/2014</td>
<td>E</td>
<td>Y</td>
<td>N</td>
<td>7374855</td>
</tr>
</tbody>
</table>

Section 4.B. Indirect Owners

1. Indirect Owners. With respect to each owner listed in Section 4.A. (except individual owners), list below:

   (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;

   For purposes of this Section, 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 special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital; and

   (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 an LLC, (i) those shareholders 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.

2. 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.

3. 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.

4. 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).

5. 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)

6. 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.

7. In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.

8. Complete each column.

Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.
<table>
<thead>
<tr>
<th>Name</th>
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<th>Company</th>
<th>Position</th>
<th>Date</th>
<th>Ownership Code</th>
<th>Registration No.</th>
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<tr>
<td>BAHAMDAN, KAMAL, ABDULLAH</td>
<td>I</td>
<td>SAFANAD LIMITED</td>
<td>DIRECTOR, CEO</td>
<td>06/2009</td>
<td>F</td>
<td>6363365</td>
</tr>
<tr>
<td>BAHAMDAN, MOHANNAD, ABDULLAH</td>
<td>I</td>
<td>MB HOLDINGS LIMITED</td>
<td>SOLE SHAREHOLDER</td>
<td>03/2015</td>
<td>E</td>
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<tr>
<td>KB GROUP HOLDINGS LTD.</td>
<td>FE</td>
<td>SAFANAD LIMITED</td>
<td>SHAREHOLDER</td>
<td>06/2009</td>
<td>C</td>
<td>N</td>
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<tr>
<td>KB GROUP HOLDINGS LTD.</td>
<td>FE</td>
<td>BAHAMDAN INVESTMENT GROUP</td>
<td>MEMBER</td>
<td>02/2020</td>
<td>C</td>
<td>Y N</td>
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<tr>
<td>MB HOLDINGS LIMITED</td>
<td>FE</td>
<td>BAHAMDAN INVESTMENT GROUP</td>
<td>MEMBER</td>
<td>02/2020</td>
<td>C</td>
<td>Y N</td>
</tr>
</tbody>
</table>

**SECTION 4.C. Control Persons**

C. Does any person not named in Section 1.A., Section 4.A., or Section 4.B. directly or indirectly, control your management or policies?

- Yes ☐
- No ☐

If yes, you must complete the information below for each control person not named in Section 1.A., Section 4.A., or Section 4.B. that directly or indirectly controls your management or policies.

**Individual Name (if applicable) (Last, First, Middle)**

ABU ALNASR, ABDULKAREEM

<table>
<thead>
<tr>
<th>CRD Number (if any)</th>
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<th>Termination Date</th>
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<td>6917944</td>
<td>01/18/2015</td>
<td></td>
</tr>
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**Business Address:**

- **Number and Street 1**: PO BOX 506704
- **City**: DUBAI
- **State**: United Arab Emirates
- **Country**: United Arab Emirates

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

**Briefly describe the nature of the control:**

MR. ABDULKAREEM ABU ALNASR IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT OWNER OF SAFANAD INC., WHICH IN TURN, CONTROLS SAFANAD EDUCATION VENTURES MANAGEMENT LIMITED.

**Individual Name (if applicable) (Last, First, Middle)**

AL OLAYAN, LUBNA, SULIMAN

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**Business Address:**

- **Number and Street 1**: LEVEL 4, THE GATE (EAST)
- **Number and Street 2**: PO BOX 506704, DIPC
- **City**: DUBAI
- **State**: United Arab Emirates
- **Country**: United Arab Emirates

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

**Briefly describe the nature of the control:**

MS. LUBNA OLAYAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT OWNER OF SAFANAD INC., WHICH IN TURN, CONTROLS SAFANAD EDUCATION VENTURES MANAGEMENT LIMITED.

**Individual Name (if applicable) (Last, First, Middle)**

AZRACK, JOSEPH, FREDERICK

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<tr>
<th>CRD Number (if any)</th>
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<th>Termination Date</th>
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</table>

**Business Address:**

- **Number and Street 1**: CAYMAN ISLANDS
- **City**: DUBAI
- **State**: United Arab Emirates
- **Country**: United Arab Emirates

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

**Briefly describe the nature of the control:**

MR. JOSEPH AZRACK IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT OWNER OF SAFANAD INC., WHICH IN TURN, CONTROLS SAFANAD EDUCATION VENTURES MANAGEMENT LIMITED.


**CRD Number (if any)**
2272339

**Effective Date**
02/26/2017

**Termination Date**

**Business Address:**

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<td>500 FIFTH AVE, 38TH FLOOR</td>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Country</th>
<th>ZIP+4/Postal Code</th>
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<tr>
<td>NEW YORK</td>
<td>New York</td>
<td>United States</td>
<td>10110</td>
</tr>
</tbody>
</table>

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

**Briefly describe the nature of the control:**

MR. JOSEPH AZRACK IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT OWNER OF SAFANAD INC., WHICH IN TURN, CONTROLS SAFANAD EDUCATION VENTURES MANAGEMENT LIMITED.

**Individual Name (if applicable) (Last, First, Middle)**

BAHAMDAN, ABDULLAH, SALEM

**CRD Number (if any)**
6917937

**Effective Date**
06/07/2011

**Termination Date**

**Business Address:**

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<th>ZIP+4/Postal Code</th>
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<tr>
<td>DUBAI</td>
<td>United Arab Emirates</td>
<td>United Arab Emirates</td>
<td></td>
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</tbody>
</table>

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

**Briefly describe the nature of the control:**

MR. ABDULLAH SALEM BAHAMDAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE SOLE-OWNER OF SAFANAD EDUCATION VENTURES MANAGEMENT LIMITED.

**Individual Name (if applicable) (Last, First, Middle)**

EDELMAN, MARTIN, LEE

**CRD Number (if any)**
4606482

**Effective Date**
01/05/2017

**Termination Date**

**Business Address:**

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<td>United Arab Emirates</td>
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If this address is a private residence, check this box: 

**Briefly describe the nature of the control:**

MR. MARTIN EDELMAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SAFANAD EDUCATION VENTURES MANAGEMENT LIMITED.

**SECTION 4.D. Control Persons - Public Reporting Companies**

No Information Filed
SECTION 1 Identifying Information

Responses to this Section tell us who you (the relying adviser) are, where you are doing business, and how we can contact you.

A. Your full legal name:
   SSOP MANAGEMENT LLC

B. Name under which you primarily conduct your advisory business, if different from Section 1.A. above or Item 1.A. of the filing adviser’s Form ADV Part 1A.

C. List any other business names and the jurisdictions in which you use them. Complete this question for each other business name.
   No Information Filed

You do not have to include the names or jurisdictions of the filing adviser or other relying adviser(s) in response to this Section 1.C.

D. If you currently have, or ever had, a number (“CRD Number”) assigned by the FINRA’s CRD system or by the IARD system (other than the filing adviser’s CRD number), your CRD number:
   293673

   No Information Filed

   If you do not have a CRD number, skip this Section 1.D. Do not provide the CRD number of one of your officers, employees, or affiliates (including the filing adviser).

E. Principal Office and Place of Business

   (1) Address (do not use a P.O. Box):
      ☑ Same as the filing adviser.

      Number and Street 1: Number and Street 2:
      505 5TH AVENUE 24TH FLOOR
      City: State: Country: ZIP+4/Postal Code:
      NEW YORK New York United States 10017-4902

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

   (2) Days of week that you normally conduct business at your principal office and place of business:
      ☑ Monday - Friday ☐ Other:
      Normal business hours at this location:
      9 AM TO 6 PM

   (3) Telephone number at this location:
      212 468 5600

   (4) Facsimile number at this location, if any:
      212 468 5649

F. Mailing address, if different from your principal office and place of business address:

      ☑ Same as the filing adviser.

      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: ☐

G. 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 2 SEC Registration

Responses to this Section help us (and you) determine whether you are eligible to register with the SEC.

A. To be a relying adviser, you must be independently eligible to register (or remain registered) with the SEC. You must check at least one of the Sections 2.A.(1) through 2.A.(8), below. Part 1A Instruction 2 provides information to help you determine whether you may affirmatively respond to each of these items.

You (the relying 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;

  Click HERE for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.

☐ (3) Reserved

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

☐ (5) 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;

☐ (6) 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, you must make both of the representations below:

☐ 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.

☐ By submitting this Form ADV to the SEC, the filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule R if, on the 120th day after this application for umbrella registration with the SEC becomes effective, I would be prohibited by Section 203A(a) of the Advisers Act from registering with the SEC.

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

If this is your initial filing as a relying adviser, 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.

☐ The filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule R if, at the time of the annual updating amendment, 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.

☐ (8) have received an SEC Order exempting you from the prohibition against registration with the SEC. If you check this box, provide the following information:

  Application Number: 803- Date of Order:

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

SECTION 3 Form of Organization

A. How are you organized?

☐ Corporation

☐ Sole Proprietorship

☐ Limited Liability Partnership (LLP)

☐ Partnership

☐ Other (please specify)
SECTION 4.A. Direct Owners and Executive Officers

In this Section 4, we ask you to identify each other person that, directly or indirectly, controls you.

1. Section 4.A. asks for information about your direct owners and executive officers.

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, 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 Section 4.A., 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 Section 4.B. below?  ☑ 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.

Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)  DE/FE/I Title or Status  Date Title or Status Acquired  Ownership Code  Control Person  PR CRD No.  If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.

SAFANAD INC.  DE  SOLE SHAREHOLDER  08/2016  E  Y  N  170969

SECTION 4.B. Indirect Owners

(1) Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., which asks for information about your direct owners.

(2) Indirect Owners. With respect to each owner listed in Section 4.A. (except individual owners), list below:
   (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;

      For purposes of this Section, 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, 5% or more of your capital;
Control Persons

<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>CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.</th>
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<tr>
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<td>FE</td>
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<td>07/2009</td>
<td>C</td>
<td>Y</td>
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<tr>
<td>BAHAMDAN, KAMAL, ABDULLAH</td>
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<td>E</td>
<td>Y</td>
<td>N 6363365</td>
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<tr>
<td>BAHAMDAN, KAMAL, ABDULLAH</td>
<td>I</td>
<td>SAFANAD LIMITED</td>
<td>DIRECTOR, CEO</td>
<td>06/2009</td>
<td>F</td>
<td>Y</td>
<td>N 6363365</td>
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<tr>
<td>BAHAMDAN, MOHANNAD, ABDULLAH</td>
<td>I</td>
<td>MB HOLDINGS LIMITED</td>
<td>SOLE SHAREHOLDER</td>
<td>03/2015</td>
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<td>FE</td>
<td>BAHAMDAN INVESTMENT GROUP</td>
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<td>C</td>
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<td>MEMBER</td>
<td>02/2020</td>
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<td>02/2013</td>
<td>F</td>
<td>Y</td>
<td>N</td>
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SECTION 4.C. Control Persons

C. Does any person not named in Section 1.A., Section 4.A., or Section 4.B. directly or indirectly, control your management or policies?

