FORM ADV

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

Primary Business Name: PRIVATE CLIENT SERVICES, LLC

Annual Amendment - All Sections

CRD Number: 120222

Rev. 10/2021

3/21/2025 9:57:26 AM

W			ons may result in denial of your onts. See Form ADV General Instr	application, revocation of your registration, or criminal prosecution. You ruction 4.	
Ite	m 1 Identifying Information				
	sponses to this Item tell us who you provided for the <i>filing adviser</i> only.		·	u. If you are filing an <i>umbrella registration</i> , the information in Item 1 sl ng an <i>umbrella registration</i> .	nould
Α.	Your full legal name (if you are a s PRIVATE CLIENT SERVICES, LI		nd middle names):		
В.	(1) Name under which you primar PRIVATE CLIENT SERVICES, LI		ess, if different from Item 1.A.		
	List on Section 1.B. of Schedule D	any additional names under wh	ich you conduct your advisory b	usiness.	
	(2) If you are using this Form AD\	/ to register more than one inve	stment adviser under an <i>umbrel</i>	lla registration, check this box \square	
	If you check this box, complete a	Schedule R for each relying adv	iser.		
C.	If this filing is reporting a change ☐ your legal name or ☐ your prin		or primary business name (Item	1.B.(1)), enter the new name and specify whether the name change is	of
D.	(1) If you are registered with the			75	
	(2) If you report to the SEC as an(3) If you have one or more Centre			Laf your CTV numbers	
	(3) If you have one of more centi	al Illuex Rey Humbers assigned	No Information Filed	Toryour Cik humbers.	
E.	(1) If you have a number ("CRD N	Number") assigned by the FINRA	's CRD system or by the IARD sy	ystem, your <i>CRD</i> number: 120222	
	If your firm does not have a CRD	number, skip this Item 1.E. Do i	not provide the CRD number of c	one of your officers, employees, or affiliates.	
	(2) If you have additional CRD Nu	mbers, your additional CRD nun	nbers: No Information Filed		
			No Illomation Flied		
F.	Principal Office and Place of Busin	ess			
	(1) Address (do not use a P.O. Bo	ox):		_	
	Number and Street 1: 2225 LEXINGTON ROAD		Number and Street	2:	
	City:	State:	Country:	ZIP+4/Postal Code:	
	LOUISVILLE	Kentucky	United States	40206	
	If this address is a private res	sidence, check this box: \square			
	applying for registration, or a for registration or with whom	re registered, with one or more you are registered. If you are a	state securities authorities, you pplying for SEC registration, if yo	iness, at which you conduct investment advisory business. If you are must list all of your offices in the state or states to which you are apply ou are registered only with the SEC, or if you are reporting to the SEC syees as of the end of your most recently completed fiscal year.	
	(2) Days of week that you norma	illy conduct business at your prin	ncipal office and place of busines	es:	
	Monday - Friday C Other: Normal business hours at this 8:30 - 5:00	s location:			
	(3) Telephone number at this loca	ation:			
	502-451-0600 (4) Facsimile number at this local 502-473-1721	tion, if any:			
			office and place of business, at v	which you conduct investment advisory business as of the end of your	nost
G.	Mailing address, if different from y	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 reside	nce, check this box:			

н.	If you are a sole proprietor, st	ate your full residence address	, if different from your <i>principal office</i>	and place of business address in Item 1.F.:	
	Number and Street 1:		Number and Street 2:		
	City:	State:	Country:	ZIP+4/Postal Code:	
I.	Do you have one or more web	sites or accounts on publicly a	vailable social media platforms (includi	ing, but not limited to, Twitter, Facebook and LinkedIn)?	Yes No ⊙ C
	address serves as a portal threinformation. You may need to	ough which to access other info list more than one portal addr	ormation you have published on the weess. Do not provide the addresses of w	available social media platforms on Section 1.I. of Schedule Leb, you may list the portal without listing addresses for all of rebsites or accounts on publicly available social media platfor loyees or the addresses of employee accounts on publicly available.	f the other rms where you
J.	• •	tact information of your Chief (u have one. If not, you must c		pt reporting adviser, you must provide the contact information	on for your
	Name: JOHN TAYLOR-JONES		Other titles, if any:		
	Telephone number: 502-992-3555		Facsimile number, if any: 502-473-1721		
	Number and Street 1: 2225 LEXINGTON RD		Number and Street 2:		
	City: LOUISVILLE	State: Kentucky	Country: United States	ZIP+4/Postal Code: 40206	
	Electronic mail (e-mail) addre	ess, if Chief Compliance Officer	has one:		
		advise for providing chief con		related person or an investment company registered under ti e the person's name and IRS Employer Identification Number	
K.	Additional Regulatory Contact you may provide that informal	·	the Chief Compliance Officer is author	rized to receive information and respond to questions about t	this Form ADV
	Name: ERNEST SAMPSON		Titles: MANAGING MEMBER		
	Telephone number: 502-992-3540		Facsimile number, if any: 502-473-1721		
	Number and Street 1: 2225 LEXINGTON ROAD		Number and Street 2:		
	City: LOUISVILLE	State: Kentucky	Country: United States	ZIP+4/Postal Code: 40206	
	Electronic mail (e-mail) addre ESAMPSON@PCSBD.NET	ess, if contact person has one:			
L.	Do you maintain some or all o your <i>principal office and place</i>	·	e required to keep under Section 204	of the Advisers Act, or similar state law, somewhere other th	Yes No
	If "yes," complete Section 1.L.	. of Schedule D.			
М.	Are you registered with a fore	ign financial regulatory authori	ty?		Yes No
	Answer "no" if you are not reg If "yes," complete Section 1.M		regulatory authority, even if you have	e an affiliate that is registered with a foreign financial regulat	ory authority.
N.	Are you a public reporting com	npany under Sections 12 or 15	(d) of the Securities Exchange Act of 1	934?	Yes No
	,	.,	(-,		Yes No
0.	Did you have \$1 billion or mor If yes, what is the approximat • \$1 billion to less than \$10	e amount of your assets: O billion	our most recent fiscal year?		⊙ C
	C \$10 billion to less than \$50 c \$50 billion or more	50 billion			
	For numnesses of Item 1.0. only	v "accets" refers to your total	accets rather than the accets you may	nage on hehalf of clients. Determine your total assets using t	the total

 $https://crd.finra.org/lad/Content/PrintHist/Adv/Sections/crd_iad_AdvAllSections.aspx? RefNum=\&viewChanges=N\&FLNG_PK=1962153$

assets shown on the balance sheet for your most recent fiscal year end. $% \label{eq:control_eq} % \l$

P. Provide your *Legal Entity Identifier* if you have one:

A legal entity identifier is a unique number that companies use to identify each other in the financial marketplace. You may not have a legal entity identifier.

SECTION 1.B. Other Busine	ess Names		
List your other business nar	nes and the jurisdictions in which you use t	hem. You must complete a separate Schedu	le D Section 1.B. for each business name.
Name: PCS ADVISORS			
Jurisdictions			
☑ AL	☑ IL	☑ NE	□sc
□AK	☑ IN	□ NV	□SD
□AZ	□ IA	☑ NH	☑ TN
□AR	□ KS	I NJ	☑ TX
☑ CA	☑ KY	☑ NM	☑ UT
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☑ DE	□ MD	□ND	☑ ∨A
□ DC	☑ MA	⊡ он	□ WA
☑ FL	☑ MI	□ок	□ wv
☑ GA	□ MN	☑ OR	☑ WI
□gu	☑ MS	☑ PA	☑ wy
₩HI	□мо	□ PR	Other:
□ID	□ MT	□RI	_ Guidi.
List your other business nar	nes and the jurisdictions in which you use t	hem. You must complete a separate Schedu	le D Section 1.B. for each business name.
Name: DUGAN FINANCIAL S	SERVICES		
Jurisdictions			
□ AL	∏ IL	□ NE	□ sc
☐ AK	□ IN	□ NV	□ SD
□ AZ	□ IA	□ NH	□ TN
☐ AR	□ KS	⊠ NJ	□ TX
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Со	□ LA	☑ NY	□ vτ
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□FL	□ MI	□ок	□ wv
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□ GU	□ MS	□ PA	□ wy
□HI	□мо	□ PR	☐ Other:
□ID	□мт	□RI	
List your other business nar	nes and the jurisdictions in which you use t	hem. You must complete a separate Schedu	le D Section 1.B. for each business name.
Name: US PLANNING GROU	P		
Jurisdictions			
□AL	□ IL	□ NE	□sc
□ak	□ IN	□ NV	□sD
□az	□ IA	□NH	□ TN
□AR	□ KS	l ⊡ NJ	□тx
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Пы	□ MI	□ or	

IARD - All Sections [User Name: jtaylorjones, OrgID: 120222]

