

(“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*: \$ \_\_\_\_\_

### **Ownership**

12. Minimum investment commitment required of an investor in the *private fund*: \$ \_\_\_\_\_

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: \_\_\_\_\_

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

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

(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: \_\_\_\_\_ %

**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. \_\_\_\_\_

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.

Check only one box:  Add  Delete  Amend

Name of Adviser: \_\_\_\_\_

Adviser’s SEC File Number: \_\_\_\_\_

19. Are your *clients* solicited to invest in the *private fund*?  Yes  No

*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*? \_\_\_\_\_ %

**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):

Check only one box:  Add  Delete  Amend

021- \_\_\_\_\_

**B. SERVICE PROVIDERS**

Check this box if you are filing this Form ADV through the IARD system and want the IARD system to create a new Schedule D, Section 7.B.(1) with the same service provider information you have given here in Questions 23 - 28 for a new *private fund* for which you are required to complete Section 7.B.(1). If you check the box, the system will pre-fill those fields for you, but you will be able to manually edit the information after it is pre-filled and before you submit your filing.

**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.

Check only one box:  Add  Delete  Amend

(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): \_\_\_\_\_

(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: \_\_\_\_\_

(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.

Check only one box:  Add  Delete  Amend

(b) Name of the prime broker: \_\_\_\_\_

(c) If the prime broker is registered with the SEC, its registration number: 8- \_\_\_\_\_

(d) Location of prime broker's office used principally by the *private fund* (city, state and country): \_\_\_\_\_

(e) Does this prime broker act as custodian for some or all of the *private fund's* assets?  Yes  No

**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.

Check only one box:  Add  Delete  Amend

(b) Legal name of custodian: \_\_\_\_\_

(c) Primary business name of custodian: \_\_\_\_\_

(d) The location of the custodian's office responsible for *custody* of the *private fund's* assets (city, state and country): \_\_\_\_\_

(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):  
8- \_\_\_\_\_

(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

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.

Check only one box:  Add  Delete  Amend

(b) Name of administrator: \_\_\_\_\_

(c) Location of administrator (city, state and 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.”  
\_\_\_\_\_.

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?  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.

Check only one box:  Add  Delete  Amend

(b) Is the marketer a *related person* of your firm?  Yes  No

(c) Name of the marketer: \_\_\_\_\_

(d) If the marketer is registered with the SEC, its file number (*e.g.*, 801-, 8-, or 866-):  
\_\_\_\_\_ and CRD Number (if any) \_\_\_\_\_

(e) Location of the marketer’s office used principally by the *private fund* (city, state and country): \_\_\_\_\_

(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): \_\_\_\_\_

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

(1) Name of the *private fund*: \_\_\_\_\_

(2) *Private fund* identification number: \_\_\_\_\_

(3) Name and SEC File number of adviser that provides information about this *private fund* in Section 7.B.(1) of Schedule D of its Form ADV filing: \_\_\_\_\_, 801- \_\_\_\_\_ or 802- \_\_\_\_\_

(4) Are your *clients* solicited to invest in this *private fund*?  Yes  No

In answering this question, disregard feeder funds’ investment in a master fund. For purposes of this question, 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.

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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*.

Check only one box:  Add  Delete  Amend

(1) Name of the *independent public accountant*: \_\_\_\_\_

(2) The location of the *independent public accountant's* office responsible for the services provided:

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(number and street)

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(city)	(state/country)	(zip+4/postal code)
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(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: \_\_\_\_\_

(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  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.*

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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.

Check only one box:  Add  Delete  Amend

(1) Firm or Organization Name: \_\_\_\_\_

(2) CRD Number (if any): \_\_\_\_\_ Effective Date: \_\_\_\_\_  
mm/dd/yyyy

Termination Date: \_\_\_\_\_  
mm/dd/yyyy

(3) Business Address:

\_\_\_\_\_  
(number and street)

\_\_\_\_\_  
(city) (state/country) (zip+4/postal code)

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

(4) Individual Name (if applicable) (Last, First, Middle):

\_\_\_\_\_

(5) CRD Number (if any): \_\_\_\_\_ Effective Date: \_\_\_\_\_  
mm/dd/yyyy

Termination Date: \_\_\_\_\_  
mm/dd/yyyy

(6) Business Address:

\_\_\_\_\_  
(number and street)

\_\_\_\_\_  
(city) (state/country) (zip+4/postal code)

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

(7) Briefly describe the nature of the *control*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION 10.B. *Control Person* Public Reporting Companies

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



provide the following information (you must complete a separate Schedule D Section 10.B. for each public reporting company):

(1) Full legal name of the public reporting company: \_\_\_\_\_

(2) The public reporting company's CIK number (Central Index Key number that the SEC assigns to each reporting company): \_\_\_\_\_

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Miscellaneous

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

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# FORM ADV

## Schedule R

Check the box that indicates what you would like to do:

### Submit a new Schedule R

Submit an initial Schedule R

### Amend a Schedule R

Amend an existing Schedule R

### Delete a Schedule R

Delete an existing Schedule R for a *relying adviser* that is no longer eligible for SEC registration

Delete an existing Schedule R for a *relying adviser* that is no longer relying on this *umbrella registration*

## 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:

\_\_\_\_\_

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.  Add  Delete  Amend

Name: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

*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: \_\_\_\_\_.