Yes ☐ No ☑

If yes, you must complete the information below for each control person not named in Section 1.A., Section 4.A., or Section 4.B. that directly or indirectly controls your management or policies.

Individual Name (if applicable) (Last, First, Middle)
ABU ALNASR, ABDULKAREEM

CRD Number (if any)
6917944

Effective Date
01/18/2015

Termination Date

Business Address:
Number and Street 1
LEVEL 4, THE GATE (EAST)
City
DUBAI
State
Country
United Arab Emirates

Number and Street 2
PO BOX 506704, DIFC
ZIP+4/Postal Code
### Section 4.D.

**Individual Name (if applicable) (Last, First, Middle)**

**AL OLAYAN, LUBNA, SULIMAN**

**CRD Number (if any)**

7049129

#### Business Address:

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<th>Number and Street 2</th>
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<tbody>
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<td>LEVEL 4, THE GATE (EAST)</td>
<td>PO BOX 506704, DIFC</td>
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<table>
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<th>City</th>
<th>State</th>
<th>Country</th>
<th>ZIP+4/Postal Code</th>
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<tbody>
<tr>
<td>DUBAI</td>
<td>United Arab Emirates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Briefly describe the nature of the control:**

MR. ABDULKAREEM ABU ALNASR IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SSOP MANAGEMENT LLC.

---

**Individual Name (if applicable) (Last, First, Middle)**

**AZRACK, JOSEPH, FREDERICK**

**CRD Number (if any)**

2272339

#### Business Address:

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<th>Number and Street 2</th>
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<td>500 FIFTH AVE, 38TH FLOOR</td>
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<tr>
<td>NEW YORK</td>
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<td>United States</td>
<td>10110</td>
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</table>

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

**Briefly describe the nature of the control:**

MR. JOSEPH AZRACK IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SSOP MANAGEMENT LLC.

---

**Individual Name (if applicable) (Last, First, Middle)**

**BAHAMDAN, ABDULLAH, SALEM**

**CRD Number (if any)**

6917937

#### Business Address:

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<tr>
<th>Number and Street 1</th>
<th>Number and Street 2</th>
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<tr>
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<td>DUBAI</td>
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<td></td>
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</table>

If this address is a private residence, check this box: [ ]
Briefly describe the nature of the control:
MR. ABDULLAH SALEM BAHAMDAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IS THE SOLE SHAREHOLDER OF SSOP MANAGEMENT LLC.

### Individual Name (if applicable) (Last, First, Middle)
**CLEAVER, RICHARD, ELLIOT**

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<td>Termination Date</td>
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**Business Address:**

| Number and Street 1       | 505 FIFTH AVE |
|                          |              |
| City                      | NEW YORK     |
| State                     | New York     |
| Country                   | United States|
| ZIP+4/Postal Code         | 10017        |

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

Briefly describe the nature of the control:
MR. RICHARD CLEAVER IS A DIRECTOR OF SAFANAD INC, WHICH THE SOLE SHAREHOLDER OF AND CONTROLS SSOP MANAGEMENT LLC.

### Individual Name (if applicable) (Last, First, Middle)
**DAILEY, SEAN, MICHAEL**

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</table>

**Business Address:**

| Number and Street 1       | 505 FIFTH AVE |
|                          |              |
| City                      | NEW YORK     |
| State                     | New York     |
| Country                   | United States|
| ZIP+4/Postal Code         | 10017        |

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

Briefly describe the nature of the control:
MR. SEAN DAILEY IS A DIRECTOR OF SAFANAD INC, WHICH THE SOLE SHAREHOLDER OF AND CONTROLS SSOP MANAGEMENT LLC.

### Individual Name (if applicable) (Last, First, Middle)
**DANNAOUI, ZIAD, MOHAMAD HUSSEIN**

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**Business Address:**

| Number and Street 1       | PO BOX 506704 |
|                          |              |
| City                      | DUBAI        |
| State                     | United Arab Emirates |
| Country                   |              |
| ZIP+4/Postal Code         |              |

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

Briefly describe the nature of the control:
MR. ZIAD DANNAOUI IS A DIRECTOR OF SAFANAD INC., WHICH IS THE SOLE SHAREHOLDER OF SSOP MANAGEMENT LLC.
Individual Name (if applicable) (Last, First, Middle)
EDELMAN, MARTIN, LEE

CRD Number (if any)
4606482

Effective Date Termination Date
01/05/2017

Business Address:
Number and Street 1 Number and Street 2
LEVEL 4, THE GATE (EAST) PO BOX 506704, DIFC
City State Country ZIP+4/Postal Code
DUBAI United Arab Emirates

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

Briefly describe the nature of the control:
MR. MARTIN EDELMAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SSOP MANAGEMENT LLC.

SECTION 4.D. Control Persons - Public Reporting Companies
No Information Filed

SECTION 1 Identifying Information
Responses to this Section tell us who you (the relying adviser) are, where you are doing business, and how we can contact you.

A. Your full legal name:
SAFANAD SENIOR CARE II MANAGEMENT, LLC

B. Name under which you primarily conduct your advisory business, if different from Section 1.A. above or Item 1.A. of the filing adviser’s Form ADV Part 1A.

C. List any other business names and the jurisdictions in which you use them. Complete this question for each other business name.
No Information Filed

You do not have to include the names or jurisdictions of the filing adviser or other relying adviser(s) in response to this Section 1.C.

D. If you currently have, or ever had, a number ("CRD Number") assigned by the FINRA’s CRD system or by the IARD system (other than the filing adviser’s CRD number), your CRD number:
293685
No Information Filed

If you do not have a CRD number, skip this Section 1.D. Do not provide the CRD number of one of your officers, employees, or affiliates (including the filing adviser).

E. Principal Office and Place of Business

(1) Address (do not use a P.O. Box):

☑ Same as the filing adviser.

Number and Street 1: Number and Street 2:
505 5TH AVENUE 24TH FLOOR
City: State: Country: ZIP+4/Postal Code:
NEW YORK New York United States 10017-4902

If this address is a private residence, check this box: [ ]
(2) Days of week that you normally conduct business at your principal office and place of business:
   ☑ Monday - Friday ☐ Other:
   Normal business hours at this location:
   9 AM TO 6 PM

(3) Telephone number at this location:
   212 468 5600

(4) Facsimile number at this location, if any:
   212 468 5649

F. Mailing address, if different from your principal office and place of business address:

☐ Same as the filing adviser.

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: ☐

G. 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.

H. If you have Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

   No Information Filed

SECTION 2 SEC Registration

Responses to this Section help us (and you) determine whether you are eligible to register with the SEC.

A. To be a relying adviser, you must be independently eligible to register (or remain registered) with the SEC. You must check at least one of the Sections 2.A.(1) through 2.A.(8), below. Part 1A Instruction 2 provides information to help you determine whether you may affirmatively respond to each of these items.

You (the relying 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;

      Click HERE for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.

☐ (3) Reserved

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

☐ (5) 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;

☐ (6) 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, you must make both of the representations below:

   ☐ 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.

   ☐ By submitting this Form ADV to the SEC, the filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule K if, on the 120th day after this application for umbrella registration with the SEC becomes effective, I would be prohibited by Section 203A(a) of the Advisers Act from registering with the SEC.

☐ (7) are a multi-state adviser that is required to register in 15 or more states and is relying on rule 203A-2(d);
If this is your initial filing as a relying adviser, 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.

- The filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule R if, at the time of the annual updating amendment, 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.

(8) have received an SEC Order exempting you from the prohibition against registration with the SEC. If you check this box, provide the following information:

Application Number: 803- Date of Order:

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

SECTION 3 Form of Organization

A. How are you organized?

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

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.

SECTION 4.A. Direct Owners and Executive Officers

In this Section 4, we ask you to identify each other person that, directly or indirectly, controls you.

(1) Section 4.A. asks for information about your direct owners and executive officers.

(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, 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 Section 4.A., 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 Section 4.B. below? 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%
(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.

Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

### FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name) | DE/FE/I | Title or Status | Date Title or Status Acquired MM/YYYY | Ownership Code | Control Person | PR/CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.
---|---|---|---|---|---|---
FC MANAGEMENT II, LLC | DE | SHAREHOLDER | 06/2012 | D | Y | N
SAFANAD INC. | DE | SHAREHOLDER | 06/2012 | D | Y | N 170969

### SECTION 4.B. Indirect Owners

(1) Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., which asks for information about your direct owners.

(2) Indirect Owners. With respect to each owner listed in Section 4.A. (except individual owners), list below:

(a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;

For purposes of this Section, 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.

Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

### FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name) | DE/FE/I | Entity in Which Interest is Owned | Status | Date Status Acquired MM/YYYY | Ownership Code | Control Person | PR/CRD No. and Date of Birth, IRS Tax No. or Employer ID No.
---|---|---|---|---|---|---|---
BAHAMDAN INVESTMENT GROUP | FE | SAFANAD LIMITED | SHAREHOLDER | 07/2009 | C | Y | N
BAHAMDAN, KAMAL, ABDULLAH | I | KB GROUP HOLDINGS LTD. | SHAREHOLDER | 06/2006 | E | Y | N 6363365
BAHAMDAN, KAMAL, ABDULLAH | I | SAFANAD LIMITED | DIRECTOR, CEO | 06/2009 | F | Y | N 6363365
BAHAMDAN, MOHANNAD, ABDULLAH | I | MB HOLDINGS LIMITED | MEMBER | 03/2015 | E | Y | N 7236884
KB GROUP HOLDINGS LTD. | FE | SAFANAD LIMITED | SHAREHOLDER | 06/2009 | C | Y | N
KB GROUP HOLDINGS LTD. | FE | BAHAMDAN INVESTMENT GROUP | MEMBER | 02/2020 | C | Y | N
MB HOLDINGS LIMITED | FE | BAHAMDAN INVESTMENT GROUP | MEMBER | 02/2020 | C | Y | N
SAFANAD CORPORATE HOLDINGS LIMITED | FE | SAFANAD INC. | SHAREHOLDER | 02/2013 | F | Y | N
SAFANAD LIMITED | FE | SAFANAD CORPORATE | SHAREHOLDER | 02/2013 | F | Y | N
### SECTION 4.C. Control Persons

C. Does any person not named in Section 1.A., Section 4.A., or Section 4.B. directly or indirectly, control your management or policies?

If yes, you must complete the information below for each control person not named in Section 1.A., Section 4.A., or Section 4.B. that directly or indirectly controls your management or policies.

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<td>CRD Number (if any)</td>
<td>Effective Date</td>
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<td>Effective Date</td>
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<td>Azrack, Joseph, Frederick</td>
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</tbody>
</table>

**Business Address:**
- Level 4, the Gate (East), Dubai, United Arab Emirates
- PO Box 506704, DIFC

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

Briefly describe the nature of the control:
- Mr. Abulkareem Abu Alnasr is a Director of Safanad Limited, which is the indirect owner of Safanad Inc., which in turn, controls Safanad Senior Care II Management, LLC.
- Ms. Lubna Olayan is a Director of Safanad Limited, which is the indirect owner of Safanad Inc., which in turn, controls Safanad Senior Care II Management, LLC.
- Azrack, Joseph, Frederick.
If this address is a private residence, check this box: ☑️

Briefly describe the nature of the control:
MR. JOSEPH AZRACK IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT OWNER OF SAFANAD INC., WHICH IN TURN, CONTROLS SAFANAD SENIOR CARE II MANAGEMENT, LLC.

