

FORM ADV

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

Primary Business Name: APERIO GROUP, LLC	CRD Number: 111616
Other-Than-Annual Amendment - All Sections	Rev. 10 / 2021
4 / 2 / 2026 7:26:19 PM	

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

Item 1 Identifying Information

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

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

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

List on [Section 1.B. of Schedule D](#) any additional names under which you conduct your advisory business.

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

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

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

D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: **801-57184**
(2) If you report to the SEC as an *exempt reporting adviser*, your SEC file number:
(3) If you have one or more Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

CIK Number
1364615

E. (1) If you have a number ("CRD Number") assigned by the *FINRA*'s *CRD* system or by the IARD system, your *CRD* number: **111616**

If your firm does not have a *CRD* number, skip this Item 1.E. Do not provide the *CRD* number of one of your officers, employees, or affiliates.

(2) If you have additional *CRD* Numbers, your additional *CRD* numbers:
No Information Filed

F. Principal Office and Place of Business

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

Number and Street 1:	Number and Street 2:		
THREE HARBOR DRIVE	SUITE 204		
City:	State:	Country:	ZIP+4/Postal Code:
SAUSALITO	California	United States	94965

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

List on [Section 1.F. of Schedule D](#) any office, other than your principal office and place of business, at which you conduct investment advisory business. If you are applying for registration, or are

- ☒ \$10 billion to less than \$50 billion
- ☐ \$50 billion or more

For purposes of Item 1.O. only, "assets" refers to your total assets, rather than the assets you manage on behalf of clients. Determine your total assets using the total assets shown on the balance sheet for your most recent fiscal year end.

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

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

SECTION 1.B. Other Business Names

No Information Filed

SECTION 1.F. Other Offices

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:	
725 PONCE DE LEON AVE NE			
City:	State:	Country:	ZIP+4/Postal Code:
ATLANTA	Georgia	United States	30306

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

Telephone Number:	Facsimile Number, if any:
470 520 5000	

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:

491784

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

Telephone Number:617 357 1200

Facsimile Number, if any:

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
237771

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

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

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

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

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

Number and Street 1:
44 COOK STREET

Number and Street 2:

City:
DENVER

State:
Colorado

Country:
United States

ZIP+4/Postal Code:
80206

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

Telephone Number:303 468 5500

<

City:	State:	Country:	ZIP+4/Postal Code:
SAN FRANCISCO	California	United States	94105

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

Telephone Number:	Facsimile Number, if any:
415 670 2000	

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:
107105

How many *employees* perform investment advisory functions from this office location?
10

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

☒ (1) Broker-dealer (registered or unregistered)

☒ (2) Bank (including a separately identifiable department or division of a bank)

☐ (3) Insurance broker or agent

☒ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)

☒ (5) Registered municipal advisor

☐ (6) Accountant or accounting firm

☐ (7) Lawyer or law firm

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

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

Number and Street 1:		Number and Street 2:	
50 HUDSON YARDS			
City:	State:	Country:	ZIP+4/Postal Code:
NEW YORK	New York	United States	10001

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

Telephone Number:	Facsimile Number, if any:
212 810 5300	

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:<

if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1:
1 UNIVERSITY SQUARE DRIVE

City:
PRINCETON

State:
New Jersey

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
08540

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

Telephone Number:
609 853 6500

Facsimile Number, if any:

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
307367

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

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

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

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

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

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: 227 WEST MONROE STREET		Number and Street 2: SUITE 4300	
City: CHICAGO	State: Illinois	Country: United States	ZIP+4/Postal Code: 60606

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

Telephone Number: (312)395-9300	Facsimile Number, if any:
------------------------------------	---------------------------

If this office location is also required to be registered with FINRA or a *state securities authority* as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the *CRD* Branch Number here:
107105

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

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

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

SECTION 1.L. Location of Books and Records

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

Name of entity where books and records are kept:
SALESFORCE.COM INC.