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List your other business names and the jur	sdictions in which you use them. You must co	mplete a separate Schedule D Section 1.B. f	or each business name.					
List your other business names and the jur	saletions in miner, you use them. You must be	implete a separate seriedale si section 1151 i	or each business name.					
Name: BRIGHTLINE FINANCIAL								
Jurisdictions								
□ AL	□ IL	□ NE	□ sc					
□ AK	□IN	□NV	□ SD					
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	☐ MT	□RI						
List your other business names and the jur	sdictions in which you use them. You must co	implete a separate Schedule D Section 1.B. F	or each business name.					
Name: ENTHEOS FINANCIAL								
Jurisdictions								
□AL	□ IL	□ NE	□ sc					
□AK	□IN	□NV	□SD					
□ AZ	□IA	□NH	□ TN					
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List your other business names and the jur	sdictions in which you use them. You must co	mplete a separate Schedule D Section 1.B. f	or each business name.					
Name: AFFIANCE FINANCIAL								
Name. ATTANCE TIVANCIAL								
Jurisdictions			-					
□ AL	∏ IL	□ NE	□ SC					
□ AK	□IN	□NV	□SD					
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□ AR	□KS	□NJ	□TX					
□ CA	□ KY	□NM	□∪т					
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□ HI	□ мо	□ PR	☐ Other:			
	□мт	□RI				
List your other business names and the juri	sdictions in which you use them. You must co	omplete a separate Schedule D Section 1.B. f	or each business name.			
Name: KENTUCKY FINANCIAL GROUP						
Name: Kentuckt Financial Group						
Jurisdictions						
₩AL	☑ IL	□ NE	□sc			
∏ AK	☑ IN	□ NV	□ SD			
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∏ AR						
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☑ co	□LA	□NY	□vT			
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List your other business names and the juri	sdictions in which you use them. You must co	omplete a congrate Schedule D Section 1 B f	or each husiness name			
List your other business flames and the juin	salctions in which you use them. Tou must co	ompiete a separate Schedule D Section 1.b. i	or each business name.			
Name: FINANCIAL CONSULTANTS GROUP						
1						
Jurisdictions						
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□ AK	□IN	□NV	□SD			
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□ AR	□ KS	□ NJ	□TX			
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□ CO □ CT □ DE	□ LA □ ME □ MD	□ NY □ NC □ ND	□ UT □ VT □ VI ☑ VA			
□ co □ cτ □ DE □ DC	□ LA □ ME □ MD □ MA	□ NY □ NC □ ND □ OH	□ UT □ VT □ VI ☑ VA □ WA			
□ CO □ CT □ DE	□ LA □ ME □ MD	□ NY □ NC □ ND	□ UT □ VT □ VI ☑ VA			
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□ CO □ CT □ DE □ DC □ FL □ GA	□ LA □ ME □ MD □ MA □ MI □ MN	□ NY □ NC □ ND □ OH □ OK □ OR	□ UT □ VT □ VI ☑ VA □ WA □ WV □ WI			
□ CO □ CT □ DE □ DC ☑ FL □ GA □ GU	□ LA □ ME □ MD □ MA □ MI □ MN □ MS	□ NY □ NC □ ND □ OH □ OK □ OR □ PA	□ UT □ VT □ VI ▼ VA □ WA □ WV □ WI □ WY			
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☐ CO ☐ CT ☐ DE ☐ DC ☑ FL ☐ GA ☐ GU ☐ HI ☐ ID List your other business names and the juri Name: BLUE OCEAN GLOBAL WEALTH Jurisdictions ☐ AL	LA ME MD MA MI MN MS MO MT sdictions in which you use them. You must co	□ NY □ NC □ ND □ OH □ OK □ OR □ PA □ PR □ RI complete a separate Schedule D Section 1.B. f	UT VT VI VI VA WA WA WY Other:			
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Name: LINDLE HENNESSEY GROUP	1						
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List your other business names and	the jurisdictions in which you use the	em. Tou must complete a separate schedul	D Section 1.B. for each business name.				
Name: MCGILL FINANCIAL ENSEME	BLE						
Jurisdictions							
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Name: WEALTHHYVE ADVISORS			
Jurisdictions			
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List your other business names and	the jurisdictions in which you use the	em. You must complete a separate Schedule	D Section 1.B. for each business name.
Name: MARION INVESTMENT ADVIS	ORS		
Jurisdictions			
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GA GU HI ID List your other business names and Some: SILVERLEAF WEALTH ADVISOR	☐ MN ☐ MS ☐ MO ☐ MT the jurisdictions in which you use the	□ OK □ OR □ PA □ PR □ RI	□ WV □ WI □ WY □ Other:
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GA GU HI JID List your other business names and some: SILVERLEAF WEALTH ADVISOR Durisdictions AL AK AZ AR CA	MN MS MS MO MT The jurisdictions in which you use the DRY IL IN IN IA KS KY	□ OK □ OR □ PA □ PR □ RI □ RI □ NE □ NV □ NH □ NJ □ NM	□ WV □ WI □ WY □ Other: D Section 1.B. for each business name.
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Name: BURKE FINANCIAL SERVICES								
Jurisdictions								
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Name: HAFELE INVESTMENTS								
Jurisdictions								
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List your other business names and the juri	sdictions in which you use them. You must co	mplete a separate Schedule D Section 1.B. f	or each business name.					
Name: IMPACT WEALTH GROUP								
Jurisdictions								
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Name: J&G FINANCIAL					
Jurisdictions					
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List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.					
Name: IARANN WEALTH					
Name. IAMINI WEALIII					
Jurisdictions					
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SECTION 1.F. Other Offices				
SECTION 1.1. Other Offices				
Complete the following information for each	office other than your principal office a	and place of husiness, at which you	conduct investment advisory business. You must co	mnlete
		gistration, if you are registered only	with the SEC, or if you are an exempt reporting ac	ivisei ,
list only the largest twenty-five offices (in te	rms of numbers of <i>employees</i>).			
Number and Street 1:		Number and Street 2:		
2900 WESTFORK DRIVE, SUITE 401				
City:	State:	Country:	ZIP+4/Postal Code:	
BATON ROUGE	Louisiana	United States	70827	
BATON ROOGE	Eddisiana	omica states	70027	
If this address is a private residence, check	this box:			
Telephone Number:	Facsimile Number, if	fany:		
(225) 465-5834	ruesimile Humber, ii	any.		
(223) 403 3034				
If this office location is also required to be re	egistered with FINRA or a <i>state securitie</i>	es authority as a branch office locat	ion for a broker-dealer or investment adviser on the	9
Uniform Branch Office Registration Form (Fo	rm BR), please provide the CRD Branch	Number here:		
808029				
How many ampleyage norform investment a	duigam, functions from this office locatio	an2		
How many <i>employees</i> perform investment a	dvisory functions from this office location	JII!		
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Are other business activities conducted at th	is office location? (check all that apply)			
☑ (1) Broker-dealer (registered or unregiste	ared)			
l ` '	•			
\square (2) Bank (including a separately identifial	ole department or division of a bank)			
(3) Insurance broker or agent				
(4) Commodity pool operator or commod	ity trading advisor (whether registered o	or exempt from registration)		
	,	,		
☐ (5) Registered municipal advisor				
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(6) Accountant or accounting firm (7) Lawyer or law firm Describe any other <i>investment-related</i> busing			conduct investment advisory husiness. You must co	omplete
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LJ (7) Lawyer or law firm			
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_	ocation. If you are applying for SEC r	•	you conduct investment advisory business. You must complete only with the SEC, or if you are an <i>exempt reporting adviser</i> ,
Number and Street 1: 30A MAPLE STREET		Number and Street 2:	
City: SOMERVILLE	State: New Jersey	Country: United States	ZIP+4/Postal Code: 08876
If this address is a private residence, check t	his box:		
Telephone Number: 908.806.6041	Facsimile Number, if a	iny:	
If this office location is also required to be re Uniform Branch Office Registration Form (For 443100	_	•	location for a broker-dealer or investment adviser on the
How many <i>employees</i> perform investment at 1	lvisory functions from this office loca	tion?	
Are other business activities conducted at thi	red) le department or division of a bank)		
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_	ocation. If you are applying for SEC r	•	you conduct investment advisory business. You must complete only with the SEC, or if you are an <i>exempt reporting adviser</i> ,
1124 ROUTE 202 SOUTH UNIT A-6			
City: RARITAN	State: New Jersey	Country: United States	ZIP+4/Postal Code: 08869
If this address is a private residence, check t	his box:		
Telephone Number: 908.450.7037	Facsimile Number, if	any:	
If this office location is also required to be re Uniform Branch Office Registration Form (For	-	•	location for a broker-dealer or investment adviser on the
How many <i>employees</i> perform investment as 2	lvisory functions from this office loca	tion?	
Are other business activities conducted at thi	red) le department or division of a bank)		
□ (7) Lawyer or law firm	ess activities conducted from this offi	ce location:	

	are applying for SEC reg		which you conduct investment advisory business. You must complete stered only with the SEC, or if you are an <i>exempt reporting adviser</i> ,
Number and Street 1: 310 ARMOUR ROAD		Number and Street 2 SUITE 215	::
City: N. KANSAS CITY	State: Missouri	Country: United States	ZIP+4/Postal Code: 64119
If this address is a private residence, check this box: $\ \square$			
Telephone Number: 816-474-7700	Facsimile Number, if a	ny:	
If this office location is also required to be registered with FI Uniform Branch Office Registration Form (Form BR), please μ			office location for a broker-dealer or investment adviser on the
How many <i>employees</i> perform investment advisory function 1	s from this office locatio	n?	
Are other business activities conducted at this office location (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department of (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm	or division of a bank)	or exempt from registrati	on)
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-	are applying for SEC reg		which you conduct investment advisory business. You must complete stered only with the SEC, or if you are an exempt reporting adviser,
Number and Street 1: 450 7TH AVENUE		Number and Street 2 SUITE 2600	2:
City:	State:	Country:	ZIP+4/Postal Code:
NEW YORK	New York	United States	10123
If this address is a private residence, check this box: $\ \square$			
Telephone Number: 212.660.7401	Facsimile Number, if ar	ny:	
If this office location is also required to be registered with FI Uniform Branch Office Registration Form (Form BR), please		•	office location for a broker-dealer or investment adviser on the
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Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete

a separate Schedule D Section 1.F. for each location. If y list only the largest twenty-five offices (in terms of numb		registration, if you are registered or	nly with the SEC, or if you are an exempt reporting adviser,
Number and Street 1: 2009 LINCOLN STREET		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
COLUMBIA	South Carolina	United States	29201
If this address is a private residence, check this box: $\ \square$			
Telephone Number: 803-403-1420	Facsimile Number, if ar	ny:	
If this office location is also required to be registered witl Uniform Branch Office Registration Form (Form BR), plea 776196			ation for a broker-dealer or investment adviser on the
How many <i>employees</i> perform investment advisory funct 4	tions from this office loo	ration?	
Are other business activities conducted at this office loca ☑ (1) Broker-dealer (registered or unregistered)	tion? (check all that app	oly)	
(2) Bank (including a separately identifiable departme	nt or division of a bank)		
(3) Insurance broker or agent (4) Commodity pool operator or commodity trading ac	lvisor (whether register	ed or exempt from registration)	
(5) Registered municipal advisor	Tribor (miletrier register	ou or exemperior registration,	
\square (6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other investment-related business activities	s conducted from this of	ffice location:	
· -	ou are applying for SEC		ou conduct investment advisory business. You must complete nly with the SEC, or if you are an <i>exempt reporting adviser</i> ,
Number and Street 1: 4928 ALBANY MEADOW		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
WESTERVILLE	Ohio	United States	43081
If this address is a private residence, check this box: ${f ec {\it V}}$			
Telephone Number: 614-602-7452	Facsimile Numbe	er, if any:	
If this office location is also required to be registered witl Uniform Branch Office Registration Form (Form BR), plea 806588		•	ation for a broker-dealer or investment adviser on the
How many <i>employees</i> perform investment advisory funct 1	tions from this office loc	ation?	
Are other business activities conducted at this office loca	tion? (check all that app	oly)	
(1) Broker-dealer (registered or unregistered)			
\square (2) Bank (including a separately identifiable departme	nt or division of a bank)	
(3) Insurance broker or agent			
(4) Commodity pool operator or commodity trading ac	lvisor (whether register	ed or exempt from registration)	
(5) Registered municipal advisor			
☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm			
Describe any other investment-related business activities	s conducted from this of	ffice location:	

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*,

Number and Street 1: 9000 PILL/DOOD RKW, SUTT 5:00 1012 State: 1012 City: 1012 State: 1013 Stat	list only the largest twenty-five offices (in terms of numbers of	employees).		
Copy: State: Country: ZIP-4/Protal Code: TWORTH TROUBLE TO United States 76177 If this address is a private residence, check this box: Teepstone Number: Facilities Number, if any: 225465834 If this office location is also required to be registered with FINRA or a state securities authority as a boards office location for a broken-dealer or investment advisor on the United States and Street 1: White states location is also required to be registered with FINRA or a state securities authority as a boards office location for a broken-dealer or investment advisor or interestment advisor or mission states or investment advisor functions from this office location? If this office location is also required to be registered or univestment advisory functions from this office location? If the white husiness activities modulated at this office location? If the white husiness activities are dealer or advisory functions from this office location? If the white husiness activities are dealer or advisory function or or this office location? If the white husiness activities are dealer or dealer dealer or dealer dealer or dealer or dealer dea			Number and Street 2:	
If this office location is also required to be registered with FINIA or a state securities authority as a branch office location for a broken-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Darinch Number here: 809579 Illow many employees perform investment advisory functions from this office location? 1 Are other business activities conducted at this office location? (check all that apply) If (1) Broken-dealer (registered or unregistered) If (2) Bank (including a separately teaminable department or division of a bank) If (3) Insurance broker or agent If (4) Commodity on department or commodity trading advisor (whether registered or exempt from registration) If (5) Registered municipal advisor If (6) Accountant or accounting from If (7) Lawyer or law firm Describe any other investiment-related business activities conducted from this office location: Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schodule Dischodule Dischodule of the property of the separate Schodule Dischodule of the separate Schodule Dischodule of the property of the separate Schodule Dischodule of the separate Schodule Office Institute Office Ins	City:		·	
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Describe any other investment-related business activities conducted from this office location: Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees). Number and Street 1: 205 SE 20TH STREET City: State: Country: ZIP+4/Postal Code: FORT LAUDERDALE Florida United States 33316 If this address is a private residence, check this box: Telephone Number: Facsimile Number, if any: 954.753.2600 954.337.2455 If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here: 803015 How many employees perform investment advisory functions from this office location? 1 Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm				
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(7) Lawyer or law firm	\square (5) Registered municipal advisor			
	\square (6) Accountant or accounting firm			
Describe any other <i>investment-related</i> business activities conducted from this office location:	(7) Lawyer or law firm			