<table>
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<th>Individual Name (if applicable) (Last, First, Middle)</th>
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<tr>
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<td></td>
</tr>
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<td>City</td>
<td>DUBAI</td>
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<tr>
<td>State</td>
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<td>Country</td>
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</tr>
<tr>
<td>ZIP+4/Postal Code</td>
<td></td>
</tr>
</tbody>
</table>

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

Briefly describe the nature of the control:
MR. ABDULLAH SALEM BAHAMDAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SAFANAD SENIOR CARE II MANAGMENT LLC.

<table>
<thead>
<tr>
<th>Individual Name (if applicable) (Last, First, Middle)</th>
<th>SAFANAD INC.</th>
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<tbody>
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<td>CRD Number (if any)</td>
<td>4195676</td>
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<td>Business Address:</td>
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<td>Number and Street 1</td>
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<tr>
<td>505 FIFTH AVE</td>
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<tr>
<td>City</td>
<td>NEW YORK</td>
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<tr>
<td>State</td>
<td>New York</td>
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<td>United States</td>
</tr>
<tr>
<td>ZIP+4/Postal Code</td>
<td>10017</td>
</tr>
</tbody>
</table>

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

Briefly describe the nature of the control:
MR. RICHARD CLEAVER IS A DIRECTOR OF SAFANAD INC., WHICH IS A SHAREHOLDER AND CONTROLS SAFANAD SENIOR CARE II MANAGEMENT, LLC.

<table>
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<th>Individual Name (if applicable) (Last, First, Middle)</th>
<th>SAFANAD INC.</th>
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<td>Number and Street 1</td>
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<td>City</td>
<td>NEW YORK</td>
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<td>State</td>
<td>New York</td>
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<td>United States</td>
</tr>
<tr>
<td>ZIP+4/Postal Code</td>
<td>10017</td>
</tr>
</tbody>
</table>
If this address is a private residence, check this box: □

Briefly describe the nature of the control:
MR. SEAN DAILEY IS A DIRECTOR OF SAFANAD INC., WHICH IS A SHAREHOLDER AND CONTROLS SAFANAD SENIOR CARE II MANAGEMENT, LLC.

Individual Name (if applicable) (Last, First, Middle)
DANNAOUI, ZIAD, MOHAMAD HUSSEIN

CRD Number (if any)
6774633

Effective Date 06/06/2017
Termination Date

Business Address:
Number and Street 1 Number and Street 2
LEVEL 4, THE GATE (EAST) PO BOX 506704, DIFC
City State Country ZIP+4/Postal Code
DUBAI United Arab Emirates

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

Briefly describe the nature of the control:
MR. ZIAD DANNAOUI IS A DIRECTOR OF SAFANAD INC., WHICH IS A SHAREHOLDER AND CONTROLS SAFANAD SENIOR CARE II MANAGEMENT, LLC.

Individual Name (if applicable) (Last, First, Middle)
EDELMAN, MARTIN, LEE

CRD Number (if any)
4606482

Effective Date 01/05/2017
Termination Date

Business Address:
Number and Street 1 Number and Street 2
LEVEL 4, THE GATE (EAST) PO BOX 506704, DIFC
City State Country ZIP+4/Postal Code
DUBAI United Arab Emirates

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

Briefly describe the nature of the control:
MR. MARTIN EDELMAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT OWNER OF SAFANAD INC., WHICH IN TURN, CONTROLS SAFANAD SENIOR CARE II MANAGEMENT, LLC.

SECTION 4.D. Control Persons - Public Reporting Companies
No Information Filed

SECTION 1 Identifying Information
Responses to this Section tell us who you (the relying adviser) are, where you are doing business, and how we can contact you.

A. Your full legal name:
SAFANAD SENIOR CARE V MANAGEMENT LLC

B. Name under which you primarily conduct your advisory business, if different from Section 1.A. above or Item 1.A. of the filing adviser’s Form ADV Part 1A.

C. List any other business names and the jurisdictions in which you use them. Complete this question for each other business name.
No Information Filed
You do not have to include the names or jurisdictions of the filing adviser or other relying adviser(s) in response to this Section 1.C.

D. If you currently have, or ever had, a number ("CRD Number") assigned by the FINRA's CRD system or by the IARD system (other than the filing adviser's CRD number), your CRD number:

293686

No Information Filed

If you do not have a CRD number, skip this Section 1.D. Do not provide the CRD number of one of your officers, employees, or affiliates (including the filing adviser).

E. Principal Office and Place of Business

(1) Address (do not use a P.O. Box):

☑ Same as the filing adviser.

Number and Street 1: 505 5TH AVENUE
Number and Street 2: 24TH FLOOR
City: NEW YORK
State: New York
Country: United States
ZIP+4/Postal Code: 10017-4902

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

(2) Days of week that you normally conduct business at your principal office and place of business:

☑ Monday - Friday ☐ Other:

Normal business hours at this location:
9 AM TO 6 PM

(3) Telephone number at this location:
212 468 5600

(4) Facsimile number at this location, if any:
212 468 5649

F. Mailing address, if different from your principal office and place of business address:

☑ Same as the filing adviser.

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: ☐

G. 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.

H. If you have Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

No Information Filed

SECTION 2 SEC Registration

Responses to this Section help us (and you) determine whether you are eligible to register with the SEC.

A. To be a relying adviser, you must be independently eligible to register (or remain registered) with the SEC. You must check at least one of the Sections 2.A.(1) through 2.A.(8), below. Part 1A Instruction 2 provides information to help you determine whether you may affirmatively respond to each of these items.

You (the relying adviser):

☑ (1) are a large advisory firm that either:
If you are a partnership, provide the name of the state or country under whose laws your partnership was formed.

Click HERE for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.

(3) Reserved

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

(5) 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;

(6) 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, you must make both of the representations below:

☐ 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.

☐ By submitting this Form ADV to the SEC, the filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule R if, on the 120th day after this application for umbrella registration with the SEC becomes effective, I would be prohibited by Section 203A(a) of the Advisers Act from registering with the SEC.

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

If this is your initial filing as a relying adviser, 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.

☐ The filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule R if, at the time of the annual updating amendment, 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.

(8) have received an SEC Order exempting you from the prohibition against registration with the SEC. If you check this box, provide the following information:

Application Number: 803- Date of Order:

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

SECTION 3 Form of Organization

A. How are you organized?

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

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.
SECTION 4.A. Direct Owners and Executive Officers

In this Section 4, we ask you to identify each other person that, directly or indirectly, controls you.

(1) Section 4.A. asks for information about your direct owners and executive officers.

(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, 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 Section 4.A., 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 Section 4.B. below?  ☐ 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:
   A - less than 5%  B - 10% but less than 25%  C - 25% but less than 50%  D - 50% but less than 75%  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.
   Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

<table>
<thead>
<tr>
<th>FULL LEGAL NAME</th>
<th>DE/FE/I</th>
<th>Title or Status</th>
<th>Date Title or Status Acquired</th>
<th>Ownership Code</th>
<th>Control Person</th>
<th>PR</th>
<th>CRD No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD INC.</td>
<td>DE</td>
<td>SOLE SHAREHOLDER</td>
<td>03/2014</td>
<td>E</td>
<td>Y</td>
<td>N</td>
<td>170969</td>
</tr>
</tbody>
</table>

SECTION 4.B. Indirect Owners

(1) Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., which asks for information about your direct owners.

(2) Indirect Owners. With respect to each owner listed in Section 4.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 your voting security of that corporation;
      For purposes of this Section, 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%  D - 50% but less than 75%  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.
Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

<table>
<thead>
<tr>
<th>FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)</th>
<th>DE/FE/I 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>CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAHAMDAN INVESTMENT GROUP</td>
<td>FE SAFANAD LIMITED</td>
<td>SHAREHOLDER</td>
<td>07/2009</td>
<td>C</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>BAHAMDAN, KAMAL, ABDULLAH</td>
<td>I SAFANAD LIMITED</td>
<td>SOLE SHAREHOLDER</td>
<td>06/2006</td>
<td>E</td>
<td>Y</td>
<td>N 6363365</td>
</tr>
<tr>
<td>BAHAMDAN, KAMAL, ABDULLAH</td>
<td>I SAFANAD LIMITED</td>
<td>DIRECTOR, CEO</td>
<td>06/2006</td>
<td>F</td>
<td>Y</td>
<td>N 6363365</td>
</tr>
<tr>
<td>BAHAMDAN, MOHAMMAD, ABDULLAH</td>
<td>I MB HOLDINGS LIMITED</td>
<td>SOLE SHAREHOLDER</td>
<td>03/2015</td>
<td>E</td>
<td>Y</td>
<td>N 7236884</td>
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<tr>
<td>KB GROUP HOLDINGS LTD.</td>
<td>FE SAFANAD LIMITED</td>
<td>SHAREHOLDER</td>
<td>06/2009</td>
<td>C</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>KB GROUP HOLDINGS LTD.</td>
<td>FE BAHAMDAN INVESTMENT GROUP</td>
<td>MEMBER</td>
<td>02/2020</td>
<td>C</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>MB HOLDINGS LIMITED</td>
<td>FE BAHAMDAN INVESTMENT GROUP</td>
<td>MEMBER</td>
<td>02/2020</td>
<td>C</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>SAFANAD CORPORATE HOLDINGS LIMITED</td>
<td>FE SAFANAD INC.</td>
<td>SOLE SHAREHOLDER</td>
<td>02/2013</td>
<td>E</td>
<td>Y</td>
<td>N</td>
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<td>FE SAFANAD CORPORATE HOLDINGS LIMITED</td>
<td>SOLE SHAREHOLDER</td>
<td>02/2013</td>
<td>E</td>
<td>Y</td>
<td>N</td>
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</tbody>
</table>

SECTION 4.C. Control Persons

Yes No
C. Does any person not named in Section 1.A., Section 4.A., or Section 4.B. directly or indirectly, control your management or policies?

If yes, you must complete the information below for each control person not named in Section 1.A., Section 4.A., or Section 4.B. that directly or indirectly controls your management or policies.

Individual Name (if applicable) (Last, First, Middle)
ABU ALNASR, ABDULKAREEM

CRD Number (if any)
6917944

Effective Date 01/18/2015 Termination Date

Business Address:
Number and Street 1 Number and Street 2
LEVEL 4, THE GATE (EAST) PO BOX 506704, DIFC
City State Country ZIP+4/Postal Code
DUBAI United Arab Emirates

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

Briefly describe the nature of the control:
MR. ABDULKAREEM ABU ALNASR IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SAFANAD SENIOR CARE V MANAGEMENT LLC.