Number and Street 1:
SALESFORCE TOWER 415 MISSION ST., 3RD FLOOR

City:
SAN FRANCISCO

State:
California

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
94105

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

Telephone Number:
415-537-4130

Facsimile number, if any:

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

Briefly describe the books and records kept at this location.
CUSTOMER INFORMATION, CONTACT INFORMATION RECORDS.

Name of entity where books and records are kept:
SS&C ADVENT

Number and Street 1:
600 TOWNSEND STREET

City:
SAN FRANCISCO

State:
California

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
94103

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

Telephone Number:
415-543-7696

Facsimile number, if any:

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

Briefly describe the books and records kept at this location.
RECORDS ARE APERIO PORTFOLIO MANAGEMENT, ACCOUNTING AND REPORTING.

Name of entity where books and records are kept:
BLACKROCK, INC.

Number and Street 1:
50 HUDSON YARDS

City:
NEW YORK

State:
New York

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:

This is (check one):

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

Briefly describe the books and records kept at this location.

CORPORATE, COMMUNICATIONS, EMPLOYEE RECORDS, CUSTODIAN STATEMENTS, CERTAIN TRADING AND SETTLEMENT DATA

Name of entity where books and records are kept:

DOCU-SIGN

Number and Street 1:

221 MAIN STREET

Number and Street 2:

SUITE

City:

SAN FRANCISCO

State:

California

Country:

United States

ZIP+4/Postal Code:

94105

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

Telephone Number:

8003799973

Facsimile number, if any:

This is (check one):

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

Telephone Number:296-255-1000

Facsimile number, if any:

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

Briefly describe the books and records kept at this location.
ACCOUNTING RECORDS, TRADE DATA AND OTHER REQUIRED BOOKS AND RECORDS

Name of entity where books and records are kept:
WELLS FARGO CLEARING SERVICES, LLC

Number and Street 1:
1 NORTH JEFFERSON AVENUE

City:
ST LOUIS

State:
Missouri

Country:
United States

Number and Street 2:

ZIP+4/Postal Code:
63103

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

Telephone Number:13149553000

Facsimile number, if any:

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

Briefly describe the books and records kept at this location.
COMMUNICATIONS REGARDING CLIENT ACCOUNTS

SECTION 1.M. Registration with Foreign Financial Regulatory Authorities

No Information Filed

Item 2 SEC Registration / Reporting

Responses to this Item help us (and you) determine whether you

- 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
California 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)?

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*

regulatory assets under management?

K. Separately Managed Account Clients

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

Yes

No

If yes, complete [Section 5.K.\(1\) of Schedule D](#).

(2) Do you engage in borrowing transactions on behalf of any of the separately managed account *clients* that you advise?

☒

☐

If yes, complete [Section 5.K.\(2\) of Schedule D](#).

(3) Do you engage in derivative transactions on behalf of any of the separately managed account *clients* that you advise?

☐

☒

If yes, complete [Section 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?

☒

☐

If yes, complete [Section 5.K.\(3\) of Schedule D](#) for each custodian.

L. Marketing Activities

(1) Do any of your *advertisements* include:

(a) Performance results?

☒

☐

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

☒

☐

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

☐

☒

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

☐

☒

(e) *Third-party ratings*?

☐

☒

(2) If you answer "yes" to L(1)(c), (d), or (e) above, do you pay or otherwise provide cash or non-cash compensation, directly or indirectly, in connection with the use of *testimonials*, *endorsements*, or *third-party ratings*?

☐

☒

(3)

Provide the regulatory assets under management of all *parallel managed accounts* related to a registered investment company (or series thereof) or business development company that you advise.

No Information Filed

SECTION 5.1.(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 5.1.(2) for each *wrap fee program* for which you are a portfolio manager.