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

		Number and Street 2:	
4351 WEST COLLEGE AVENUE		SUITE 420	
City:	State:	Country:	ZIP+4/Postal Code:
APPLETON	Wisconsin	United States	54914
If this address is a private residence, check this box: \Box			
Telephone Number:	Facsimile Number, if any:		
502-451-0600	502-473-1721		
If this office location is also required to be registered with Uniform Branch Office Registration Form (Form BR), please 686935			for a broker-dealer or investment adviser on the
How many <i>employees</i> perform investment advisory function	ons from this office location?		
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(3) Insurance broker or agent	e or arrision or a same,		
(4) Commodity pool operator or commodity trading adv	visor (whather registered or ex	empt from registration)	
(4) Commodity pool operator or commodity trading adv	nsor (whether registered of ex	competition registration)	
(6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other <i>investment-related</i> business activities PRIVATE CLIENT SERVICES (CRD#120222) IS A REGISTER			
Complete the following information for each office, other t a separate Schedule D Section 1.F. for each location. If yo list only the largest twenty-five offices (in terms of numbe	u are applying for SEC registra		
Number and Street 1:		Number and Street 2:	
600 HIGHWAY 169 SOUTH			
City:	State:	Country:	ZIP+4/Postal Code:
ST LOUIS PARK	Minnesota	United States	55426
If this address is a private residence, check this box: \Box			
	Facsimile Number if any		
If this address is a private residence, check this box: Telephone Number: 952-554-9818	Facsimile Number, if any:		
Telephone Number:	Facsimile Number, if any:		
Telephone Number:	FINRA or a state securities au		for a broker-dealer or investment adviser on the
Telephone Number: 952-554-9818 If this office location is also required to be registered with Uniform Branch Office Registration Form (Form BR), please	FINRA or a <i>state securities au</i> e provide the <i>CRD</i> Branch Nun		for a broker-dealer or investment adviser on the
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Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1:		Number and Street 2:	
304 W. PACIFIC AVENUE		SUITE 203	
City:	State:	Country:	ZIP+4/Postal Code:
SPOKANE	Washington	United States	99201
	. =		
If this address is a private residence, check thi	s box: L		
Telephone Number:	Facsimile Number, if	any:	
509-947-9473			
			ocation for a broker-dealer or investment adviser on the
Uniform Branch Office Registration Form (Form	bk), please provide the CkD bi	andi Number Here.	
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(6) Accountant or accounting firm			
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		C registration, if you are registered	only with the SEC, or if you are an exempt reporting adviser
list only the largest twenty-five offices (in term	s or numbers or <i>employees</i>).		
Number and Street 1:		Number and Street 2:	
131 E. COURT AVENUE	Chahai	SUITE 300-B	710 : 4/Dt-l Cl-:
City: JEFFERSONVILLE	State: Indiana	Country: United States	ZIP+4/Postal Code: 47130
JEHLERSONVILLE	Iliulalia	Officed States	47130
	a boy. \square		
If this address is a private residence, check thi	s box: 🗆		
If this address is a private residence, check thi		n 16 mm	
If this address is a private residence, check thi Telephone Number:	s box: Facsimile Numbe	r, if any:	
If this address is a private residence, check thi		r, if any:	
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If this address is a private residence, check thi Telephone Number: 8122882021 If this office location is also required to be regi	Facsimile Numbe stered with FINRA or a <i>state sec</i>	urities authority as a branch office lo	ocation for a broker-dealer or investment adviser on the
If this address is a private residence, check thi Telephone Number: 8122882021	Facsimile Numbe stered with FINRA or a <i>state sec</i>	urities authority as a branch office lo	ocation for a broker-dealer or investment adviser on the
If this address is a private residence, check thi Telephone Number: 8122882021 If this office location is also required to be regi Uniform Branch Office Registration Form (Form	Facsimile Numbe stered with FINRA or a <i>state sec</i> BR), please provide the <i>CRD</i> Br	urities authority as a branch office lo anch Number here:	ocation for a broker-dealer or investment adviser on the
If this address is a private residence, check thi Telephone Number: 8122882021 If this office location is also required to be regi Uniform Branch Office Registration Form (Form	Facsimile Numbe stered with FINRA or a <i>state sec</i> BR), please provide the <i>CRD</i> Br	urities authority as a branch office lo anch Number here:	ocation for a broker-dealer or investment adviser on the
If this address is a private residence, check thi Telephone Number: 8122882021 If this office location is also required to be regi Uniform Branch Office Registration Form (Form	Facsimile Numbe stered with FINRA or a <i>state sec</i> BR), please provide the <i>CRD</i> Br	urities authority as a branch office lo anch Number here:	ocation for a broker-dealer or investment adviser on the
If this address is a private residence, check thi Telephone Number: 8122882021 If this office location is also required to be regi Uniform Branch Office Registration Form (Form How many <i>employees</i> perform investment adv	Facsimile Numbe stered with FINRA or a <i>state sec</i> BR), please provide the <i>CRD</i> Br sory functions from this office lo	urities authority as a branch office lo anch Number here: ocation?	ocation for a broker-dealer or investment adviser on the
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If this address is a private residence, check this Telephone Number: 8122882021 If this office location is also required to be registed. Uniform Branch Office Registration Form (Form How many employees perform investment advectors of the property of the	Facsimile Number stered with FINRA or a state sector. BR), please provide the CRD Braisory functions from this office location? (check all that and 1) department or division of a band trading advisor (whether registers activities conducted from this confice, other than your principal office, other than your principal offication. If you are applying for SE	urities authority as a branch office loanch Number here: cation? oply) k) ored or exempt from registration) office location:	
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If this address is a private residence, check this Telephone Number: 8122882021 If this office location is also required to be regit Uniform Branch Office Registration Form (Form How many employees perform investment adv 1 Are other business activities conducted at this (1) Broker-dealer (registered or unregistere (2) Bank (including a separately identifiable (3) Insurance broker or agent (4) Commodity pool operator or commodity (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm Describe any other investment-related busines Complete the following information for each off a separate Schedule D Section 1.F. for each local list only the largest twenty-five offices (in term	Facsimile Number stered with FINRA or a state sector. BR), please provide the CRD Braisory functions from this office location? (check all that and 1) department or division of a band trading advisor (whether registers activities conducted from this confice, other than your principal office, other than your principal offication. If you are applying for SE	urities authority as a branch office loanch Number here: coation? coply) corred or exempt from registration) coffice location: fice and place of business, at which to C registration, if you are registered	you conduct investment advisory business. You must comple
If this address is a private residence, check this Telephone Number: 8122882021 If this office location is also required to be registed. Uniform Branch Office Registration Form (Form How many employees perform investment advectors of the proof of the	Facsimile Number stered with FINRA or a state sector. BR), please provide the CRD Braisory functions from this office location? (check all that and 1) department or division of a band trading advisor (whether registers activities conducted from this confice, other than your principal office, other than your principal offication. If you are applying for SE	urities authority as a branch office loanch Number here: poply) A) pred or exempt from registration) office location: fice and place of business, at which C registration, if you are registered Number and Street 2:	you conduct investment advisory business. You must comple
If this address is a private residence, check this Telephone Number: 8122882021 If this office location is also required to be regit Uniform Branch Office Registration Form (Form How many employees perform investment adv 1 Are other business activities conducted at this (1) Broker-dealer (registered or unregistere (2) Bank (including a separately identifiable (3) Insurance broker or agent (4) Commodity pool operator or commodity (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm Describe any other investment-related busines Complete the following information for each off a separate Schedule D Section 1.F. for each local list only the largest twenty-five offices (in term Number and Street 1: 1700 ROCKVILLE PIKE	Facsimile Number stered with FINRA or a state sectors, please provide the CRD Braisory functions from this office location? (check all that and 1) department or division of a band trading advisor (whether registers activities conducted from this office, other than your principal office.	urities authority as a branch office loanch Number here: poply) A) pred or exempt from registration) office location: fice and place of business, at which a C registration, if you are registered Number and Street 2: SUITE 400	you conduct investment advisory business. You must comple only with the SEC, or if you are an <i>exempt reporting adviser</i>
If this address is a private residence, check this Telephone Number: 8122882021 If this office location is also required to be registered uniform Branch Office Registration Form (Form How many employees perform investment advectors of the content of the conten	Facsimile Number stered with FINRA or a state sector. BR), please provide the CRD Braisory functions from this office location? (check all that and 1) department or division of a band trading advisor (whether registers activities conducted from this confice, other than your principal office, other than your principal offication. If you are applying for SE	urities authority as a branch office loanch Number here: poply) A) pred or exempt from registration) office location: fice and place of business, at which C registration, if you are registered Number and Street 2:	you conduct investment advisory business. You must comple

If this address is a private residence, check this box: \Box			
Telephone Number: 240-464-4155	Facsimile Number, if any	y:	
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 741255			
How many <i>employees</i> perform investment advisory function 4	s from this office location	n?	
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm			
Describe any other <i>investment-related</i> business activities co	madeled from this office	iocation.	
Complete the following information for each office, other that a separate Schedule D Section 1.F. for each location. If you list only the largest twenty-five offices (in terms of numbers	are applying for SEC reg		,
Number and Street 1: 305 ANN ST.		Number and Street 2: SUITE 405	
City: FRANKFORT	State: Kentucky	Country: United States	ZIP+4/Postal Code: 40601
If this address is a private residence, check this box: \Box			
Telephone Number: 502.875.0037	Facsimile Number, if any	y:	
If this office location is also required to be registered with FI Uniform Branch Office Registration Form (Form BR), please			tion for a broker-dealer or investment adviser on the
How many <i>employees</i> perform investment advisory function 2	s from this office location	n?	
Are other business activities conducted at this office location? (check all that apply) ☑ (1) Broker-dealer (registered or unregistered) ☐ (2) Bank (including a separately identifiable department or division of a bank) ☐ (3) Insurance broker or agent ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) ☐ (5) Registered municipal advisor			
(6) Accountant or accounting firm (7) Lawyer or law firm			
Describe any other investment-related business activities co	enducted from this office	location:	
Complete the following information for each office, other that a separate Schedule D Section 1.F. for each location. If you list only the largest twenty-five offices (in terms of numbers	are applying for SEC reg		
Number and Street 1: 1 S. 450 SUMMIT AVE.		Number and Street 2:	
City: OAKBROOK TERRACE	State: Illinois	Country: United States	ZIP+4/Postal Code: 60181
If this address is a private residence, check this box: \Box			

Telephone Number: 630.396.7400	Facsimile Number, if any	:	
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:			
How many <i>employees</i> perform investment advisory functio 4	ns from this office location?		
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm			
Complete the following information for each office, other the a separate Schedule D Section 1.F. for each location. If you list only the largest twenty-five offices (in terms of number	are applying for SEC registra		
Number and Street 1: 1616 WESTGATE CIRCLE		Number and Street 2:	
City: BRENTWOOD	State: Tennessee	Country: United States	ZIP+4/Postal Code: 37027
If this address is a private residence, check this box: \Box			
Telephone Number: 615-467-6344	Facsimile Number, if any:		
If this office location is also required to be registered with I Uniform Branch Office Registration Form (Form BR), please			r a broker-dealer or investment adviser on the
How many <i>employees</i> perform investment advisory functio 2	ns from this office location?		
Are other business activities conducted at this office location	on? (check all that apply)		
☑ (1) Broker-dealer (registered or unregistered) ☐ (2) Bank (including a separately identifiable department	or division of a bank)		
(3) Insurance broker or agent			
(4) Commodity pool operator or commodity trading advi	sor (whether registered or ex	empt from registration)	
(6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other investment-related business activities of	conducted from this office loca	ition:	
Complete the following information for each office, other th a separate Schedule D Section 1.F. for each location. If you list only the largest twenty-five offices (in terms of number	are applying for SEC registra		•
Number and Street 1: 1552 ORMSBY STATION COURT		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
LOUISVILLE	Kentucky	United States	40223
If this address is a private residence, check this box: \Box			
Telephone Number: 502.479.4060	Facsimile Number, if any:		

If this office location is also required to be registered wi Uniform Branch Office Registration Form (Form BR), ple				ocation for a broker-dealer or investment adviser on the
How many <i>employees</i> perform investment advisory functions from this office location?				
Are other business activities conducted at this office location? (check all that apply) ✓ (1) Broker-dealer (registered or unregistered) ☐ (2) Bank (including a separately identifiable department or division of a bank) ☐ (3) Insurance broker or agent ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) ☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm				
Describe any other <i>investment-related</i> business activities	es conducted from th	nis office location:		
	you are applying for			you conduct investment advisory business. You must complete only with the SEC, or if you are an exempt reporting adviser,
Number and Street 1: 2032 CURRY MEADOW WAY			Number and Street 2	:
City: DURHAM	State: North Carolina		Country: United States	ZIP+4/Postal Code: 27703
If this address is a private residence, check this box:	2			
Telephone Number: 910-409-9356	Facsimile Number,	if any:		
If this office location is also required to be registered w Uniform Branch Office Registration Form (Form BR), ple 851186				ocation for a broker-dealer or investment adviser on the
How many <i>employees</i> perform investment advisory fun 1	ctions from this offic	e location?		
Are other business activities conducted at this office loc (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable departm (3) Insurance broker or agent (4) Commodity pool operator or commodity trading a	ent or division of a b	pank)	from registration)	
(5) Registered municipal advisor (6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other investment-related business activition	es conducted from th	nis office location:		
SECTION 1.I. Website Addresses				
List your website addresses, including addresses for acc Facebook and/or LinkedIn). You must complete a separ-				ou control the content (including, but not limited to, Twitter, a publicly available social media platform.
Address of Website/Account on Publicly Available Social	Media Platform: h	ttps://www.linke	din.com/in/gabriel-lev	y-cfa-a489a6113/
Address of Website/Account on Publicly Available Social	Media Platform: h	ittps://www.linke	din.com/in/alex-lindle	-a203252/
Address of Website/Account on Publicly Available Social	Media Platform: h	ttps://www.linke	din.com/in/cindy-lindl	e-cfp%C2%AE-565865a/
Address of Website/Account on Publicly Available Social	Media Platform: h	ttps://www.linke	din.com/in/peter-topp	ing-cfp%C2%AE-chfc%C2%AE-5b49773/

Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/gretchen-mahaffey-mba-cfp%C2%AE-3a52ab9/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/edward-marion-132688251/ Address of Website/Account on Publicly Available Social Media Platform: https://www.facebook.com/marioninvestmentadvisors Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/cfneal/ Address of Website/Account on Publicly Available Social Media Platform: https://twitter.com/petetopping Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/eric-unger-77559034/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/mitch-oldewurtel-7153016a/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/ernest-sampson-41900850/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/jeff-smith-mba-clu-chfc-83910a/ Address of Website/Account on Publicly Available Social Media Platform: https://twitter.com/Capital_Safari Address of Website/Account on Publicly Available Social Media Platform: https://www.youtube.com/@leannecfp Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/sabinestovall/ Address of Website/Account on Publicly Available Social Media Platform: https://www.thewealthplanningcompany.com Address of Website/Account on Publicly Available Social Media Platform: https://www.petetopping.com Address of Website/Account on Publicly Available Social Media Platform: https://www.affiancefinancial.com Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/brittanv-spiller-ammerman-469b7211a/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/kyle-berg-cfp%C2%AE-bfa%E2%84%A2-99916a13/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/ericbunnellcfp/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/brendan-halleron-cfp%C2%AE-aif%C2%AE-bfa%E2%84%A2-5661b334/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/cindy-durst-271b72a7/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/margueritacheng/

Address of Website/Account on Publicly Available Social Media Platform: https://www.facebook.com/BlueOceanGlobalWealth Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/michael-dugan-b7350513/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/andy-fishman-cfp-78483a4/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/jillian-fohr-a004a444/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/michaelfrieda/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/howardfriedman1/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/ted-greggis-9418511/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/carl-hafele-cfa-cpa-b332ab8/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/marc-usem-34a19a/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/mark-wenzl-a0b68476/ Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/company/private-client-services-investments Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/company/affiance-financial/ Address of Website/Account on Publicly Available Social Media Platform: https://www.facebook.com/AffianceFinancial Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/in/steve-lear-81b7054/ Address of Website/Account on Publicly Available Social Media Platform: https://www.silverleafwealthadvisory.com Address of Website/Account on Publicly Available Social Media Platform: https://www.leannecfp.com HTTP://WWW.PCSBD.NET Address of Website/Account on Publicly Available Social Media Platform: Address of Website/Account on Publicly Available Social Media Platform: HTTP://WWW.PCSADVISORS.NET Address of Website/Account on Publicly Available Social Media Platform: http://WWW.HAFELEINVESTMENTS.COM Address of Website/Account on Publicly Available Social Media Platform: https://www.blueoceanglobalwealth.com Address of Website/Account on Publicly Available Social Media Platform: https://www.mcgillfinancialensemble.com

Address of Website/Account on Publicly Available Social Media Platform:	http://www.financialcg.com/
Address of Website/Account on Publicly Available Social Media Platform:	HTTP://WWW.KFG.COM
Address of Website/Account on Publicly Available Social Media Platform:	https://www.uspny.com
Address of Website/Account on Publicly Available Social Media Platform:	https://www.panopticwealth.com
Address of Website/Account on Publicly Available Social Media Platform:	https://www.marioninvestmentadvisors.com
Address of Website/Account on Publicly Available Social Media Platform:	https://www.mcgillfinancialensemble.com
Address of Website/Account on Publicly Available Social Media Platform:	http://www.cfnwm.com
Address of Website/Account on Publicly Available Social Media Platform:	https://www.linkedin.com/in/chadhemphill/
Address of Website/Account on Publicly Available Social Media Platform:	https://www.linkedin.com/in/sammy-kudmani-80709ab/
Address of Website/Account on Publicly Available Social Media Platform:	https://www.linkedin.com/in/jason-langley-0b05ba8/
Address of Website/Account on Publicly Available Social Media Platform:	https://twitter.com/langleycapman
Address of Website/Account on Publicly Available Social Media Platform:	https://www.linkedin.com/in/daniel-lear-cfp%C2%AE-cpwa%C2%AE-bfa%E2%84%A2-95898a32/

SECTION 1.L. Location of Books and Records

Complete the following information for each location at w separate Schedule D, Section 1.L. for each location.	rhich you keep your books a	and records, other than your <i>princi</i>	pal office and place of business. You must complete a
Name of entity where books and records are kept: UNDERGROUND VAULT & STORAGE			
Number and Street 1: 1841 TAYLOR AVENUE		Number and Street 2: SUITE 107	
City:	State:	Country:	ZIP+4/Postal Code:
LOUISVILLE	Kentucky	United States	40213
If this address is a private residence, check this box: Telephone Number: 502-451-4570	Facsimile number, if any:		
This is (check one):			
C one of your branch offices or affiliates.			
⊙ a third-party unaffiliated recordkeeper.			
C other.			
Briefly describe the books and records kept at this location THIRD PARTY SECURE RECORD KEEPER OF PHYSICAL RE			

Name of entity where books and records are kept: JACCOMO			
Number and Street 1: 1040 BROAD STREET		Number and Street 2: SUITE 204	
City:	State:	Country:	ZIP+4/Postal Code:
SHREWSBURY	New Jersey	United States	07702
If this address is a private residence, check this box:			
Telephone Number: 310-445-7722	Facsimile number, if any:		
This is (check one):			
O one of your branch offices or affiliates.			
C other.			
Briefly describe the books and records kept at this local JACCOMO IS THE BACK OFFICE SYSTEM PROCESSOR F		DUT PROCESSING.	
Name of entity where books and records are kept: INTERNATIONAL BUSINESS MACHINES			
Number and Street 1: 1 NORTH CASTLE DRIVE		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
ARMONK	New York	United States	10504
If this address is a private residence, check this box:			
Telephone Number: 214-873-8336	Facsimile number, if any:		
This is (check one):			
C one of your branch offices or affiliates.			
a third-party unaffiliated recordkeeper.			
C other.			
Briefly describe the books and records kept at this locat IBM WILL PROVIDE CLOUD-BASED STORAGE FOR PCS'			
Name of entity where books and records are kept: HOME OFFICE			
Number and Street 1: 2225 LEXINGTON ROAD		Number and Street 2:	
City: LOUISVILLE	State:	Country:	ZIP+4/Postal Code:
LOUISVILLE	Kentucky	United States	40206
If this address is a private residence, check this box:			
Telephone Number: 5024510600	Facsimile number, if any		
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at this locat BOOKS AND RECORDS RELATED TO ACCOUNT OPENING TRANSITION TO OTHER LISTED LOCATIONS.		RVISORY REVIEW THAT ARE ACTIVELY	BEING REVIEWED OR ARE PREPARATION FOR

1/25, 10:39 AM	IARD - All Se	ctions [User Name: j	taylorjones, OrgID: 120)222]
Name of entity where books and records are kept: DOCUPACE TECHNOLOGIES, LLC				
Number and Street 1: 11766 WILSHIRE BOULEVARD400 CORPORATE POINT			Number and Street 2: SUITE 300	
City: CULVER CITY	State: California	3	Country: United States	ZIP+4/Postal Code: 90230
If this address is a private residence, check this box:]			
Telephone Number: 310-445-7722	Facsimile	number, if any:		
This is (check one):				
C one of your branch offices or affiliates.				
a third-party unaffiliated recordkeeper.				
C other.				
Briefly describe the books and records kept at this location CUSTOMER ACCOUNT OPENING DOCUMENTS, SERVICE I		IANCE DISCLOSURE FOR	RMS.	
Name of entity where books and records are kept: ORION				
Number and Street 1: 17605 WRIGHT STREET		Number and Street 2	::	
City: OMAHA	State: Nebraska	Country: United States	ZIP+4/Po 68130	ostal Code:
OPALIA	Nebraska	Officed States	00130	
If this address is a private residence, check this box:	1			
Telephone Number: (402) 895-1600	Facsimile number, if any	:		
This is (check one):				
C one of your branch offices or affiliates.				
a third-party unaffiliated recordkeeper.				
C other.				
Briefly describe the books and records kept at this locatic CUSTOMER ACCOUNT HOLDINGS, TRANSACTION, SUITA				
SECTION 1.M. Registration with Foreign Financial Re	gulatory Authorities			
	No !	Information Filed		