Individual Name (if applicable) (Last, First, Middle)
AL OLAYAN, LUBNA, SULIMAN

CRD Number (if any)
7049129

Effective Date 11/09/2018 Termination Date
SECTION 4.B. Indirect Owners

Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., if applicable. If you have an indirect owner that

<table>
<thead>
<tr>
<th>Individual Name (if applicable) (Last, First, Middle)</th>
<th>CRD Number (if any)</th>
<th>Effective Date</th>
<th>Termination Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD LIMITED</td>
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<td>SAFANAD CORPORATE HOLDINGS</td>
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<tr>
<td>BAHAMDAN, MOHANNAD, ABDULLAH</td>
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<td></td>
</tr>
<tr>
<td>BAHAMDAN, KAMAL, ABDULLAH</td>
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</tr>
<tr>
<td>BAHAMDAN INVESTMENT GROUP</td>
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</tr>
<tr>
<td>SAFANAD SENIOR CARE V MANAGEMENT LLC</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>MR. ABDULLAH SALEM BAHAMDAN IS A DIRECTOR OF SAFANAD LIMITED (WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAFANAD SENIOR CARE V MANAGEMENT LLC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MS. LUBNA OLAYAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SAFANAD SENIOR CARE V MANAGEMENT LLC.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>SAFANAD SENIOR CARE V MANAGEMENT LLC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MR. JOSEPH AZRACK IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SAFANAD SENIOR CARE V MANAGEMENT LLC.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>SAFANAD SENIOR CARE V MANAGEMENT LLC</td>
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<td></td>
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</tr>
<tr>
<td>AL OLAYAN, Lubna, Suliman</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAFANAD SENIOR CARE V MANAGEMENT LLC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MR. JOSEPH AZRACK IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SAFANAD SENIOR CARE V MANAGEMENT LLC.</td>
<td></td>
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<tr>
<td>SAFANAD SENIOR CARE V MANAGEMENT LLC</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>MR. ABDULLAH SALEM BAHAMDAN IS A DIRECTOR OF SAFANAD LIMITED (WHICH IS THE INDIRECT SOLE-OWNERS OF SAFANAD INC.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAFANAD SENIOR CARE V MANAGEMENT LLC</td>
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<td></td>
</tr>
<tr>
<td>CLEAVER, RICHARD, ELLIOT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAFANAD SENIOR CARE V MANAGEMENT LLC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MR. RICHARD ELLIOT SAFANAD LIMITED (WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Briefly describe the nature of the control:

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Briefly describe the nature of the control:
<table>
<thead>
<tr>
<th>Individual Name (if applicable) (Last, First, Middle)</th>
<th>CRD Number (if any)</th>
<th>Effective Date</th>
<th>Termination Date</th>
<th>Business Address:</th>
<th>Briefly describe the nature of the control:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAILEY, SEAN, MICHAEL</td>
<td>3021004</td>
<td>03/24/2022</td>
<td></td>
<td>505 FIFTH AVE</td>
<td>MR. SEAN DAILEY IS A DIRECTOR OF SAFANAD INC. WHICH IS THE SOLE SHAREHOLDER OF SAFANAD SENIOR CARE V MANAGEMENT, LLC.</td>
</tr>
<tr>
<td>DANNAOUI, ZIAD, MOHAMAD HUSSEIN</td>
<td>6774633</td>
<td>06/06/2017</td>
<td></td>
<td>LEVEL 4, THE GATE (EAST)</td>
<td>MR. ZIAD DANNAOUI IS A DIRECTOR OF SAFANAD INC. WHICH IS THE SOLE SHAREHOLDER OF SAFANAD SENIOR CARE V MANAGEMENT, LLC.</td>
</tr>
<tr>
<td>EDELMAN, MARTIN, LEE</td>
<td>4606482</td>
<td>01/05/2017</td>
<td></td>
<td>LEVEL 4, THE GATE (EAST)</td>
<td></td>
</tr>
</tbody>
</table>
SECTION 4.B. Indirect Owners
(1) Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A.,
MB HOLDINGS
Name under which you primarily conduct your advisory business, if different from Section 1.A. above or Item 1.A. of the
In the DE/FE/I column below, enter “DE” if the owner is a domestic entity, “FE” if the owner is an
(a)
FE
SAFANAD LIMITED
(5)
Y
Termination Date
SAFANAD LIMITED
Termination Date
Telephone number at this location:
Termination Date
SOLE
N
6363365
In the
Y
N
Y
If you currently have, or ever had, a number (“CRD Number”) assigned by the FINRA’s CRD system or by the IARD system (other than the filing adviser’s CRD number), your CRD number:
293687
No Information Filed
You do not have to include the names or jurisdictions of the filing adviser or other relying adviser(s) in response to this Section 1.C.
D. If you currently have, or ever had, a number (“CRD Number”) assigned by the FINRA’s CRD system or by the IARD system (other than the filing adviser’s CRD number), your CRD number:
293687
No Information Filed
If you do not have a CRD number, skip this Section 1.D. Do not provide the CRD number of one of your officers, employees, or affiliates (including the filing adviser).
E. Principal Office and Place of Business
(1) Address (do not use a P.O. Box):
☑ Same as the filing adviser.
Number and Street 1:
505 5TH AVENUE
Number and Street 2:
24TH FLOOR
If this address is a private residence, check this box:

(2) Days of week that you normally conduct business at your principal office and place of business:
☑ Monday - Friday  ☐ Other:
Normal business hours at this location:
9 AM TO 6 PM
(3) Telephone number at this location:
212 468 5600
(4) Facsimile number at this location, if any:
212 468 5649
F. Mailing address, if different from your principal office and place of business address:
☑ Same as the filing adviser.
SECTION 4.B. Indirect Owners

Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., if you currently have, or ever had, a number ("CIK Numbers"). If you check this box, provide the following information:

- Application Number: 803-
- Date of Order:

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.

H. If you have Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

No Information Filed

SECTION 2 SEC Registration

Responses to this Section help us (and you) determine whether you are eligible to register with the SEC.

A. To be a relying adviser, you must be independently eligible to register (or remain registered) with the SEC. You must check at least one of the Sections 2.A.(1) through 2.A.(8), below. Part 1A Instruction 2 provides information to help you determine whether you may affirmatively respond to each of these items.

You (the relying 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;

Click HERE for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.

- (3) Reserved

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

- (5) 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;

- (6) 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, you must make both of the representations below:

- 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.

- By submitting this Form ADV to the SEC, the filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule R if, on the 120th day after this application for umbrella registration with the SEC becomes effective, I would be prohibited by Section 203A(a) of the Advisers Act from registering with the SEC.

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

If this is your initial filing as a relying adviser, 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.

- The filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule R if, at the time of the annual updating amendment, 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.

- (8) have received an SEC Order exempting you from the prohibition against registration with the SEC. If you check this box, provide the following information:

  Application Number: 803-  Date of Order:
**SECTION 4.B. Indirect Owners**

(1) Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., not subject to examination by the IRS.

**SHAREHOLDER**

02/2015

EYNI 170969

**SECTION 4.B. Indirect Owners**

Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., not subject to examination by the IRS.

Reserved

Y

Complete the Title or Status column by entering board/management titles; status in the case of an owner that is a partnership, all general partners and those limited and in the case of an owner that is a limited liability company (“LLC”), (i) those members that own, beneficially owns, has the right to receive upon dissolution, or has contributed, 5% or more of your capital, and (ii) those members that have the right to receive upon dissolution, or has 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 Section 4.B. below?  

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.

Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

**FULL LEGAL NAME**  
(Individuals: Last Name, First Name, Middle Name)

**DE/FE/I Title or Status**  
Date Title or Status Acquired

**Ownership Code**  
**Control Person**  
**PR**  
**CRD No.**  
If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.

SAFANAD INC.  
DE  
SOLE SHAREHOLDER  
02/2015  
E  
Y  
N  
170969

**SECTION 4.B. Indirect Owners**
Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., which asks for information about your direct owners.

Indirect Owners. With respect to each owner listed in Section 4.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 sell or direct the sale of, 25% or more of a class of a voting security of that corporation;

For purposes of this Section, 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.

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.

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.

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).

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)

(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.

Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

<table>
<thead>
<tr>
<th>FULL LEGAL NAME</th>
<th>DE/FE/I</th>
<th>Entity in Which Interest is Owned</th>
<th>Status</th>
<th>Ownership Code</th>
<th>Control Person</th>
<th>PR</th>
<th>CRD No.</th>
<th>If None: S.S. No. or Employer ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAHAMDAN INVESTMENT GROUP</td>
<td>FE</td>
<td>SAFANAD LIMITED</td>
<td>SHAREHOLDER</td>
<td>07/2009</td>
<td>C</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>BAHAMDAN, KAMAL, ABDULLAH</td>
<td>I</td>
<td>KB GROUP HOLDINGS LTD.</td>
<td>SOLE SHAREHOLDER</td>
<td>06/2006</td>
<td>E</td>
<td>Y</td>
<td>N 6363365</td>
<td></td>
</tr>
<tr>
<td>BAHAMDAN, KAMAL, ABDULLAH</td>
<td>I</td>
<td>SAFANAD LIMITED</td>
<td>DIRECTOR, CEO</td>
<td>06/2009</td>
<td>F</td>
<td>Y</td>
<td>N 6363365</td>
<td></td>
</tr>
<tr>
<td>BAHAMDAN, MOHANNAD, ABDULLAH</td>
<td>I</td>
<td>MB HOLDINGS LIMITED</td>
<td>SOLE SHAREHOLDER</td>
<td>03/2015</td>
<td>E</td>
<td>Y</td>
<td>N 7236884</td>
<td></td>
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<tr>
<td>KB GROUP HOLDINGS LTD.</td>
<td>FE</td>
<td>SAFANAD LIMITED</td>
<td>SHAREHOLDER</td>
<td>06/2009</td>
<td>C</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>KB GROUP HOLDINGS LTD.</td>
<td>FE</td>
<td>BAHAMDAN INVESTMENT GROUP</td>
<td>MEMBER</td>
<td>02/2020</td>
<td>C</td>
<td>Y</td>
<td>N</td>
<td></td>
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<tr>
<td>MB HOLDINGS LIMITED</td>
<td>FE</td>
<td>BAHAMDAN INVESTMENT GROUP</td>
<td>MEMBER</td>
<td>02/2020</td>
<td>C</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>SAFANAD CORPORATE HOLDINGS LIMITED</td>
<td>FE</td>
<td>SAFANAD INC.</td>
<td>SOLE SHAREHOLDER</td>
<td>02/2013</td>
<td>E</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>SAFANAD LIMITED</td>
<td>FE</td>
<td>SAFANAD CORPORATE HOLDINGS LIMITED</td>
<td>SOLE SHAREHOLDER</td>
<td>02/2013</td>
<td>E</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

SECTION 4.C. Control Persons

C. Does any person not named in Section 1.A., Section 4.A., or Section 4.B. directly or indirectly, control your management or policies?