*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*

Same as the *filing adviser*.

(1) Address (do not use a P.O. Box):

\_\_\_\_\_  
(number and street)

\_\_\_\_\_  
(city) (state/country) (zip +4/postal code)

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: \_\_\_\_\_

(3) Telephone number at this location: \_\_\_\_\_  
(area code) (telephone number)

(4) Facsimile number at this location, if any: \_\_\_\_\_  
(area code) (facsimile number)

F. Mailing address, if different from your *principal office and place of business* address:

Same as the *filing adviser*.

\_\_\_\_\_  
(number and street)

\_\_\_\_\_  
(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: \_\_\_\_\_

## 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*;
- (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: \_\_\_\_\_  
(mm/dd/yyyy)

- (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? \_\_\_\_\_

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

*If you are a partnership, provide the name of the state or country under whose laws your partnership was formed.*

### SECTION 4 Control Persons

In this Section 4, we ask you to identify each other *person* that, directly or indirectly, *controls* you.

#### A. Direct Owners and Executive Officers

(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 in 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%	C - 25% but less than 50%
A - 5% but less than 10%	D - 50% but less than 75%
B - 10% but less than 25%	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 the chart below with the same direct owners and executive officers you have provided in Schedule A 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/YY YY	Ownership Code	Control Person  PR	CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.

**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.





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.

Check only one box:  Add  Delete  Amend

(1) Firm or Organization Name: \_\_\_\_\_

(2) CRD Number (if any): \_\_\_\_\_ Effective Date: \_\_\_\_\_  
mm/dd/yyyy

Termination Date: \_\_\_\_\_  
mm/dd/yyyy

(3) Business Address:

\_\_\_\_\_  
(number and street)

\_\_\_\_\_  
(city) (state/country) (zip+4/postal code)

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

(4) Individual Name (if applicable) (Last, First, Middle):

\_\_\_\_\_

(5) CRD Number (if any): \_\_\_\_\_ Effective Date: \_\_\_\_\_  
mm/dd/yyyy

Termination Date: \_\_\_\_\_  
mm/dd/yyyy

(6) Business Address:

\_\_\_\_\_  
(number and street)

\_\_\_\_\_  
(city) (state/country) (zip+4/postal code)

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

(7) Briefly describe the nature of the *control*:

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D. If any *person* named in Section 4.A., Section 4.B., or Section 4.C. is a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934, complete the information below (you must complete this information for each public reporting company).

Check only one box:  Add       Delete       Amend

(1) Full legal name of the public reporting company: \_\_\_\_\_

(2) The public reporting company's CIK number (Central Index Key number that the SEC assigns to each reporting company): \_\_\_\_\_

### CRIMINAL DISCLOSURE REPORTING PAGE (ADV)

#### GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an  INITIAL **OR**  AMENDED response used to report details for affirmative responses to Items 11.A. or 11.B. of Form ADV.

Check item(s) being responded to:  11.A(1)  11.A(2)  11.B(1)  11.B(2)

Use a separate DRP for each event or *proceeding*. The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

Multiple counts of the same charge arising out of the same event(s) should be reported on the same DRP. Unrelated criminal actions, including separate cases arising out of the same event, must be reported on separate DRPs. Use this DRP to report all charges arising out of the same event. One event may result in more than one affirmative answer to the items listed above.

#### PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- You (the advisory firm)
- You and one or more of your *advisory affiliates*
- One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name).

If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate “non-registered” by checking the appropriate box.

Your Name

Your *CRD* Number

\_\_\_\_\_

\_\_\_\_\_

#### ADV DRP - *ADVISORY AFFILIATE*

*CRD* Number

This *advisory affiliate* is  a firm  an individual  
Registered:  Yes  No

\_\_\_\_\_

Name (For individuals, Last, First, Middle)

\_\_\_\_\_

- This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an *exempt reporting adviser* with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.
- This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:

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B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

- Yes     No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.

PART II

1. If charge(s) were brought against an organization over which you or an *advisory affiliate* exercise(d) *control*: Enter organization name, whether or not the organization was an *investment-related* business and your or the *advisory affiliate's* position, title, or relationship.

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2. Formal Charge(s) were brought in: (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

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3. Event Disclosure Detail (Use this for both organizational and individual charges.)

A. Date First *Charged* (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation: \_\_\_\_\_