T4	_	CEC	D:-	tration	/D	
ITEM	•	SEC	Reals	STration	ı/Ker	nortina

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 (comman incompaniement) with the SEC, we must check at least one of the times 2.4.(1) through 3.4.(12), hintow. It you are culturated as anomalous destroy you may distributely respond to each of these times. (a) has regulatory assists under management of \$100 million (in U.S. dollars) or more; or (b) has regulatory assists under management of \$100 million (in U.S. dollars) or more; or (c) has regulatory assists under management of \$100 million (in U.S. dollars) or more; or (c) has regulatory assists under management of \$100 million (in U.S. dollars) or more; or (c) has regulatory assists under management of \$100 million (in U.S. dollars) or more; or (d) has regulatory assists under management of \$100 million (in U.S. dollars) or more at the time of filing its most recent annual application of the property of the state of the second of the property of the state of the second of the property of the state of the second of the property of the state of the second of the second of the property of the state of the state of the second of the property of the state of the state of the second of the state of t											
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(a) has regulatory assets under management of \$100 million (n U.S. dollars) or more; or (b) has regulatory assets under management of \$500 million (n U.S. dollars) or more at the time of filing its most recent annual updating amendment and is registered with the \$250 million (n U.S. dollars) or more but less than \$100 million (n U.S. dollars) or more states and is relying on nile 2004-2(a); If you check this box, complete Section 2.A.(10) of Schedule D. [10] or an anutive-state adviser but is required to provide to state securitie	,	You ((the a	adviser):							
(b) has regulatory assets under management of 990 million (in U.S. dollars) or more at the time of filling its most recent annual gudating amendment and is registered with the SEC; (2) are a mill-stead advisory firm that has regulatory assets under management of 325 million (in U.S. dollars) or more but less than 9100 million (in U.S. dollars) and you are other: (a) not required to be registered as an advisor with the state securities auchinoty of the state where you maintain your principal office and place of business; (b) not subject to examination by the state securities auchinoty of the state where you maintain your principal office and place of business; (b) a state of a list of states in which an investment advisor, if registered, would not be subject to examination by the state securities auchinoty. (3) Reserved (4) have your principal office and place of business outside the United States: (5) on an investment advisor for subdodivisor) to an investment company registered under the Investment Company Act of 1940; (6) on an investment advisor for subdodivisor) to an investment company registered under the Investment Company Act of 1940; (7) are a pension consultant with respect to asset of plans having an adeposate value of latest \$200,000.000 that qualifies for the exemption in rule 2034-2(a); (8) are a related advisor under rule 2034-2(b) that contrals, its controlled by, or is under common control with, an investment advisor that is registered with the \$50,000 that qualifies for the exemption in rule 2034-2(a); (9) are an advisor relying on rule 2034-2(b) that contrals, its controlled by, or is under common control with, an investment advisor that is registered with the \$50,000 that qualifies for the exemption on rule 2034-2(b) that controls, is controlled by, or is under common control with, an investment advisor that is registered with the \$50,000 that provides between the control of the subject of th		▽	(1)	are a large advisory firm that either:							
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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; Circle MERE 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; ore 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; ore 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 elected, and you have at least \$15 million for the presidency sesses turner management; or are a pension consultant with respect to assets of plans having an appraise value of at least \$20,000,000 that qualifies for the exemption in rule 2034-2(a) are a related adviser may be consulted to obtain the state of business is the same as the registered adviser; If you check this box, complete Section 2.4.(a) of Schedule D. (9) on an antivestretion or 12.03.4-2(a) because you expect to be eligible for SEC registration within 120 days; If you check this box, complete Section 2.4.(1) of Schedule D. (10) are an Internet adviser that is required to required to require to section 2.4.(1) of Schedule D. (11) are an Internet adviser that is required to required to require to section 2.4.(1) of Schedule D. (12) have received an SEC order accrupting you from the prohibition against registration with the SEC. State Securities Authority Natice Filings and State Reporting by Exempt Reporting Advisers or reports you advise this box, complete Section 2.4.(12) of Schedule D. (13) are no longer eligible to remain registered with											
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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. (10) 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.(10) 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); If you check this box, complete Section 2.A.(11) of Schedule D. (11) are an Internet adviser relying on rule 203A-2(e); If you check this box, complete Section 2.A.(11) of Schedule D. (13) are no longer eligible to remain registered 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 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 the state(s). Jurisdictions Jurisdicti			(7)	are a pension consultant with	respect to assets of plans having an aggre	gate value of at least \$200,000,000 that qu	alifies for the exemption in rule 203A-2(a);				
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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 <i>control</i> , are <i>controlled</i> by, or are under common <i>control</i> with an investment adviser that is registered with the SEC and your <i>principal office and place of business</i> 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 <i>state securities authority</i> and I have a reasonable expectation that I will be eligible to register with the SEC within 120 days after the date my registration with the SEC becomes effective.
☐ I undertake to withdraw from SEC registration if, on the 120th day after my registration with the SEC becomes effective, I would be prohibited by Section 203A(a) of the Advisers Act from registering with the SEC.
SECTION 2.A.(10) Multi-State Adviser
If you are relying on rule 203A-2(d), the multi-state adviser exemption from the prohibition on registration, you are required to make certain representations about your eligibility for SEC registration. By checking the appropriate boxes, you will be deemed to have made the required representations.
If you are applying for registration as an investment adviser with the SEC, you must make both of these representations:
☐ I have reviewed the applicable state and federal laws and have concluded that I am required by the laws of 15 or more states to register as an investment adviser with the state securities authorities in those states.
☐ I undertake to withdraw from SEC registration if I file an amendment to this registration indicating that I would be required by the laws of fewer than 15 states to register as an investment adviser with the <i>state securities authorities</i> of those states.
If you are submitting your annual updating amendment, you must make this representation:
Uithin 90 days prior to the date of filing this amendment, I have reviewed the applicable state and federal laws and have concluded that I am required by the laws of at least 15 states to register as an investment adviser with the <i>state securities authorities</i> in those states.
SECTION 2.A.(11) Internet Adviser
If you are relying on rule 203A-2(e), the Internet adviser exemption from the prohibition on registration, you are required to make a representation about your eligibility for SEC registration. By checking the appropriate box, you will be deemed to have made the required representation.
If you are applying for registration as an investment adviser with the SEC or changing your existing Item 2 response regarding your eligibility for SEC registration, you must make this representation:
☐ I will provide investment advice on an ongoing basis to more than one client exclusively through an <i>operational interactive website</i> .
If you are filing an annual updating amendment to your existing registration and are continuing to rely on the Internet adviser exemption for SEC registration, you must make this representation:
I have provided and will continue to provide investment advice on an ongoing basis to more than one client exclusively through an <i>operational interactive website</i> .
SECTION 2.A.(12) SEC Exemptive Order
If you are relying upon an SEC <i>order</i> 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?
 - C Corporation
 - C Sole Proprietorship
 - C Limited Liability Partnership (LLP)
 - C Partnership
 - ← Limited Liability Company (LLC)
 - C 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

Kentucky 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

Yes No

A. Are you, at the time of this filing, succeeding to the business of a registered investment adviser, including, for example, a change of your structure or legal status (e.g., form of organization or state of incorporation)?

0 0

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

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

If you have already reported this succession on a previous Form ADV filing, do not report the succession again. Instead, check "No." See Part 1A Instruction 4.

SECTION 4 Successions

No Information Filed

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

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

Employees

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

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

60

- B. (1) Approximately how many of the *employees* reported in 5.A. perform investment advisory functions (including research)?
 - (2) Approximately how many of the *employees* reported in 5.A. are registered representatives of a broker-dealer?
 - (3) Approximately how many of the *employees* reported in 5.A. are registered with one or more *state securities authorities* as *investment adviser representatives*?
 - (4) 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?
 - (5) Approximately how many of the *employees* reported in 5.A. are licensed agents of an insurance company or agency?
 - (6) Approximately how many firms or other *persons* solicit advisory *clients* on your behalf?

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?

20

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

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

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

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

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

Type of Client	(1) Number of Client(s)	(2) Fewer than 5 Clients	(3) Amount of Regulatory Assets under Management
(a) Individuals (other than high net worth individuals)	3040		\$ 936,821,813
(b) High net worth individuals	184		\$ 112,394,253
(c) Banking or thrift institutions			\$
(d) Investment companies			\$
(e) Business development companies		1	\$
(f) Pooled investment vehicles (other than investment companies and business development companies)			\$
(g) Pension and profit sharing plans (but not the plan participants or government pension plans)	15		\$ 750,841
(h) Charitable organizations			\$
(i) State or municipal government entities (including government pension plans)			\$
(j) Other investment advisers			\$

(k) Insurance companies		\$
(I) Sovereign wealth funds and foreign official institutions		\$
(m) Corporations or other businesses not listed above	12	\$ 1,307,073
(n) Other:		\$

Compensation Arrangements

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

(1) A percentage of assets under your management

(2) Hourly charges

(3) Subscription fees (for a newsletter or periodical)

(4) Fixed fees (other than subscription fees)

(5) Commissions

(6) Performance-based fees

(7) Other (specify):

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

Regulatory Assets Under Management

Yes No ⊙ ○

F. (1) Do you provide continuous and regular supervisory or management services to securities portfolios?

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

U.S. Dollar Amount

Total Number of Accounts

Discretionary: (a) \$ 390,890,061
Non-Discretionary: (b) \$ 660,383,919

(d) 1,099 (e) 2,172 (f) 3,271

Non-Discretionary: (b) \$660,383,919
Total: (c) \$1,051,273,980

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

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

\$ 0

Item 5 Information About Your Advisory Business - Advisory Activities

Advisory Activities

- G. What type(s) of advisory services do you provide? Check all that apply.
 - (1) Financial planning services
 - (2) Portfolio management for individuals and/or small businesses
 - On Tollio 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)
 - \Box (4) Portfolio management for pooled investment vehicles (other than investment companies)
 - 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
 - \square (10) Market timing services
 - (11) Educational seminars/workshops
 - (12) Other(specify):

Do not check Item 5.G.(3) unless you provide advisory services pursuant to an investment advisory contract to an investment company registered under the Investment Company Act of 1940, including as a subadviser. If you check Item 5.G.(3), report the 811 or 814 number of the investment company or investment companies to which you provide advice in Section 5.G.(3) of Schedule D.

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

 $^{\circ}$

C 1-10

11 - 25

C 26 - 50

C 51 - 100

C 101 - 250

C 251 - 500 C More than 500

If more than 500, how many?

(round to the nearest 500)

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

Yes No

I.	(1) Do you participate in a wrap fee program?	•	0
	(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		
	\$ 1,051,273,980 (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 $5.I.(2)(c)$, do not report that amount in Item $5.I.(2)(a)$ or Item $5.I.(2)(b)$.		
	If you are a portfolio manager for a wrap fee program, list the names of the programs, their sponsors and related information in Section 5.I.(2) of Schedule D.		
	If your involvement in a wrap fee program is limited to recommending wrap fee programs to your clients, or you advise a mutual fund that is offered through a wrap fee program is limited to recommending wrap fee programs to your clients, or you advise a mutual fund that is offered through 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 is limited to recommending wrap fee programs to your clients, or you advise a mutual fund that is offered through 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 is limited to recommend the program is limi	ap fe	e
	program, do not check Item 5.I.(1) or enter any amounts in response to Item 5.I.(2).	Yes	No
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?	0	•
	(2) Do you report <i>client</i> assets in Item 4.E. of Part 2A that are computed using a different method than the method used to compute your regulatory assets under	0	•
	management?		
K.	Separately Managed Account Clients		
	(1) Do you have regulatory assets under management attributable to disease other than those listed in Item E.D. (2)(d) (f) (apparatoly managed assets of entrol?	Yes	
	(1) Do you have regulatory assets under management attributable to <i>clients</i> other than those listed in Item 5.D.(3)(d)-(f) (separately managed account <i>clients</i>)?	⊚	О
	If yes, complete Section 5.K.(1) of Schedule D.		
	(2) Do you engage in borrowing transactions on behalf of any of the separately managed account clients that you advise?	0	•
	If yes, complete Section 5.K.(2) of Schedule D.		
	(3) Do you engage in derivative transactions on behalf of any of the separately managed account <i>clients</i> that you advise?	0	•
	If yes, complete Section 5.K.(2) of Schedule D.		
	(4) After subtracting the amounts in Item 5.D.(3)(d)-(f) above from your total regulatory assets under management, does any custodian hold ten percent or more of this remaining amount of regulatory assets under management?	0	•
	If yes, complete Section 5.K.(3) of Schedule D for each custodian.		
L.	Marketing Activities		
		Yes	No
	(1) Do any of your advertisements include:		
	(a) Performance results?	•	0
			~
	(b) A reference to specific investment advice provided by you (as that phrase is used in rule 206(4)-1(a)(5))?	О	\odot
	(c) Testimonials (other than those that satisfy rule 206(4)-1(b)(4)(ii))?	0	•
	(d) Endorsements (other than those that satisfy rule 206(4)-1(b)(4)(ii))?	0	•
	(e) Third-party ratings?	0	•
	(2) If you answer "yes" to L(1)(c), (d), or (e) above, do you pay or otherwise provide cash or non-cash compensation, directly or indirectly, in connection with the use of testimonials, endorsements, or third-party ratings?	0	⊚
	(3) Do any of your advertisements include hypothetical performance?	_	_
	(c) 50 a.i., 6. jour acres asements include hypothetical performance .	0	⊚
	(4) Do any of your advertisements include predecessor performance ?	0	•

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

No Information Filed

SECTION 5.I.(2) Wrap Fee Programs

If you are a portfolio manager for one or more *wrap fee programs*, list the name of each program and its *sponsor*. You must complete a separate Schedule D Section 5.I.(2) for each *wrap fee program* for which you are a portfolio manager.

Name of Wrap Fee Program
PCS ADVISOR MODEL PORTFOLIOS
Name of Sponsor
PRIVATE CLIENT SERVICES, LLC
Connected CEC File Number (15 per) (1 p. 1004 0. 1005 003)
Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 71475
Sponsor's CRD Number (if any):
120222
Name of Wrap Fee Program
PRIVATE WEALTH MANAGEMENT
Name of Sponsor
PRIVATE CLIENT SERVICES
Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
-
Sponsor's CRD Number (if any):
Sponsor's CRD Number (if any):

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 quidance relating to this Section.

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

Generally describe any assets included in "Other"

(b)	Asset Type En					
	(i) Exchange-Traded Equity Securities	94 %				
	(ii) Non Exchange-Traded Equity Securities	0 %				
	(iii) U.S. Government/Agency Bonds	1 %				

(iv) U.S. State and Local Bonds	0 %
(v) Sovereign Bonds	0 %
(vi) Investment Grade Corporate Bonds	3 %
(vii) Non-Investment Grade Corporate Bonds	0 %
(viii) Derivatives	0 %
(ix) Securities Issued by Registered Investment Companies or Business Development Companies	0 %
(x) Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Development Companies)	0 %
(xi) Cash and Cash Equivalents	1 %
(xii) Other	1 %

Generally describe any assets included in "Other" SENIOR LIVING PRIVATE PLACEMENT SECURITIES.