Yes ☐ No ☐

If yes, you must complete the information below for each control person not named in Section 1.A., Section 4.A., or Section 4.B. that directly or indirectly controls your management or policies.

Individual Name (if applicable) (Last, First, Middle)
ABU ALNASR, ABDULKAREEM

CRD Number (if any)
6917944
SECTION 4.B. Indirect Owners

Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A.,

BAHAMDAN, ABDULLAH, SALEM

CRD Number (if any)

6917937

Briefly describe the nature of the control:

MR. ABDULKAREEM ABU ALNASR IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SAFANAD SSCIP VI MANAGEMENT, LLC.

Individual Name (if applicable) (Last, First, Middle)

AL Olayan, Lubna, Suliman

CRD Number (if any)

7049129

Briefly describe the nature of the control:

MS. LUBNA OLYAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SAFANAD SSCIP VI MANAGEMENT, LLC.

Individual Name (if applicable) (Last, First, Middle)

AZrack, Joseph, Frederick

CRD Number (if any)

2272339

Briefly describe the nature of the control:

MR. JOSEPH AZRACK IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SAFANAD SSCIP VI MANAGEMENT, LLC.

Individual Name (if applicable) (Last, First, Middle)

BAHAMDAN, ABDULLAH, SALEM

CRD Number (if any)

6917937
SECTION 4.B. Indirect Owners

(1) Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A.

<table>
<thead>
<tr>
<th>Individual Name (if applicable) (Last, First, Middle)</th>
<th>CRD Number (if any)</th>
<th>Effective Date</th>
<th>Termination Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD LIMITED</td>
<td>02/2013</td>
<td></td>
<td>02/2015</td>
</tr>
<tr>
<td>SAFANAD INC.</td>
<td>02/2009</td>
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</tr>
<tr>
<td>SAFANAD SSCIP VI MANAGEMENT LLC.</td>
<td>06/2009</td>
<td>06/2009</td>
<td></td>
</tr>
</tbody>
</table>

Briefly describe the nature of the control:

MR. ABDULLAH SALEH BAHAMDAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SAFANAD SSCIP VI MANAGEMENT LLC.

---

Individual Name (if applicable) (Last, First, Middle)

CLEAVER, RICHARD, ELLIOT

CRD Number (if any)

4195676

Effective Date

03/24/2022

Business Address:

<table>
<thead>
<tr>
<th>Number and Street 1</th>
<th>Number and Street 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>505 FIFTH AVE</td>
<td>24TH FLOOR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Country</th>
<th>ZIP+4/Postal Code</th>
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</thead>
<tbody>
<tr>
<td>DUBAI</td>
<td></td>
<td>United Arab Emirates</td>
<td></td>
</tr>
</tbody>
</table>

Briefly describe the nature of the control:

MR. RICHARD CLEAVER IS A DIRECTOR OF SAFANAD INC., WHICH IN TURN CONTROLS SAFANAD SSCIP VI MANAGEMENT LLC.

---

Individual Name (if applicable) (Last, First, Middle)

DAILEY, SEAN, MICHAEL

CRD Number (if any)

3021004

Effective Date

03/24/2022

Business Address:

<table>
<thead>
<tr>
<th>Number and Street 1</th>
<th>Number and Street 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>505 FIFTH AVE</td>
<td>24TH FLOOR</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>NEW YORK</td>
<td>New York</td>
<td>United States</td>
<td>10017</td>
</tr>
</tbody>
</table>

Briefly describe the nature of the control:

MR. SEAN DAILEY IS A DIRECTOR OF SAFANAD INC., WHICH IN TURN CONTROLS SAFANAD SSCIP VI MANAGEMENT LLC.

---

Individual Name (if applicable) (Last, First, Middle)

DANNAOUI, ZIAD, MOHAMAD HUSSEIN

CRD Number (if any)

6774633

Effective Date

06/06/2017

Termination Date

06/06/2017

<table>
<thead>
<tr>
<th>Number and Street 1</th>
<th>Number and Street 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Country</th>
<th>ZIP+4/Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUBAI</td>
<td></td>
<td>United Arab Emirates</td>
<td></td>
</tr>
</tbody>
</table>

Briefly describe the nature of the control:

MR. SEAN DAILEY IS A DIRECTOR OF SAFANAD INC., WHICH IN TURN CONTROLS SAFANAD SSCIP VI MANAGEMENT LLC.
SECTION 4.B. Indirect Owners

(1) Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., in the case of an owner that is a trust, the trust and each trustee; and

Complete the Status column by entering the owner's status as partner, trustee, elected manager, general partner, limited partner, or any other term that accurately describes the relationship.

E. Principal Office and Place of Business

Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., in the case of an owner that is a trust, the trust and each trustee; and

Complete the Status column by entering the owner's status as partner, trustee, elected manager, general partner, limited partner, or any other term that accurately describes the relationship.

Briefly describe the nature of the control:

MR. ZIAD DANNAQUI IS A DIRECTOR OF SAFANAD INC., WHICH IN TURN CONTROLS SAFANAD SSCIP VI MANAGEMENT LLC.

<table>
<thead>
<tr>
<th>Individual Name (if applicable) (Last, First, Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDELMAN, MARTIN, LEE</td>
</tr>
<tr>
<td>CRD Number (if any)</td>
</tr>
<tr>
<td>4606482</td>
</tr>
<tr>
<td>Effective Date</td>
</tr>
<tr>
<td>01/05/2017</td>
</tr>
<tr>
<td>Termination Date</td>
</tr>
</tbody>
</table>

Business Address:

Number and Street 1                                      Number and Street 2
LEVEL 4, THE GATE (EAST)                                  PO BOX 506704, DIFC
City                                                        City
DUBAI                                                      DUBAI
State                                                      State
UAE                                                        UAE
Country                                                   Country
United Arab Emirates                                    United Arab Emirates
ZIP+4/Postal Code                                       ZIP+4/Postal Code

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

Briefly describe the nature of the control:

MR. MARTIN EDELMAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SAFANAD SSCIP VI MANAGEMENT, LLC.

SECTION 4.D. Control Persons - Public Reporting Companies

No Information Filed

SECTION 1 Identifying Information

Responses to this Section tell us who you (the relying adviser) are, where you are doing business, and how we can contact you.

A. Your full legal name:

SSHIP I MANAGEMENT LLC

B. Name under which you primarily conduct your advisory business, if different from Section 1.A. above or Item 1.A. of the filing adviser’s Form ADV Part 1A.

C. List any other business names and the jurisdictions in which you use them. Complete this question for each other business name.

No Information Filed

You do not have to include the names or jurisdictions of the filing adviser or other relying adviser(s) in response to this Section 1.C.

D. If you currently have, or ever had, a number ("CRD Number") assigned by the FINRA’s CRD system or by the IARD system (other than the filing adviser's CRD number), your CRD number:

293690

No Information Filed

If you do not have a CRD number, skip this Section 1.D. Do not provide the CRD number of one of your officers, employees, or affiliates (including the filing adviser).

E. Principal Office and Place of Business

Number and Street 1                                      Number and Street 2
PO BOX 506704                                            PO BOX 506704, DIFC
City                                                      City
DUBAI                                                    DUBAI
State                                                    State
UAE                                                      UAE
Country                                                  Country
United Arab Emirates                                    United Arab Emirates
ZIP+4/Postal Code                                       ZIP+4/Postal Code

If this address is a private residence, check this box: □
SECTION 4.B. Indirect Owners

(1) Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., if you are organized as a partnership.

(2) Days of week that you normally conduct business at your principal office and place of business:
- Monday - Friday  
- Other:

Normal business hours at this location:
9 AM TO 6 PM

(3) Telephone number at this location:
212 468 5600

(4) Facsimile number at this location, if any:
212 468 5649

F. Mailing address, if different from your principal office and place of business address:
- Same as the filing adviser.

G. 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.

H. If you have Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:
- No Information Filed

SECTION 2 SEC Registration

Responses to this Section help us (and you) determine whether you are eligible to register with the SEC.

A. To be a relying adviser, you must be independently eligible to register (or remain registered) with the SEC. You must check at least one of the Sections 2.A.(1) through 2.A.(8), below. Part 1A Instruction 2 provides information to help you determine whether you may affirmatively respond to each of these items.

You (the relying 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;

  Click HERE for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.

- (3) Reserved

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

- (5) 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
(6) 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, you must make both of the representations below:

☐ 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.

☐ By submitting this Form ADV to the SEC, the filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule R if, on the 120th day after this application for umbrella registration with the SEC becomes effective, I would be prohibited by Section 203A(a) of the Advisers Act from registering with the SEC.

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

If this is your initial filing as a relying adviser, 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.

☐ The filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule R if, at the time of the annual updating amendment, 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.

☐ (8) have received an SEC Order exempting you from the prohibition against registration with the SEC. If you check this box, provide the following information:

Application Number: 803- Date of Order:

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

SECTION 3 Form of Organization

A. How are you organized?

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

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.

SECTION 4.A. Direct Owners and Executive Officers

In this Section 4, we ask you to identify each other person that, directly or indirectly, controls you.

(1) Section 4.A. asks for information about your direct owners and executive officers.

(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, 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 Section 4.A., 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,
SECTION 4.B. Indirect Owners

(1) Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., not subject to examination by the

(3) Do you have any indirect owners to be reported on Section 4.B. below?  ☑ 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.

Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

### FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)

<table>
<thead>
<tr>
<th>FULL LEGAL 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 CRD No.</th>
<th>If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFANAD INC.</td>
<td>DE</td>
<td>SOLE SHAREHOLDER</td>
<td>10/2015</td>
<td>E</td>
<td>Y</td>
<td>N</td>
<td>170969</td>
</tr>
</tbody>
</table>

### SECTION 4.B. Indirect Owners

(1) Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., which asks for information about your direct owners

(2) Indirect Owners. With respect to each owner listed in Section 4.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 securities of that corporation;

   For purposes of this Section, 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.

Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

### FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)

<table>
<thead>
<tr>
<th>FULL LEGAL 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>CRD No.</th>
<th>If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAHAMDAN</td>
<td>FE</td>
<td>SAFANAD LIMITED</td>
<td>SHAREHOLDER</td>
<td>07/2009</td>
<td>C</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>BAHAMDAN, KAMAL, ABDULLAH</td>
<td>I</td>
<td>KB GROUP HOLDINGS LTD.</td>
<td>SOLE SHAREHOLDER</td>
<td>08/2007</td>
<td>E</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>BAHAMDAN, KAMAL, ABDULLAH</td>
<td>I</td>
<td>SAFANAD LIMITED</td>
<td>DIRECTOR, CEO</td>
<td>06/2009</td>
<td>F</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>BAHAMDAN, MOHANNAD, ABDULLAH</td>
<td>I</td>
<td>MB HOLDINGS LIMITED</td>
<td>SOLE SHAREHOLDER</td>
<td>03/2015</td>
<td>E</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

7236884
SECTION 4.B. Indirect Owners

(1) Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., in those states.