Name of *Wrap Fee Program*
CES - CONSULTING AND EVALUATION SERVICES PROGRAM

Name of *Sponsor*
MORGAN STANLEY

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 70103

Sponsor's CRD Number (if any):
149777

Name of *Wrap Fee Program*
ENVESTNET PRIVATE WEALTH MANAGEMENT PROGRAM (SMA)

Name of *Sponsor*
ENVESTNET PMC

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 57260

Sponsor's CRD Number (if any):
111694

Name of *Wrap Fee Program*
GLOBAL MANAGER STRATEGIES SEPARATE ACCOUNT PROGRAM

Name of *Sponsor*
GOLDMAN SACHS & CO. LLC

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

7691
Name of <i>Wrap Fee Program</i> INVESTMENT COUNSELING SERVICES PROGRAM (ICS) Name of <i>Sponsor</i> J.P. MORGAN SECURITIES LLC Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-): 801 - 3702 Sponsor's CRD Number (if any): 79
Name of <i>Wrap Fee Program</i> MAC - MANAGED ACCOUNTS CONSULTING Name of <i>Sponsor</i> UBS FINANCIAL SERVICES INC. Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-): 801 - 7163 Sponsor's CRD Number (if any): 8174
Name of <i>Wrap Fee Program</i> MAP - MANAGED ACCOUNT PROGRAM Name of <i>Sponsor</i> RBC CAPITAL MARKETS, LLC Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-): 801 - 13059 Sponsor's CRD Number (if any): 31194
Name of <i>Wrap Fee Program</i> OSM - OUTSIDE MONEY MANAGER PROGRAM Name of <i>Sponsor</i> RAYMOND JAMES & ASSOCIATES, INC. Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-): 801 - 10418 Sponsor's CRD Number (if any): 705
Name of <i>Wrap Fee Program</i> PREMIUM ACCESS STRATEGIES (PAS) Name of <i>Sponsor</i> MERRILL LYNCH, PIERCE, FENNER & SMITH INCORPORATED

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 14235

Sponsor's CRD Number (if any):
7691

Name of Wrap Fee Program
PRIVATE ADVISOR NETWORK (PAN)

Name of Sponsor
WELLS FARGO ADVISORS

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 57434

Sponsor's CRD Number (if any):
11025

Name of Wrap Fee Program
SELECT UMA® PROGRAM

Name of Sponsor
MORGAN STANLEY

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 70103

Sponsor's CRD Number (if any):
149777

Name of Wrap Fee Program
SPA - STRATEGIC PORTFOLIO ADVISOR® SERVICE

Name of Sponsor
MERRILL LYNCH, PIERCE, FENNER & SMITH INCORPORATED

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 14235

Sponsor's CRD Number (if any):
7691

Name of Wrap Fee Program
UBS ACCESS

Name of Sponsor
UBS FINANCIAL SERVICES INC.

Sponsor's SEC

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

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

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

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

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

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

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

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

(a)

Legal name of custodian:
CHARLES SCHWAB & CO., INC.

(b)

Primary business name of custodian:
CHARLES SCHWAB & CO., INC.

(c)

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

City:
SAN FRANCISCO

State:
California

Country:
United States

Yes

No

(d)</

1.

Name of the *private fund*:
MATTERHORN PARTNERS LP

2.

Private fund identification number:
(include the "805-" prefix also)
805-3729803409

3.

Name and SEC File number of adviser that provides information about this *private fund* in Section 7.B.(1) of Schedule D of its Form ADV filing
Name:
MATTERHORN MANAGEMENT, L.L.C.
SEC File Number:
802 - 76499

Yes

No

4.

Are your *clients* solicited to invest in this *private fund*?

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

1.

Name of the *private fund*:
PIEDMONT PARTNERS FUND LLC

2.

Private fund identification number:
(include the "805-" prefix also)
805-4029949044

3.

Name and SEC File number of adviser that provides information about this *private fund* in Section 7.B.(1) of Schedule D of its Form ADV filing
Name:
PIEDMONT CAPITAL MANAGEMENT, LLC
SEC File Number:
801 - 110286

Yes

No

4.

Are your *clients* solicited to invest in this *private fund*?

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

1.

Name of the *private fund*:
PUBLIC MARK

custody or possession of these books and records to make them available to federal and state regulatory representatives.

Signature:	Date: MM/DD/YYYY
Printed Name:	Title:
Adviser CRD Number:	
111616	