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

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

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

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

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

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

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

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

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

(i) Mid-Year

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

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

(ii) End of Year

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

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

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

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

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

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

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

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

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

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

No Information Filed

21/2	25, 10:	39 AI	M	IARD - All Sections [User Name: jtaylorjones, OrgID: 120222]		
It	em 6 C	ther	Business Activities			
Ir	this It	em, w	re request information about your firm's other busin	ess activities.		
A		(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13)	futures commission merchant real estate broker, dealer, or agent insurance broker or agent	dvisor (whether registered or exempt from registration)		
	If y	ou eng	gage in other business using a name that is differen	t from the names reported in Items 1.A. or 1.B.(1), complete Section 6.A. of Schedule D.	Yes	No
В	. (1)	Are	you actively engaged in any other business not liste	ed in Item 6.A. (other than giving investment advice)?	0	
	(2)	If ye	es, is this other business your primary business?		0	
		If "y	ves," describe this other business on Section 6.B.(2)) of Schedule D, and if you engage in this business under a different name, provide that name.	Yes	No
	(3)	Do y	you sell products or provide services other than inve	estment advice to your advisory <i>clients</i> ?	0	
		If "y	ves," describe this other business on Section 6.B.(3)) of Schedule D, and if you engage in this business under a different name, provide that name.		
SE	CTION	N 6.A.	Names of Your Other Businesses			
				No Information Filed		
SE	CTION	1 6.B.	(2) Description of Primary Business			
D	escribe	your	primary business (not your investment advisory business)	siness):		
If	you er	ngage	in that business under a different name, provide the	at name:		
SE	CTION	1 6.B.	(3) Description of Other Products and Services	3		
				ay omit products and services that you listed in Section 6.B.(2) above.		
If	you er	ngage	in that business under a different name, provide the	at name:		

1/25,	10:3	39 AN	M IARD - All Sections [User Name: jtaylorjones, OrgID: 120222]				
Iten	1 7 Fi	nanci	cial Industry Affiliations				
		m, we	we request information about your financial industry affiliations and activities. This information identifies areas in which conflicts of interest may occur between you				
Α.	A. This part of Item 7 requires you to provide information about you and your <i>related persons</i> , including foreign affiliates. Your <i>related persons</i> are all of your <i>advisory affiliates</i> and any <i>person</i> that is under common <i>control</i> with you.						
	You I	have a	a related person that is a (check all that apply):				
	games,	(1) (2)	broker-dealer, municipal securities dealer, or government securities broker or dealer (registered or unregistered) other investment adviser (including financial planners)				
	general Control	(3)	registered municipal advisor				
	-	(4) (5)	registered security-based swap dealer major security-based swap participant				
	-	(6)	commodity pool operator or commodity trading advisor (whether registered or exempt from registration)				
	-	(7)	futures commission merchant				
	-	(8) (9)	banking or thrift institution trust company				
	-		accountant or accounting firm				
	general Control		lawyer or law firm				
	general Control		insurance company or agency pension consultant				
	-	. ,	real estate broker or dealer				
			sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles				
		(16)	sponsor, general partner, managing member (or equivalent) of pooled investment vehicles				
	deal	ler. Th	t 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-ine 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 registered representatives of a broker-dealer should be disclosed under Item 5.B.(2).				
			t 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. ule D for your relying advisers. You should complete a Schedule R for each relying adviser.				
	For	each i	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.				
	serv the	ices y relate	ot 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 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 ed 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 n to believe that your relationship with the related person otherwise creates a conflict of interest with your clients.				
	than	any .	t 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 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 le 206(4)-2 of the Advisers Act.				
SEC	TION	7.A.	Financial Industry Affiliations				
Com	plete	a sep	parate Schedule D Section 7.A. for each <i>related person</i> listed in Item 7.A.	1			
1.			ne of <i>Related Person</i> : CLIENT SERVICES				
2.		,	usiness Name of <i>Related Person</i> : CLIENT SERVICES				
3.	Relat -	ed Pe	erson's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)				
	or Othei	r					
			erson's Number (if any):				
	(b)	CIK N	Number(s) (if any): No Information Filed				

5. Related Person is: (check all that apply)

(a) lacktriangledown broker-dealer, municipal securities dealer, or government securities broker or dealer

(b) \square other investment adviser (including financial planners)

(c) \Box registered municipal advisor

(d) registered security-based swap dealer

(e) \square major security-based swap participant

(f) \Box commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

(g) $\ \square$ futures commission merchant

(h) \square banking or thrift institution

(i) \Box trust company

(j) 🗆 accountant or accounting firm

(k) 🗆 lawyer or law firm

(I) $lackbox{\em $arkstyle I$}$ insurance company or agency

1	/25,	10:	:39 AM	IARD - All Sections [User Name: jtaylorjones, OrgID: 120222]	
		(n) (o) (p)	pension consultant real estate broker or dealer sponsor or syndicator of limited partnerships (or e sponsor, general partner, managing member (or e you control or are you controlled by the related person?		
	7.	Are y	you and the <i>related person</i> under common <i>control</i> ?	©	0
			If you are registering or registered with the SEC and you	u have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not $^{\circ}$ (5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your	⊙ ○
		(c)	If you have answered "yes" to question 8.(a) above, posture and Street 1: City: State: If this address is a private residence, check this box:		NI-
	9.	(a)	If the <i>related person</i> is an investment adviser, is it exe	Yes I	
		` '	If the answer is yes, under what exemption?	npt from registration?	О
	10.	(a)	Is the related person registered with a foreign financia	regulatory authority ?	•
		(b)	If the answer is yes, list the name and country, in Engl	sh of each <i>foreign financial regulatory authority</i> with which the <i>related person</i> is registered. No Information Filed	
	11.	Do y	you and the related person share any supervised person.	?	О
	12.	Do y	you and the <i>related person</i> share the same physical loca	on?	O
F	[tem	7.0	Private Fund Reporting		_
ľ	rteiii	, ,	rivate runu Reporting	Yes I	No
	B. Aı	re yo	ou an adviser to any <i>private fund</i> ?		•
	in Si	Inst EC-re	struction 6 of the Instructions to Part 1A. If you are regis registered adviser or SEC exempt reporting adviser repo	complete a Section 7.B.(1) of Schedule D, except in certain circumstances described in the next sentence and ered or applying for registration with the SEC or reporting as an SEC exempt reporting adviser, and another is this information with respect to any such private fund in Section 7.B.(1) of Schedule D of its Form ADV (e.g. shedule D with respect to that private fund. You must, instead, complete Section 7.B.(2) of Schedule D.	
	de		nation, pursuant to rule 204-2(d), you may identify the	ate fund client by maintaining its identity in your books and records in numerical or alphabetical code, or simil rivate fund in Section 7.B.(1) or 7.B.(2) of Schedule D using the same code or designation in place of the fund	
	SECT	ION	N 7.B.(1) Private Fund Reporting		
				No Information Filed	
	SECT	ION	N 7.B.(2) <i>Private Fund</i> 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.

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

[tem	9 C	Custody			
		tem, we ask you whether you or a <i>related person</i> has <i>custody</i> of assets and about your custodial practices.	client (other than clients that are investment companies registered under the Investment Compan	ту А	ct
A.	1)	Do you have <i>custody</i> of any advisory <i>clients'</i> :	Y	es l	No
		(a) cash or bank accounts?	· ·	0	⊚
		(b) securities?		0	⊚
	our/		m 9.A.(1)(a) and (b) if you have custody solely because (i) you deduct your advisory fees directly assets in connection with advisory services you provide to clients, but you have overcome the o Advisers Act rule $206(4)-2(d)(5)$) from the related person.	/ fro	m
	(2)	If you checked "yes" to Item 9.A.(1)(a) or (b), what is the app	roximate amount of <i>client</i> funds and securities and total number of <i>clients</i> for which you have <i>cus</i>	tody	′ :
		U.S. Dollar Amount Total Number	er of <i>Clients</i>		
		(a) \$ (b)			
	amo serv	ount of those assets and the number of those clients in your resp	ody solely because you deduct your advisory fees directly from your clients' accounts, do not inclu- nonse to Item 9.A.(2). If your related person has custody of client assets in connection with advisc assets and number of those clients in your response to 9.A.(2). Instead, include that information in	ory	
В.	(1)		any of your <i>related persons</i> have <i>custody</i> of any of your advisory <i>clients'</i> :	es l	No
		(a) cash or bank accounts?	t e e e e e e e e e e e e e e e e e e e	0	⊙
		(b) securities?		0	⊙
	⁄ou	are required to answer this item regardless of how you answere	ed Item 9.A.(1)(a) or (b).		
	(2)	If you checked "yes" to Item 9.B.(1)(a) or (b), what is the app persons have custody:	roximate amount of <i>client</i> funds and securities and total number of <i>clients</i> for which your <i>related</i>		
		U.S. Dollar Amount Total Number	er of <i>Clients</i>		
		(a) \$ (b)			
	(1) (2)	A qualified custodian(s) sends account statements at least qua An <i>independent public accountant</i> audits annually the pooled in the investors in the pools. An <i>independent public accountant</i> conducts an annual surprise	ties in connection with advisory services you provide to <i>clients</i> , check all the following that apply: rterly to the investors in the pooled investment vehicle(s) you manage. Investment vehicle(s) that you manage and the audited financial statements are distributed to examination of <i>client</i> funds and securities. The property with respect to custodial services when you or your <i>related persons</i> are qualified.		
	ont	ou checked Item 9.C.(2), C.(3) or C.(4), list in Section 9.C. of So	chedule D the accountants that are engaged to perform the audit or examination or prepare an int auditor information in Section 9.C. of Schedule D if you already provided this information with res		
D.	Эо у	you or your related person(s) act as qualified custodians for you	r clients in connection with advisory services you provide to clients? Y	es l	No
	1)	you act as a qualified custodian		0	•
	(2)	your related person(s) act as qualified custodian(s)			•
	e id		qualified custodians (other than any mutual fund transfer agent pursuant to rule $206(4)$ - $2(b)(1)$) on have determined the related person to be operationally independent under rule $206(4)$ - 2 of the		st
	,	ou are filing your <i>annual updating amendment</i> and you were subdate (MM/YYYY) the examination commenced:	oject to a surprise examination by an <i>independent public accountant</i> during your last fiscal year, pr	rovio	le
		ou or your related persons have custody of client funds or securitodians for your clients in connection with advisory services you	ties, how many <i>persons</i> , including, but not limited to, you and your <i>related persons</i> , act as qualific provide to <i>clients?</i>	ed	
					_
ECT	ON	N 9.C. Independent Public Accountant			
			No Information Filed		

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.

Yes No

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

0 0

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

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

SECTION 10.A. Control Persons

No Information Filed

SECTION 10.B. Control Person Public Reporting Companies

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

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

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

	(b) ever found that you or any advisory affiliate were involved in a violation of investment-related statutes or regulations?	\circ	⊚
	(c) ever dismissed, pursuant to a settlement agreement, an <i>investment-related</i> civil action brought against you or any <i>advisory affiliate</i> by a state or <i>foreign financial regulatory authority</i> ?	О	⊙
(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)?	0	•

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.

L			
	Y	Yes	No
	A. Did you have total assets of \$5 million or more on the last day of your most recent fiscal year?	0	0
	If "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?	O	0
	(2) control another person (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year?	O	0
	C. Are you:		
	(1) controlled by or under common control with another investment adviser that had regulatory assets under management (calculated in response to Item 5.F.(2) (c) of Form ADV) of \$25 million or more on the last day of its most recent fiscal year?	0	0
	(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	O	0

Schedule A

Direct Owners and Executive Officers

- 1. Complete Schedule A only if you are submitting an initial application or report. Schedule A asks for information about your direct owners and executive officers. Use Schedule C to amend this information.
- 2. Direct Owners and Executive Officers. List below the names of:
 - (a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer (Chief Compliance Officer is required if you are registered or applying for registration and cannot be more than one individual), director, and any other individuals with similar status or functions;
 - (b) if you are organized as a corporation, each shareholder that is a direct owner of 5% or more of a class of your voting securities, unless you are a public reporting company (a company subject to Section 12 or 15(d) of the Exchange Act);
 - Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 5% or more of a class of your voting securities. For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.
 - (c) if you are organized as a partnership, <u>all</u> general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of your capital;
 - (d) in the case of a trust that directly owns 5% or more of a class of your voting securities, or that has the right to receive upon dissolution, or has contributed, 5% or more of your capital, the trust and each trustee; and
 - (e) if you are organized as a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 5% or more of your capital, and (ii) if managed by elected managers, all elected managers.
- 3. Do you have any indirect owners to be reported on Schedule B? $\,\,$ $\,$ $\,$ $\,$ $\,$ 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.