(b) Ownership codes are: "Y" for a list of states in which an investment adviser, if registered, would not be

(2) With respect to each owner listed in Section 4.A. (except individual owners), list below:

(3) If you are a partnership, provide the name of the state or country under whose laws your partnership was formed.

(4) Responses to this Section help us (and you) determine whether you are eligible to register with the SEC.

(5) Click amendment Schedule R if, on the 120th day after this application for

(6) In the case of a trust that directly owns 5% or more of a class of your voting securities,

(7) In the case of an owner that is a trust, the trust and each trustee; and

C. Does any person not named in Section 1.A., Section 4.A., or Section 4.B. directly or indirectly, control your management or policies?

If yes, you must complete the information below for each control person not named in Section 1.A., Section 4.A., or Section 4.B. that directly or indirectly controls your management or policies.

<table>
<thead>
<tr>
<th>Individual Name (if applicable) (Last, First, Middle)</th>
<th>CRD Number (if any)</th>
<th>Effective Date</th>
<th>Termination Date</th>
<th>Business Address:</th>
<th>Ownership Code</th>
<th>Entity in Which Control Person Is Owned</th>
<th>Description of Nature of Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABU ALNASR, ABOULKAREEM</td>
<td>6917944</td>
<td>01/18/2015</td>
<td></td>
<td>Number and Street 1: LEVEL 4, THE GATE (EAST)</td>
<td>Y</td>
<td>SAFANAD LIMITED</td>
<td>MR. ABDULKAREEM ABU ALNASR IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP I MANAGEMENT LLC.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Number and Street 2: PO BOX 506704, DIFC</td>
<td></td>
<td>SAFANAD INC.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>City: DUBAI</td>
<td></td>
<td>SAFANAD CORPORATE HOLDINGS LIMITED</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>State:</td>
<td></td>
<td>SAFANAD LIMITED</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Country: United Arab Emirates</td>
<td></td>
<td>SAFANAD SENIOR CARE V MANAGEMENT LLC.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td>ZIP+4/Postal Code:</td>
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<td>SAFANAD LIMITED</td>
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<table>
<thead>
<tr>
<th>Individual Name (if applicable) (Last, First, Middle)</th>
<th>CRD Number (if any)</th>
<th>Effective Date</th>
<th>Termination Date</th>
<th>Business Address:</th>
<th>Ownership Code</th>
<th>Entity in Which Control Person Is Owned</th>
<th>Description of Nature of Control</th>
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</thead>
<tbody>
<tr>
<td>AL OLAYAN, LUBNA, SULIMAN</td>
<td>7049129</td>
<td>11/09/2018</td>
<td></td>
<td>Number and Street 1: LEVEL 4, THE GATE (EAST)</td>
<td>Y</td>
<td>SAFANAD LIMITED</td>
<td>MS. LUBNA OLAYAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP I MANAGEMENT LLC.</td>
</tr>
<tr>
<td></td>
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<td>Number and Street 2: PO BOX 506704, DIFC</td>
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<td>SAFANAD INC.</td>
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<tr>
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<td>City: DUBAI</td>
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<td>State:</td>
<td></td>
<td>SAFANAD LIMITED</td>
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<td>Country: United Arab Emirates</td>
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<td>SAFANAD SENIOR CARE V MANAGEMENT LLC.</td>
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<tr>
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<td>ZIP+4/Postal Code:</td>
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<td>SAFANAD LIMITED</td>
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</table>

<table>
<thead>
<tr>
<th>Individual Name (if applicable) (Last, First, Middle)</th>
<th>CRD Number (if any)</th>
<th>Effective Date</th>
<th>Termination Date</th>
<th>Business Address:</th>
<th>Ownership Code</th>
<th>Entity in Which Control Person Is Owned</th>
<th>Description of Nature of Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZRACK, JOSEPH, FREDERICK</td>
<td></td>
<td></td>
<td></td>
<td>Number and Street 1: LEVEL 4, THE GATE (EAST)</td>
<td>Y</td>
<td>SAFANAD LIMITED</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Number and Street 2: PO BOX 506704, DIFC</td>
<td></td>
<td>SAFANAD INC.</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td>City: DUBAI</td>
<td></td>
<td>SAFANAD CORPORATE HOLDINGS LIMITED</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>State:</td>
<td></td>
<td>SAFANAD LIMITED</td>
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<tr>
<td></td>
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<td>Country: United Arab Emirates</td>
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<td>SAFANAD SENIOR CARE V MANAGEMENT LLC.</td>
<td></td>
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<tr>
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<td></td>
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<td></td>
<td>ZIP+4/Postal Code:</td>
<td></td>
<td>SAFANAD LIMITED</td>
<td></td>
</tr>
</tbody>
</table>

(8) Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners
**SECTION 4.B. Indirect Owners**

Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., Name under which you primarily conduct your advisory business, if different from Section 1.A. above or Item 1.A. of the Glossary of Terms to Form ADV.

<table>
<thead>
<tr>
<th>Individual Name (if applicable) (Last, First, Middle)</th>
<th>CRD Number (if any)</th>
<th>Effective Date</th>
<th>Termination Date</th>
<th>Business Address:</th>
<th>Number and Street 1</th>
<th>Number and Street 2</th>
<th>City</th>
<th>State</th>
<th>Country</th>
<th>ZIP+4/Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BAHAMDAN, ABDULLAH, SALEM</strong></td>
<td>6917937</td>
<td>06/06/2011</td>
<td></td>
<td>Business Address:</td>
<td>Number and Street 1</td>
<td>Number and Street 2</td>
<td>City</td>
<td>State</td>
<td>Country</td>
<td>ZIP+4/Postal Code</td>
</tr>
<tr>
<td><strong>CLEAVER, RICHARD, ELLIOT</strong></td>
<td>4195676</td>
<td>03/24/2022</td>
<td></td>
<td><strong>DAILEY, SEAN, MICHAEL</strong></td>
<td>2272339</td>
<td></td>
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</tr>
<tr>
<td><strong>CRD Number (if any)</strong></td>
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<td></td>
<td></td>
<td><strong>Effective Date</strong></td>
<td><strong>Termination Date</strong></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Business Address:</strong></td>
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<td></td>
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</tr>
<tr>
<td><strong>Number and Street 1</strong></td>
<td><strong>State</strong></td>
<td><strong>Country</strong></td>
<td><strong>ZIP+4/Postal Code</strong></td>
<td><strong>City</strong></td>
<td><strong>State</strong></td>
<td><strong>Country</strong></td>
<td>ZIP+4/Postal Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>500 FIFTH AVE, 38TH FLOOR</strong></td>
<td>NEW YORK</td>
<td>New York</td>
<td>United States</td>
<td>NEW YORK</td>
<td>New York</td>
<td>United States</td>
<td>10110</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Briefly describe the nature of the control:

MR. JOSEPH AZRACK IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP I MANAGEMENT LLC.

MR. ABDULLAH SALEM BAHAMDAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP I MANAGEMENT LLC.

MR. RICHARD CLEAVER IS A DIRECTOR OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP I MANAGEMENT LLC.

MR. ZIAD DANNAOUI IS A DIRECTOR OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP I MANAGEMENT LLC.
Section 4.B. Indirect Owners

Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A.

For purposes of this Section, a Control Person is a person that has the right to direct or control the management of, is under common control with, or has the right to receive upon dissolution, or has contributed, 25% or more of the capital or profits of a direct or indirect owner, or controls, is under common control with, or has the right to receive upon dissolution, or has contributed, 25% or more of a direct or indirect owner.

Complete each column.

Section 4.B. Indirect Owners

<table>
<thead>
<tr>
<th>Individual Name (if applicable) (Last, First, Middle)</th>
<th>CRD Number (if any)</th>
<th>Effective Date</th>
<th>Termination Date</th>
<th>Business Address:</th>
<th>Number and Street 1</th>
<th>Number and Street 2</th>
<th>City</th>
<th>State</th>
<th>Country</th>
<th>ZIP+4/Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>DANNAQUI, ZIAD, MOHAMAD HUSSEIN</td>
<td>6774633</td>
<td>06/06/2017</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>EDELMAN, MARTIN, LEE</td>
<td>4606482</td>
<td>01/05/2017</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Briefly describe the nature of the control:

MR. SEAN DAILEY IS A DIRECTOR OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP I MANAGEMENT LLC.

MR. ZIAD DANNAQUI IS A DIRECTOR OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP I MANAGEMENT LLC.

MR. MARTIN EDELMAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP I MANAGEMENT LLC.

Section 4.D. Control Persons - Public Reporting Companies

No Information Filed

Section 1 Identifying Information

Responses to this Section tell us who you (the relying adviser) are, where you are doing business, and how we can contact you.
A. Your full legal name:
   SSHIP II MANAGEMENT LLC

B. Name under which you primarily conduct your advisory business, if different from Section 1.A. above or Item 1.A. of the filing adviser's Form ADV Part 1A.

C. List any other business names and the jurisdictions in which you use them. Complete this question for each other business name.

   No Information Filed

You do not have to include the names or jurisdictions of the filing adviser or other relying adviser(s) in response to this Section 1.C.

D. If you currently have, or ever had, a number ("CRD Number") assigned by the FINRA's CRD system or by the IARD system (other than the filing adviser's CRD number), your CRD number:

   293691

   No Information Filed

   If you do not have a CRD number, skip this Section 1.D. Do not provide the CRD number of one of your officers, employees, or affiliates (including the filing adviser).

E. Principal Office and Place of Business

(1) Address (do not use a P.O. Box):

   ☑ Same as the filing adviser.

   Number and Street 1: 505 5TH AVENUE
   Number and Street 2: 24TH FLOOR
   City: NEW YORK
   State: New York
   Country: United States
   ZIP+4/Postal Code: 10017-4902

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

(2) Days of week that you normally conduct business at your principal office and place of business:

   ☑ Monday - Friday  ☐ Other:

   Normal business hours at this location:
   9 AM TO 6 PM

(3) Telephone number at this location:

   212 468 5600

(4) Facsimile number at this location, if any:

   212 468 5649

F. Mailing address, if different from your principal office and place of business address:

   ☑ Same as the filing adviser.

   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: ☐

G. 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.

H. If you have Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

   No InformationFiled
SECTION 2 SEC Registration

Responses to this Section help us (and you) determine whether you are eligible to register with the SEC.

A. To be a relying adviser, you must be independently eligible to register (or remain registered) with the SEC. You must check at least one of the Sections 2.A.(1) through 2.A.(8), below. Part 1A Instruction 2 provides information to help you determine whether you may affirmatively respond to each of these items.

You (the relying 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;

  *Click HERE for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.*

- (3) Reserved

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

- (5) 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;

- (6) 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, you must make both of the representations below:

  - (a) 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.
  - (b) By submitting this Form ADV to the SEC, the filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule R if, on the 120th day after this application for umbrella registration with the SEC becomes effective, I would be prohibited by Section 203(a) of the Advisers Act from registering with the SEC.

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

  If this is your initial filing as a relying adviser, you must make both of these representations:

  - (a) 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.
  - (b) The filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule R if, at the time of the annual updating amendment, 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:

  - (a) 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.

- (8) have received an SEC Order exempting you from the prohibition against registration with the SEC. If you check this box, provide the following information:

  Application Number: 803- Date of Order:

- (9) are no longer eligible to remain registered with the SEC.

SECTION 3 Form of Organization

A. How are you organized?

  - Corporation
  - Sole Proprietorship
  - Limited Liability Partnership (LLP)
  - Partnership
  - Limited Liability Company (LLC)
  - Limited Partnership (LP)
  - Other (specify):
SECTION 4.A. Direct Owners and Executive Officers

In this Section 4, we ask you to identify each other person that, directly or indirectly, controls you.

(1) Section 4.A. asks for information about your direct owners and executive officers.

(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, 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);

(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 Section 4.B. below? ☐ Yes ☐ No

(4) In the DE/FE/1 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.

Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

<table>
<thead>
<tr>
<th>FULL LEGAL NAME</th>
<th>DE/FE/1 Title or Status</th>
<th>Date Title or Status Acquired</th>
<th>Ownership Code</th>
<th>Control Person</th>
<th>PR</th>
<th>CRD No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>SAFANAD INC.</td>
<td>DE SOLE SHAREHOLDER</td>
<td>11/2017</td>
<td>E</td>
<td>Y</td>
<td>N</td>
<td>170969</td>
</tr>
</tbody>
</table>

SECTION 4.B. Indirect Owners

(1) Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., which asks for information about your direct owners.

(2) Indirect Owners. With respect to each owner listed in Section 4.A. (except individual owners), list below:

(a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;

For purposes of this Section, 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.

   Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

<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</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>BAHAMDAN INVESTMENT GROUP</td>
<td>FE</td>
<td>SAFANAD LIMITED</td>
<td>SHAREHOLDER</td>
<td>07/2009</td>
<td>C</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>BAHAMDAN, KAMAL, ABDULLAH</td>
<td>I</td>
<td>KB GROUP HOLDINGS LTD.</td>
<td>SOLICHIAREHOLDER</td>
<td>06/2006</td>
<td>E</td>
<td>Y</td>
<td>N</td>
<td>6363365</td>
</tr>
<tr>
<td>BAHAMDAN, KAMAL, ABDULLAH</td>
<td>I</td>
<td>SAFANAD LIMITED</td>
<td>DIRECTOR, CEO</td>
<td>06/2009</td>
<td>F</td>
<td>Y</td>
<td>N</td>
<td>6363365</td>
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<tr>
<td>BAHAMDAN, MOHANNAD, ABDULLAH</td>
<td>I</td>
<td>MB HOLDINGS LIMITED</td>
<td>SOLICHIAREHOLDER</td>
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<td>C</td>
<td>Y</td>
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<td>7236884</td>
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<tr>
<td>KB GROUP HOLDINGS LTD.</td>
<td>FE</td>
<td>SAFANAD LIMITED</td>
<td>SHAREHOLDER</td>
<td>06/2009</td>
<td>C</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>KB GROUP HOLDINGS LTD.</td>
<td>FE</td>
<td>BAHAMDAN INVESTMENT GROUP</td>
<td>MEMBER</td>
<td>02/2020</td>
<td>C</td>
<td>Y</td>
<td>N</td>
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</tr>
<tr>
<td>MB HOLDINGS LIMITED</td>
<td>FE</td>
<td>BAHAMDAN INVESTMENT GROUP</td>
<td>MEMBER</td>
<td>02/2020</td>
<td>C</td>
<td>Y</td>
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<tr>
<td>SAFANAD CORPORATE HOLDINGS LIMITED</td>
<td>FE</td>
<td>SAFANAD INC.</td>
<td>SOICHIAREHOLDER</td>
<td>02/2013</td>
<td>E</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>SAFANAD LIMITED</td>
<td>FE</td>
<td>SAFANAD CORPORATE HOLDINGS LIMITED</td>
<td>SOICHIAREHOLDER</td>
<td>02/2013</td>
<td>F</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

SECTION 4.C. Control Persons

Yes ☐ No ☐

C. Does any person not named in Section 1.A., Section 4.A., or Section 4.B. directly or indirectly, control your management or policies?

If yes, you must complete the information below for each control person not named in Section 1.A., Section 4.A., or Section 4.B. that directly or indirectly controls your management or policies.

Individual Name (if applicable) (Last, First, Middle)
ABU ALNASR, ABDULKAREEM

CRD Number (if any)
6917944

Effective Date 01/18/2015

Termination Date

Business Address:
Number and Street 1
LEVEL 4, THE GATE (EAST)
City DUBAI

Number and Street 2
PO BOX 506704, DIFC
State Country United Arab Emirates

ZIP+4/Postal Code 08/2007

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

Briefly describe the nature of the control:
MR. ABDULKAREEM ABU ALNASR IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN
SECTION 4.B. Indirect Owners
(1) Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., in the case of an owner that is a partnership, all general partners and those limited and Ownership codes are:

- D - 50% but less than 75%
- Y - 75% or more
- F - Other (general partner, trustee, or elected manager)

In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is a foreign entity, or "I" if the owner is an individual.

In the "Date Status" column, enter the date of the owner's status and its status (partner, trustee, elected manager).

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

Briefly describe the nature of the control:
MS. LUBNA Olayan is a Director of SAFANAD LIMITED, which is the indirect sole-owner of SAFANAD INC., which in turn controls SSHIP II MANAGEMENT LLC.

Indirect Owners.

Individual Name (if applicable) (Last, First, Middle)
AL Olayan, Lubna, Suliman

CRD Number (if any)
7049129

Effective Date
11/09/2018

Business Address:
Number and Street 1
LEVEL 4, THE GATE (EAST)
City
DUBAI

Number and Street 2
PO BOX 506704, DIFC
Country
United Arab Emirates
ZIP+4/Postal Code

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

Briefly describe the nature of the control:
MS. LUBNA Olayan is a Director of SAFANAD LIMITED, which is the indirect sole-owner of SAFANAD INC., which in turn controls SSHIP II MANAGEMENT LLC.

Indirect Owners.

Individual Name (if applicable) (Last, First, Middle)
Azrack, Joseph, Frederick

CRD Number (if any)
2272339

Effective Date
02/26/2017

Business Address:
Number and Street 1
500 FIFTH AVE, 38TH FLOOR
City
NEW YORK

Number and Street 2
PO BOX 506704
State
New York
Country
United States
ZIP+4/Postal Code
10110

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

Briefly describe the nature of the control:
MR. JOSEPH AZRACK IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP II MANAGEMENT LLC.

Indirect Owners.

Individual Name (if applicable) (Last, First, Middle)
Bahamd, Abdullah, Salem

CRD Number (if any)
6917937

Effective Date
06/07/2011

Business Address:
Number and Street 1
PO BOX 506704
City
DUBAI

Number and Street 2
Country
United Arab Emirates
ZIP+4/Postal Code

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

Briefly describe the nature of the control:
MR. ABDULLAH SALEM BAHAMDAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP II MANAGEMENT LLC.
<table>
<thead>
<tr>
<th>Individual Name (if applicable) (Last, First, Middle)</th>
<th>CRD Number (if any)</th>
<th>Effective Date</th>
<th>Termination Date</th>
<th>Business Address:</th>
<th>Briefly describe the nature of the control:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLEAVER, RICHARD, ELLIOT</td>
<td>4195676</td>
<td>03/24/2022</td>
<td></td>
<td>505 FIFTH AVE 24TH FLOOR NEW YORK United States 10017</td>
<td>MR. RICHARD CLEAVER IS A DIRECTOR OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP II MANAGEMENT LLC.</td>
</tr>
<tr>
<td>DAILEY, SEAN, MICHAEL</td>
<td>3021004</td>
<td>03/24/2022</td>
<td></td>
<td>505 FIFTH AVE 24TH FLOOR NEW YORK United States 10017</td>
<td>MR. SEAN DAILEY IS A DIRECTOR OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP II MANAGEMENT LLC.</td>
</tr>
<tr>
<td>DANNAQUI, ZIAD, MOHAMAD HUSSEIN</td>
<td>6774633</td>
<td>06/06/2017</td>
<td></td>
<td>PO BOX 506704 DUBAI United Arab Emirates</td>
<td>MR. ZIAD DANNAQUI IS A DIRECTOR OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP II MANAGEMENT LLC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual Name (if applicable) (Last, First, Middle)</th>
<th>CRD Number (if any)</th>
<th>Effective Date</th>
<th>Termination Date</th>
<th>Business Address:</th>
<th>Briefly describe the nature of the control:</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDELMAN, MARTIN, LEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION 4.A. Direct Owners and Executive Officers

A. Your full legal name:
   SSHDIP I MANAGEMENT LLC

B. Name under which you primarily conduct your advisory business, if different from Section 1.A. above or Item 1.A. of the filing adviser’s Form ADV Part 1A.

C. List any other business names and the jurisdictions in which you use them. Complete this question for each other business name.
   No Information Filed

You do not have to include the names or jurisdictions of the filing adviser or other relying adviser(s) in response to this Section 1.C.

D. If you currently have, or ever had, a number ("CRD Number") assigned by the FINRA's CRD system or by the IARD system (other than the filing adviser's CRD number), your CRD number:
   293692
   No Information Filed

If you do not have a CRD number, skip this Section 1.D. Do not provide the CRD number of one of your officers, employees, or affiliates (including the filing adviser).

E. Principal Office and Place of Business

(1) Address (do not use a P.O. Box):
   ✔ Same as the filing adviser.

   Number and Street 1: 505 5TH AVENUE
   Number and Street 2: 24TH FLOOR
   City: NEW YORK
   State: New York
   Country: United States
   ZIP+4/Postal Code: 10017-4902

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

(2) Days of week that you normally conduct business at your principal office and place of business:
   ☑ Monday - Friday
   ☐ Other:
SECTION 4.B. Indirect Owners

Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A. If you are organized as a corporation, each shareholder that is a direct owner of 5% or more of your voting securities, and is registered with the SEC; or if you are organized as a partnership, all partners, elected managers, and trustees are a 5% or more of your voting securities, and is registered with the SEC; or if you have been a large advisory firm and acquired 5% or more of the general or limited partnership interests in that large advisory firm; or if you are organized as a limited liability company (“LLC”), (i) those members or managers that are a direct owner of 5% or more of your voting securities, and is registered with the SEC; or (ii) those members that are a direct owner of 5% or more of the capital of that LLC; or if you are organized as a trust, depends on the nature of the trust and the role of the trustee; or if you have been a large advisory firm and acquired 5% or more of the capital or beneficial interests in that large advisory firm; or if you have control of a SEC registered investment company or a large advisory firm that is subject to the provisions of Section 203A(a) of the Advisers Act from registering with the SEC.

Do you have any indirect owners to be reported on Section 4.B. below?

If you have any indirect owners, you must complete Section 4.B. below.

If you do not have any indirect owners, you must check the box below.

☐ 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.