(c) complete each column.							
FULL LEGAL NAME (Individuals: Last	DE/FE/I	Title or Status	Date Title or Status	Ownership	Control	PR	CRD No. If None: S.S. No. and Date of
Name, First Name, Middle Name)			Acquired MM/YYYY	Code	Person		Birth, IRS Tax No. or Employer ID No.
SAMPSON, ERNEST AUBREY	I	MANAGING MEMBER, ESOP TRUSTEE	04/2007	NA	Y	N	2001651
KFG ENTERPRISES, INC.	DE	SHAREHOLDER	02/2001	D	Υ	N	61-1383536
TAYLOR-JONES, JOHN PHILIP	I	CHIEF COMPLIANCE OFFICER	08/2013	NA	Y	N	2171620
WESCOTT, MARY ELIZABETH	I	CHIEF ADMINISTRATION OFFICER	09/2018	NA	Y	N	4404797
IRONSIDE, JULIA MEYER	I	FINOP	11/2020	NA	N	N	2441578
GRAHAM, TIMOTHY DALEY	I	PRESIDENT	05/2021	NA	Υ	N	4461811
PRIVATE CLIENT SERVICES EMP STOCK OWNERSHIP PLAN & TRUST	DE	ESOP TRUST	01/2020	С	Y	N	86-1229769
MILLS, STEVEN RICHARD	I	CHIEF OPERATIONS OFFICER	08/2023	NA	Y	N	3133520
GACSY, TIMOTHY DAVID	I	CHIEF FINANCIAL OFFICER	08/2023	NA	Y	N	5863195

Schedule B

Indirect Owners

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

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

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

 Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are control persons.
 - (b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
 - (c) Complete each column.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)		Entity in Which Interest is Owned				Control Person		CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.
SAMPSON, ERNEST AUBREY	I	KFG ENTERPRISES, INC.	SHAREHOLDER	02/2001	E	Y	N	2001651

Schedule D - Miscellaneous

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

Schedule R	
	No Information Filed

DRP	Pages
CRII	MINAL DISCLOSURE REPORTING PAGE (ADV)
	No Information Filed
REG	SULATORY ACTION DISCLOSURE REPORTING PAGE (ADV)
	GENERAL INSTRUCTIONS
	s Disclosure Reporting Page (DRP ADV) is an C INITIAL OR AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or G. of Form ADV.
	Regulatory Action
	cck item(s) being responded to: $11.C(1) \hspace{1cm} \square \hspace{1cm} 11.C(2) \hspace{1cm} \square \hspace{1cm} 11.C(3) \hspace{1cm} \square \hspace{1cm} 11.C(4) \hspace{1cm} \square \hspace{1cm} \hspace{1cm} 11.C(5)$
	11.D(1) \square 11.D(2) \square 11.D(3) \square 11.D(4) \square 11.D(5)
	11. $D(1)$ \square 11. $D(2)$ \square 11. $D(3)$ \square 11. $D(4)$ \square 11. $D(5)$ 11. $D(5)$ 11. $D(5)$ \square 11. $D(5)$ 11. $D(5)$ \square 11. $D(5)$ \square 11. $D(5)$ \square 11. $D(5)$ \square 11. $D(5)$ 11. D
	11.F. □ 11.G.
One	e a separate DRP for each event or <i>proceeding</i> . The same event or <i>proceeding</i> may be reported for more than one <i>person</i> or entity using one DRP. File with a completed cution Page. The event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event as rise to actions by more than one regulator, provide details for each action on a separate DRP.
PAR	
A.	
	• You (the advisory firm)
	C You and one or more of your <i>advisory affiliates</i>
	C One or more of your advisory affiliates
	one of more of your advisory diffinates
	If this DRP is being filed for an <i>advisory affiliate</i> , give the full name of the <i>advisory affiliate</i> below (for individuals, Last name, First name, Middle name). If the <i>advisory affiliate</i> has a <i>CRD</i> number, provide that number. If not, indicate "non-registered" by checking the appropriate box.
	ADV DRP - ADVISORY AFFILIATE
	No Information Filed
	☐ This DRP should be removed from the ADV record because the <i>advisory affiliate(s)</i> is no longer associated with the adviser. ☐ This DRP should be removed from the ADV record because: (1) the event or <i>proceeding</i> occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an <i>exempt reporting adviser</i> with the SEC and the event was resolved in the adviser's or <i>advisory affiliate's</i> favor. If you are registered or registering with a <i>state securities authority</i> , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred
	more than ten years ago. 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:
В.	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.
	C Yes C No
	NOTE: The completion of this form does not relieve the <i>advisory affiliate</i> of its obligation to update its IARD or <i>CRD</i> records.
PAR	пп
1.	Regulatory Action initiated by:
	C SEC C Other Federal State C SRO C Foreign (Full name of regulator, foreign financial regulatory authority, federal, state, or SRO) KENTUCKY DEVISON OF SECURITIES
2.	Principal Sanction: Civil and Administrative Penalt(ies) /Fine(s) Other Sanctions:
3.	Date Initiated (MM/DD/YYYY):
.	02/10/2011 © Exact C Explanation
	If not exact, provide explanation:
4.	Docket/Case Number:
	2011-AL-0027

5.	Advisory Affiliate Employing Firm when activity occurred which led to the regulatory action (if applicable): PRIVATE CLIENT SERVICES, LLC
6.	Principal Product Type: No Product
	Other Product Types:
,	Describe the allegations related to this regulatory action (your response must fit within the space provided):
′.	FIRM FAILED TO COMPLY WITH THE 5/19/10 CONDITIONAL REGISTRATION OF AGENT PAULA PARKERSON, VIS-A-VIS THE FIRM-ASSIGNED REGISTERED PRINCIPAL'S
	FAILURE TO MAINTAIN EVIDENCE OF PERIODIC CUSTOMER ACCOUNT REVIEWS AS REQUIRED.
8.	Current Status? C Pending C On Appeal Final
9.	If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:
If F	inal or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.
10	
10.	How was matter resolved: Order
11.	Resolution Date (MM/DD/YYYY):
	03/14/2011 © Exact C Explanation
	If not exact, provide explanation:
12	Resolution Detail:
12.	A. Were any of the following Sanctions <i>Ordered</i> (check all appropriate items)?
	Monetary/Fine Amount: \$ 1,000.00
	☐ Revocation/Expulsion/Denial ☐ Disgorgement/Restitution
	☐ Censure ☐ Cease and Desist/Injunction
	☐ Bar ☐ Suspension
	B. Other Sanctions <i>Ordered:</i>
	Constitut details if assended anisined as howed provide direction including about data and apposition offseted (Consum Constitute Driverian Constitute Drive
	Sanction detail: if suspended, enjoined or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and
	whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion
	levied against you or an <i>advisory affiliate</i> , date paid and if any portion of penalty was waived: \$1,000.00 FINE WAS PAID ON 03/01/2011
	
13.	Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the
	space provided).
	THERE WAS A MISUNDERSTANDING ON WHAT CONSTITUTED 'ACCOUNT REVIEWS'100% OF PARKERSON'S ACCOUNTS, TRADES, EMAILS,ETC WERE UNDER CONSTANT PRINCIPAL SURVEILLANCE (WELL DOCUMENTED)EVEN TO THE POINT OF SETTING IN ON CLIENT APPOINTMENTS AT TIMES,HOWEVER, NO WRITTEN
	'FORMAL' REVIEW BREAKDOWN, BY ACCT, AS A PROCESS
CIVI	IL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (ADV)
	No Information Filed
Arbit	tration DRPs
	No Information Filed
Bond	d DRPs
	No Information Filed
Judg	gment/Lien DRPs
	No Information Filed
	1B Item 1 - State Registration
	must complete this Part 1B only if you are applying for registration, or are registered, as an investment adviser with any of the state securities orities.

Complete this Item 1 if you are submitting an initial application for state registration or requesting additional state registration(s). Check the boxes next to the states to which you are submitting this application. If you are already registered with at least one state and are applying for registration with an additional state or states, check the boxes next