If you check the box, the system will pre-fill these fields for you, but you will be able to make any changes.

In order to register, you must answer affirmatively to at least one of the questions above. You may affirmatively respond to each of these items.

Responses to this Section help us (and you) determine whether you are eligible to register with the SEC.

Sections 4.A., 4.B., 4.C., and 4.D. together are often referred to as the “Core Questions.”

SECTION 2 SEC Registration

Responses to this Section help us (and you) determine whether you are eligible to register with the SEC.

To be a relying adviser, you must be independently eligible to register (or remain registered) with the SEC. You must check at least one of the Sections 2.A.(1) through 2.A.(8), below. Part 1A Instruction 2 provides information to help you determine whether you may affirmatively respond to each of these items.

You (the relying 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;

Click HERE for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.

☐ (3) Reserved

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

☐ (5) 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;

☐ (6) 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, you must make both of the representations below:

☐ 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.

☐ By submitting this Form ADV to the SEC, the filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule K if, on the 120th day after this application for umbrella registration with the SEC becomes effective, I would be prohibited by Section 203A(a) of the Advisers Act from registering with the SEC.

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

If this is your initial filing as a relying adviser, 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.
The filing adviser undertakes to file an amendment to this umbrella registration to remove this Schedule R if, at the time of the annual updating amendment, 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.

- (8) have received an SEC Order exempting you from the prohibition against registration with the SEC. If you check this box, provide the following information:

  Application Number: 803- Date of Order:

- (9) are no longer eligible to remain registered with the SEC.

SECTION 3 Form of Organization

A. How are you organized?
- Corporation
- Sole Proprietorship
- Limited Liability Partnership (LLP)
- Partnership
- Limited Liability Company (LLC)
- Limited Partnership (LP)
- Other (specify):

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: Delaware
- Country: United States

If you are a partnership, provide the name of the state or country under whose laws your partnership was formed.

SECTION 4.A. Direct Owners and Executive Officers

In this Section 4, we ask you to identify each other person that, directly or indirectly, controls you.

(1) Section 4.A. asks for information about your direct owners and executive officers.

(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, 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 Section 4.A., 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 Section 4.B. below? 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.

Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

<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>SAFANAD INC.</td>
<td>DE</td>
<td>SHAREHOLDER</td>
<td>03/2016</td>
<td>E</td>
<td>Y</td>
<td>N</td>
<td>170969</td>
</tr>
</tbody>
</table>

**SECTION 4.B. Indirect Owners**

1. Section 4.B. asks for information about your indirect owners; you must first complete Section 4.A., which asks for information about your direct owners.
2. Indirect Owners. With respect to each owner listed in Section 4.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 securities of that corporation;
      
      For purposes of this Section, 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.

Check this box if you are filing this Form ADV through the IARD system and want the IARD system to pre-fill Schedule B with the same indirect owners you have provided in Schedule B for your filing adviser. If you check the box, the system will pre-fill these fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

<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>BAHAMDAN INVESTMENT GROUP</td>
<td>FE</td>
<td>SAFANAD LIMITED</td>
<td>SHAREHOLDER</td>
<td>07/2009</td>
<td>C</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>BAHAMDAN, KAMAL, ABDULLAH</td>
<td>I</td>
<td>KB GROUP HOLDINGS LTD.</td>
<td>SOLE SHAREHOLDER</td>
<td>06/2006</td>
<td>E</td>
<td>Y</td>
<td>N</td>
<td>6363365</td>
</tr>
<tr>
<td>BAHAMDAN, KAMAL, ABDULLAH</td>
<td>I</td>
<td>SAFANAD LIMITED</td>
<td>DIRECTOR, CEO</td>
<td>06/2009</td>
<td>F</td>
<td>Y</td>
<td>N</td>
<td>6363365</td>
</tr>
<tr>
<td>BAHAMDAN, MOHAMMAD, ABDULLAH</td>
<td>I</td>
<td>MB HOLDINGS LIMITED</td>
<td>SOLE SHAREHOLDER</td>
<td>03/2015</td>
<td>E</td>
<td>Y</td>
<td>N</td>
<td>7236884</td>
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<tr>
<td>KB GROUP HOLDINGS LTD.</td>
<td>FE</td>
<td>SAFANAD LIMITED</td>
<td>SHAREHOLDER</td>
<td>06/2009</td>
<td>C</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>KB GROUP HOLDINGS LTD.</td>
<td>FE</td>
<td>BAHAMDAN INVESTMENT GROUP</td>
<td>MEMBER</td>
<td>02/2020</td>
<td>C</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>MB HOLDINGS LIMITED</td>
<td>FE</td>
<td>BAHAMDAN INVESTMENT GROUP</td>
<td>MEMBER</td>
<td>02/2020</td>
<td>C</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>SAFANAD CORPORATE HOLDINGS LIMITED</td>
<td>FE</td>
<td>SAFANAD INC.</td>
<td>SOLE SHAREHOLDER</td>
<td>02/2013</td>
<td>E</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>SAFANAD LIMITED</td>
<td>FE</td>
<td>SAFANAD CORPORATE HOLDINGS LIMITED</td>
<td>SOLE SHAREHOLDER</td>
<td>02/2013</td>
<td>E</td>
<td>Y</td>
<td>N</td>
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</tbody>
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**SECTION 4.C. Control Persons**
### Individual Name (if applicable) (Last, First, Middle)

**Abu Alnasr, Abdullah**

**CRD Number (if any)**
6917944

**Effective Date**
01/18/2015

**Business Address:**

<table>
<thead>
<tr>
<th>Number and Street 1</th>
<th>Number and Street 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 4, The Gate (East)</td>
<td>PO BOX 506704, DIFC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Country</th>
<th>ZIP+4/Postal Code</th>
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</thead>
<tbody>
<tr>
<td>Dubai</td>
<td></td>
<td>United Arab Emirates</td>
<td></td>
</tr>
</tbody>
</table>

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

**Briefly describe the nature of the control:**

MR. ABDULKAREEM ABU ALNASR IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SSHDIP I MANAGEMENT LLC.

---

### Individual Name (if applicable) (Last, First, Middle)

**Al Olayan, Lubna, Suliman**

**CRD Number (if any)**
7049129

**Effective Date**
11/09/2018

**Business Address:**

<table>
<thead>
<tr>
<th>Number and Street 1</th>
<th>Number and Street 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 4, The Gate (East)</td>
<td>PO BOX 506704, DIFC</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>Dubai</td>
<td></td>
<td>United Arab Emirates</td>
<td></td>
</tr>
</tbody>
</table>

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

**Briefly describe the nature of the control:**

MS. LUBNA OLYAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SSHDIP I MANAGEMENT LLC.

---

### Individual Name (if applicable) (Last, First, Middle)

**Azrack, Joseph, Frederick**

**CRD Number (if any)**
2272339

**Effective Date**
02/26/2017

**Business Address:**

<table>
<thead>
<tr>
<th>Number and Street 1</th>
<th>Number and Street 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 Fifth Ave, 38th Floor</td>
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</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>New York</td>
<td>New York</td>
<td>United States</td>
<td>10110</td>
</tr>
</tbody>
</table>

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

---

C. Does any person not named in Section 1.A., Section 4.A., or Section 4.B. directly or indirectly, control your management or policies?

If yes, you must complete the information below for each control person not named in Section 1.A., Section 4.A., or Section 4.B. that directly or indirectly controls your management or policies.

---
Briefly describe the nature of the control:
MR. JOSEPH AZRACK IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP I MANAGEMENT LLC.

Individual Name (if applicable) (Last, First, Middle)
BAHAMDAN, ABDULLAH, SALEH

CRD Number (if any)
6917937

Effective Date Termination Date
06/06/2011

Business Address:
Business Address:
Number and Street 1 Number and Street 2
PO BOX 506704
City State Country ZIP+4/Postal Code
DUBAI United Arab Emirates

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

Briefly describe the nature of the control:
MR. ABDULLAH SALEH BAHAMDAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP II MANAGEMENT LLC.

Individual Name (if applicable) (Last, First, Middle)
CLEAVER, RICHARD, ELLIOT

CRD Number (if any)
4195676

Effective Date Termination Date
03/24/2022

Business Address:
Number and Street 1 Number and Street 2
505 FIFTH AVE 24TH FLOOR
City State Country ZIP+4/Postal Code
NEW YORK New York United States 10017

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

Briefly describe the nature of the control:
MR. RICHARD CLEAVER IS A DIRECTOR OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP II MANAGEMENT LLC.

Individual Name (if applicable) (Last, First, Middle)
DAILEY, SEAN, MICHAEL

CRD Number (if any)
3021004

Effective Date Termination Date
03/24/2022

Business Address:
Number and Street 1 Number and Street 2
505 FIFTH AVE 24TH FLOOR
City State Country ZIP+4/Postal Code
NEW YORK New York United States 10017

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

Briefly describe the nature of the control:
Individual Name (if applicable) (Last, First, Middle)  
DANNAOUI, ZIAD, MOHAMAD HUSSEIN  

CRD Number (if any)  
6774633  

Effective Date  
06/06/2017  

Termination Date  
06/06/2009  

Business Address:  
Number and Street 1  
PO BOX 506704  
City  
DUBAI  
State  
United Arab Emirates  
Country  
New York  
Effective Date  
03/24/2017  

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

Briefly describe the nature of the control:  
MR. ZIAD DANNOUNI IS A DIRECTOR OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP II MANAGEMENT LLC.  

Individual Name (if applicable) (Last, First, Middle)  
EDELMAN, MARTIN, LEE  

CRD Number (if any)  
4606482  

Effective Date  
01/05/2017  

Termination Date  
06/06/2011  

Business Address:  
Number and Street 1  
LEVEL 4, THE GATE (EAST)  
City  
DUBAI  
State  
United Arab Emirates  
Country  
New York  
Effective Date  
03/06/2012  

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

Briefly describe the nature of the control:  
MR. MARTIN EDELMAN IS A DIRECTOR OF SAFANAD LIMITED, WHICH IS THE INDIRECT SOLE-OWNER OF SAFANAD INC., WHICH IN TURN CONTROLS SSHIP II MANAGEMENT LLC.  

**SECTION 4.D. Control Persons - Public Reporting Companies**  
No Information Filed

**DRP Pages**

**CRIMINAL DISCLOSURE REPORTING PAGE (ADV)**

No Information Filed

**REGULATORY ACTION DISCLOSURE REPORTING PAGE (ADV)**

No Information Filed

**CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (ADV)**

No Information Filed
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:

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></td>
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<td></td>
</tr>
</tbody>
</table>

There are no CRS filings to display.

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 arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, proceeding, or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of the state in which you maintain your principal office and place of business or of any state in which you are submitting a notice filing.

Signature

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

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

Signature:  Date: MM/DD/YYYY
SEAN DAILEY  08/09/2022
Printed Name:  Title:
SEAN DAILEY  CHIEF COMPLIANCE OFFICER AND CHIEF LEGAL OFFICER
Adviser CRD Number:  170969

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,
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: 170969