	, 3 : 3 : : : : : : : :	ck the boxes next to the states in which you a	re currently registered or where you have an application	on for
registration pending. Jurisdictions				
	—			
□ AL		□ NE	□ sc	
□ AK	□ IN	□ NV	□ SD	
□ AZ	□ IA	□ NH	∏ TN	
□ AR	□ KS	□ NJ	□ TX	
□ CA	□ KY	□ NM	∥□ uт	
□ co	☑ LA	□ NY	□ VT	
СТ	□ ME	□ NC	□ VI	
□ DE	□ MD	☑ ND	∥ □ va	
□ DC	□ ма	ОН	∥ ⊑ wa	
□ FL	□ MI	□ ок	□ wv	
□ GA	□ MN	□ OR	□ wi	
□ GU	☐ MS	□ PA	□ wy	
□ ні	□ мо	□ PR		
□ ID	□ мт	□ RI		
Part 1B Item 2 - Additional Info		on and compliance does not appear in Item 1J	or 1K. of Form ADV Part 1A:	
A. Person responsible for superv	vision and compliance:			
Name:		Title:		
Telephone:		Fax:		
Number and Street 1:		Number and Street 2:		
City:	State:	Country: ZI	P+4/Postal Code:	
Email address, if available:				
B. Bond/Capital Information, if r				
(1) Name of Issuing Insurar				
(1) Name of Issuing Insurar(2) Amount of Bond:\$.00				
(1) Name of Issuing Insurar(2) Amount of Bond:\$.00(3) Bond Policy Number:	nce Company:			Yes N
(1) Name of Issuing Insurar(2) Amount of Bond:\$.00(3) Bond Policy Number:	nce Company:	th your home state's minimum capital require	ments?	
 (1) Name of Issuing Insurar (2) Amount of Bond: \$.00 (3) Bond Policy Number: (4) If required by your hom Part 1B - Disclosure Questions 	nce Company:	th your home state's minimum capital require	ments?	
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(1) Name of Issuing Insurar (2) Amount of Bond: \$.00 (3) Bond Policy Number: (4) If required by your home Part 1B - Disclosure Questions BOND DISCLOSURE For "yes" answers to the following C. Has a bonding company of the part of the part of the following of the part of th	nce Company: ne state, are you in compliance wi g question, complete a Bond DRP. ever denied, paid out on, or revok	xed a bond for you, any <i>advisory affiliate</i> , or an	ny management person?	Yes M
(1) Name of Issuing Insurar (2) Amount of Bond: \$.00 (3) Bond Policy Number: (4) If required by your hom art 1B - Disclosure Questions BOND DISCLOSURE For "yes" answers to the following C. Has a bonding company of the property of the policy of the pol	nce Company: ne state, are you in compliance wi g question, complete a Bond DRP. ever denied, paid out on, or revok	xed a bond for you, any <i>advisory affiliate</i> , or a	ny management person?	Yes N Yes N Yes N
(1) Name of Issuing Insurar (2) Amount of Bond: \$.00 (3) Bond Policy Number: (4) If required by your hom Part 1B - Disclosure Questions BOND DISCLOSURE For "yes" answers to the following C. Has a bonding company of the part of the p	nce Company: ne state, are you in compliance wi g question, complete a Bond DRP. ever denied, paid out on, or revok	xed a bond for you, any <i>advisory affiliate</i> , or an	ny management person?	Yes M
(1) Name of Issuing Insurar (2) Amount of Bond: \$.00 (3) Bond Policy Number: (4) If required by your home art 1B - Disclosure Questions BOND DISCLOSURE For "yes" answers to the following C. Has a bonding company of the property of the policy of the polic	nce Company: ne state, are you in compliance wi g question, complete a Bond DRP. ever denied, paid out on, or revok g question, complete a Judgment/ judgments or liens against you, a	ked a bond for you, any <i>advisory affiliate</i> , or an Lien DRP. any <i>advisory affiliate</i> , or any <i>management per</i>	ny management person?	Yes M
(1) Name of Issuing Insurar (2) Amount of Bond: \$.00 (3) Bond Policy Number: (4) If required by your home. Part 1B - Disclosure Questions. BOND DISCLOSURE For "yes" answers to the following C. Has a bonding company of the part of the	nce Company: ne state, are you in compliance wi g question, complete a Bond DRP. ever denied, paid out on, or revok g question, complete a Judgment/ judgments or liens against you, a	ked a bond for you, any <i>advisory affiliate</i> , or an Lien DRP. any <i>advisory affiliate</i> , or any <i>management per</i>	ny management person? son?	Yes M
(1) Name of Issuing Insurar (2) Amount of Bond: \$.00 (3) Bond Policy Number: (4) If required by your hom Part 1B - Disclosure Questions BOND DISCLOSURE For "yes" answers to the following C. Has a bonding company of DUDGMENT/LIEN DISCLOSURE For "yes" answers to the following D. Are there any unsatisfied ARBITRATION DISCLOSURE For "yes" answers to the following E. Are you, any advisory afficulty of, an arbitration	nce Company: ne state, are you in compliance wi g question, complete a Bond DRP. ever denied, paid out on, or revok g question, complete a Judgment/ judgments or liens against you, a g questions, complete an Arbitration	ted a bond for you, any advisory affiliate, or an Lien DRP. any advisory affiliate, or any management per on DRP. n currently the subject of, or have you, any ad so of \$2,500, involving any of the following:	ny management person?	Yes I
(1) Name of Issuing Insurar (2) Amount of Bond: \$.00 (3) Bond Policy Number: (4) If required by your home art 1B - Disclosure Questions BOND DISCLOSURE For "yes" answers to the following C. Has a bonding company of the policy	nce Company: ne state, are you in compliance wi g question, complete a Bond DRP. ever denied, paid out on, or revok g question, complete a Judgment/ judgments or liens against you, a g questions, complete an Arbitrational process of a investment-related business or a	ted a bond for you, any advisory affiliate, or an Lien DRP. any advisory affiliate, or any management per on DRP. n currently the subject of, or have you, any ad so of \$2,500, involving any of the following:	ny management person? son?	Yes I
(1) Name of Issuing Insurar (2) Amount of Bond: \$.00 (3) Bond Policy Number: (4) If required by your home art 1B - Disclosure Questions BOND DISCLOSURE For "yes" answers to the following C. Has a bonding company of the policy	nce Company: ne state, are you in compliance wi g question, complete a Bond DRP. ever denied, paid out on, or revok g question, complete a Judgment/ judgments or liens against you, a g questions, complete an Arbitration giffiliate, or any management persor claim alleging damages in excess a investment-related business or a nt, or omission?	teed a bond for you, any advisory affiliate, or an Lien DRP. any advisory affiliate, or any management per on DRP. In currently the subject of, or have you, any ad is of \$2,500, involving any of the following: activity?	ny management person? son?	Yes I
(1) Name of Issuing Insurar (2) Amount of Bond: \$.00 (3) Bond Policy Number: (4) If required by your home art 1B - Disclosure Questions BOND DISCLOSURE For "yes" answers to the following C. Has a bonding company of the policy	nce Company: ne state, are you in compliance with a graph of the state, are you in compliance with a graph of the state, are you in compliance with a graph of the state, are you in complete a Bond DRP. The sever denied, paid out on, or revoked a graph of the state, and the state of the sta	teed a bond for you, any advisory affiliate, or an Lien DRP. any advisory affiliate, or any management per on DRP. In currently the subject of, or have you, any ad is of \$2,500, involving any of the following: activity?	ny management person? son?	Yes I
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(1) Name of Issuing Insurar (2) Amount of Bond: \$.00 (3) Bond Policy Number: (4) If required by your home and the policy Number: (4) If required by your home and the policy Number: (4) If required by your home and the policy Number: (4) If required by your home and the policy Number: (5) BOND DISCLOSURE (6) For "yes" answers to the following and the policy Number of the policy Number of the policy Number of Numbe	nce Company: The state, are you in compliance with the state, are you in compliance with the state, are you in compliance with the state, are you in complete a Bond DRP. The sever denied, paid out on, or revoked a graph that the state of	Lien DRP. any advisory affiliate, or any management per on DRP. or currently the subject of, or have you, any ad of \$2,500, involving any of the following: activity?	ny management person? son?	Yes O O Yes O O O O
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(1) Name of Issuing Insurar (2) Amount of Bond: \$.00 (3) Bond Policy Number: (4) If required by your home and the policy Number: (4) If required by your home and the policy Number: (4) If required by your home and the policy Number: (4) If required by your home and the policy Number: (4) If required by your home and the policy Number of Issue and the policy Number of Is	nce Company: The state, are you in compliance with the state, or any description of the state, or any management personal claim alleging damages in excess a investment-related business or and, or omission? The state, or any management personal claim alleging the state of the sta	Lien DRP. any advisory affiliate, or any management per on DRP. a currently the subject of, or have you, any advisory? eactivity? cial Action DRP. a currently subject to, or have you, any advisory affiliate, or any management per on DRP. a currently the subject of, or have you, any advisory activity?	ny management person? son? visory affiliate, or any management person been the	Yes I
(1) Name of Issuing Insurar (2) Amount of Bond: \$.00 (3) Bond Policy Number: (4) If required by your home and the policy Number: (4) If required by your home and the policy Number: (4) If required by your home and the policy Number: (4) If required by your home and the policy Number: (4) If required by your home and the policy Number of Issue and the policy Number of Is	nce Company: The state, are you in compliance with the state, and the state, and the state of the state of the state, and the state of th	Lien DRP. any advisory affiliate, or any management per on DRP. a currently the subject of, or have you, any advisory? eactivity? cial Action DRP. a currently subject to, or have you, any advisory affiliate, or any management per on DRP. a currently the subject of, or have you, any advisory activity?	ny management person? son? visory affiliate, or any management person been the	Yes I

	(4) bribery, forgery, counterfeiting, or e(5) dishonest, unfair, or unethical pract			0	•
	t 1B - Business Information				_
G.	(1) Are you, any advisory affiliate, or any ☐ Tax Preparer ☐ Issuer of securities ☐ Sponsor or syndicator of limited pa	therships (or equivalent), excluding pooled investment member (or equivalent) of pooled investment vehicles.	nent vehicles		
	(2) If you, any advisory affiliate, or any m	anagement person are actively engaged in any businate amount of time spent on that business:	ness other than those listed in Item 6.A of Part 1A or Item 2.G(1) of $\frac{1}{2}$	of Part	1B
н.	If you provide financial planning services, the	e investments made based on those services at the	e end of your last fiscal year totaled:		
		Securities Investments	Non-Securities Investments		
	Under \$100,000	o	e		
	\$100,001 to \$500,000	o	0		
	\$500,001 to \$1,000,000				
	\$1,000,001 to \$2,500,000	•	0		
		С	o		
	\$2,500,001 to \$5,000,000	0	0		
	More than \$5,000,000	O	O		
		00,000, how much? (round to the nearest \$1,000,00	·		
	If non-securities investments are over	\$5,000,000, how much? (round to the nearest \$1,0	00,000)		
I.	Custody			Yes	N
	(1) Advisory Fees				
	Do you withdraw advisory fees directly	from your clients' accounts? If you answered "yes",	, respond to the following:	•	c
	(a) Do you send a copy of your invoic	e to the custodian or trustee at the same time that	you send a copy to the <i>client</i> ?	•	C
			nts for the custodian account, including the amount of the advisory	•	C
		horization permitting you to be paid directly for the	ir accounts held by the custodian or trustee?	•	C
	(2) Pooled Investment Vehicles and Trusts				
	for which you are the adviser investment vehicle? If you ar	to the pooled investment vehicle, or for which you swered "yes", respond to the following:	n serving in a similar capacity, for any pooled investment vehicle are the adviser to one or more of the investors in the pooled	0	•
	provide authority permitting		y, have you or a <i>related person</i> engaged any of the following to urities from the account of the pooled investment vehicle?		
	Attorney			\circ	C
	Independent certified publi	caccountant		\circ	C
	Other independent party			\circ	C
	Describe the independent	ent party:			
	payment of fees, expenses and ca control with the investment advise adviser; and (D) shall not negotia	oital withdrawals from the pooled investment; (B) d r; (C) does not have, and has not had within the pa	ngaged by the investment adviser to act as a gatekeeper for the loes not control and is not controlled by and is not under common ast two years, a material business relationship with the investment ommonly controlled relations with an investment adviser for a period	d of	
	(b) Do you or a <i>related person</i> act as beneficiaries of the trust?	nvestment adviser and a trustee for any trust, or a	ct as a trustee for any trust in which your advisory clients are	o	6
		of more than \$500 per <i>client</i> and for six months or	more in advance?	0	G
J.	If you are organized as a sole proprietorship	o, please answer the following:		Yes	N
	(1) (a) Have you passed, on or after	January 1, 2000, the Series 65 examination?		0	c
	(b) Have you passed, on or after	January 1, 2000, the Series 66 examination and als	so passed, at any time, the Series 7 examination?	o	c
	(2) (a) Do you have any investment	advisory professional designations?			Č
	If "no",you do not need to a				•
		od standing with the organization that issued the fo ("CFP") st ("CFA") Itant ("ChFC") Inselor ("CIC")	llowing credential:		
	(3) Your Social Security Number:				
K.	If you are organized other than as a sole pr	oprietorship, please provide the following:			

- (1) Indicate the date you obtained your legal status. Date of formation: 02/01/2001
- (2) Indicate your IRS Empl. Ident. No.: 61-1383537

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.

Yes No

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

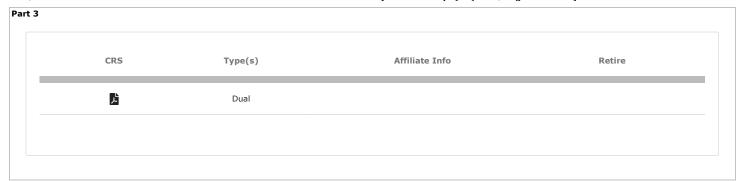
The year exempt from delivering a product to all or your elicites affact these raise

0 0

Amend, retire or file new brochures:

If no, complete the ADV Part 2 filing below.

Brochure ID	Brochure Name	Brochure Type(s)
359165	BROCHURE SUPPLEMENT FORM ADV2B STEVEN MILLS	Individuals
359166	BROCHURE SUPPLEMENT FORM ADV 2B - EDWARD MARION	Individuals
396975	FIRM BROCHURE 03/28/2024	Individuals, High net worth individuals, Pension plans/profit sharing plans, Pension consulting, Wrap program, Financial Planning Services
396976	FIRM WRAP FEE BROCHURE 03/28/2024	Individuals, High net worth individuals, Pension plans/profit sharing plans, Wrap program
410014	FIRM WRAP FEE BROCHURE 03/21/2025	Individuals, High net worth individuals, Pension plans/profit sharing plans, Wrap program
410015	FIRM BROCHURE 03/21/2025	Individuals, High net worth individuals, Pension plans/profit sharing plans, Pension consulting, Wrap program, Financial Planning Services



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

Appointment of Agent for Service of Process

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

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.

Date: MM/DD/YYYY

03/21/2025

Signature: JOHN TAYLOR-JONES Printed Name:

CHIEF COMPLIANCE OFFICER JOHN TAYLOR-JONES

Adviser CRD Number:

120222

NON-RESIDENT INVESTMENT ADVISER EXECUTION PAGE

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

1. Appointment of Agent for Service of Process

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

2. Appointment and Consent: Effect on Partnerships

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

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

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

Signature

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

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

Date: MM/DD/YYYY Signature:

Printed Name:

Adviser CRD Number:

120222

Title:

STATE-REGISTERED 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 application for state registration and all amendments to registration.

1. Appointment of Agent for Service of Process

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

2. State-Registered Investment Adviser Affidavit

If you are subject to state regulation, by signing this Form ADV, you represent that, you are in compliance with the registration requirements of the state in which you maintain your principal place of business and are in compliance with the bonding, capital, and recordkeeping requirements of that state.

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.

Date: MM/DD/YYYY 03/21/2025

Printed Name:
JOHN TAYLOR-JONES

Adviser CRD Number:

120222

Title:

Signature: JOHN TAYLOR-JONES

CHIEF COMPLIANCE OFFICER

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