

**FORM ADV****Uniform Application for Investment Adviser Registration****Part II – Page 1**

OMB APPROVAL	
OMB Number:	3235-0049
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Name of Investment Adviser:						Elite Capital Management Group, LLC					
Address: (Number and Street)		(City)		(State)		(Zip Code)		Area Code:		Telephone Number:	
Centerpoint Executive Park		Middletown		Connecticut		06457		(860)		635-6634	
306 Industrial Park Road, Suite 108											

This part of Form ADV gives information about the investment adviser and its business for the use of clients.  
The information has not been approved or verified by any government authority.

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(Schedules A,B,C,D, and E are included with Part I of this Form, for the use of regulatory bodies, and are not distributed to clients.)

Potential persons who are to respond to the collection of information contained in this form  
are not required to respond unless the form displays a currently valid OMB control number.

Applicant:

Elite Capital Management Group, LLC

SEC File Number:

801- 69929

Date:

05/26/2009

- 1. A. Advisory Services and Fees.** (Check the applicable boxes) For each type of service provided, state the approximate % of total advisory billings from that service. (See instruction below.)

**Applicant:**

- |                                     |  |     |   |
|-------------------------------------|--|-----|---|
| <input checked="" type="checkbox"/> | (1) Provides investment supervisory services.....  | 100 | % |
| <input type="checkbox"/>            | (2) Manages investment advisory accounts not involving investment supervisory services.....  |     | % |
| <input type="checkbox"/>            | (3) Furnishes investment advice through consultations not included in either service described above.....  |     | % |
| <input type="checkbox"/>            | (4) Issues periodicals about securities by subscription.....   |     | % |
| <input type="checkbox"/>            | (5) Issues special reports about securities not included in any service described above.....   |     | % |
| <input type="checkbox"/>            | (6) Issues, not as part of any service described above, any charts, graphs, formulas, or other devices which clients may use to evaluate securities..... |     | % |
| <input type="checkbox"/>            | (7) On more than an occasional basis, furnishes advice to clients on matters not involving securities..  |     | % |
| <input type="checkbox"/>            | (8) Provides a timing service.....   |     | % |
| <input type="checkbox"/>            | (9) Furnishes advice about securities in any manner not described above.....   |     | % |

(Percentages should be based on applicant's last fiscal year. If applicant has not completed its first fiscal year, provide estimates of advisory billings for that year and state that the percentages are estimates.)

- B.** Does applicant call any of the services it checked above financial planning or some similar term? ..... Yes ☐ No ☒

- C.** Applicant offers investment advisory services for: (check all that apply)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> (1) A percentage of assets under management | <input type="checkbox"/> (4) Subscription fees |
| <input type="checkbox"/> (2) Hourly charges                                     | <input type="checkbox"/> (5) Commissions       |
| <input type="checkbox"/> (3) Fixed fees (not including subscription fees)       | <input type="checkbox"/> (6) Other             |

- D.** For each checked box in A above, describe on Schedule F:

- the services provided, including the name of any publication or report issued by the adviser on a subscription basis or for a fee
- applicant's basic fee schedule, how fees are charged and whether its fees are negotiable
- When compensation is payable, and if compensation is payable before service is provided, how a client may get a refund or may terminate and investment advisory contract before its expiration date

- 2. Types of clients** – Applicant generally provides investment advice to: (check all that apply)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> A. Individuals                   | <input type="checkbox"/> E. Trusts, estates, or charitable organizations                               |
| <input checked="" type="checkbox"/> B. Banks and thrift institutions | <input checked="" type="checkbox"/> F. Corporations or business entities other than those listed above |
| <input type="checkbox"/> C. Investment companies                     | <input checked="" type="checkbox"/> G. Other (describe on Schedule F)                                  |
| <input type="checkbox"/> D. Pension and profit sharing plans         |  |

**Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).**

**3. Types of Investments.** Applicant offers advice on the following: (Check those that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> A. Equity Services  | <input checked="" type="checkbox"/> H. United States government securities |
| <input checked="" type="checkbox"/> (1) exchange-listed securities                             | <input type="checkbox"/> I. Options contracts on:                          |
| <input checked="" type="checkbox"/> (2) securities traded over-the-counter                     | <input type="checkbox"/> (1) securities                                    |
| <input checked="" type="checkbox"/> (3) foreign issuers  | <input type="checkbox"/> (2) commodities                                   |
| <input type="checkbox"/> B. Warrants   | <input type="checkbox"/> J. Futures contracts on:                          |
| <input checked="" type="checkbox"/> C. Corporate debt securities (other than commercial paper) | <input type="checkbox"/> (1) tangibles                                     |
| <input checked="" type="checkbox"/> D. Commercial paper  | <input type="checkbox"/> (2) intangibles                                   |
| <input checked="" type="checkbox"/> E. Certificate of deposit                                  | <input type="checkbox"/> K. Interests in partnerships investing in:        |
| <input checked="" type="checkbox"/> F. Municipal Securities                                    | <input type="checkbox"/> (1) real estate                                   |
| <input type="checkbox"/> G. Investment company securities                                      | <input type="checkbox"/> (2) oil and gas interests                         |
| <input checked="" type="checkbox"/> (1) variable life insurance                                | <input type="checkbox"/> (3) other (explain on Schedule F)                 |
| <input checked="" type="checkbox"/> (2) variable annuities                                     | <input type="checkbox"/> L. Other (explain on Schedule F)                  |
| <input checked="" type="checkbox"/> (3) mutual fund shares                                     |  |

**4. Methods of Analysis, Sources of Information, and Investment Strategies.**

## A. Applicant's security analysis methods include: (check those that apply)

- |   |  |
|---|--|
| (1) <input checked="" type="checkbox"/> Charting    | (4) <input checked="" type="checkbox"/> Cyclical           |
| (2) <input checked="" type="checkbox"/> Fundamental | (5) <input type="checkbox"/> Other (explain on Schedule F) |
| (3) <input checked="" type="checkbox"/> Technical   |  |

## B. The main sources of information applicant uses include: (check those that apply)

- |   |   |
|---|---|
| (1) <input checked="" type="checkbox"/> Financial newspapers and magazines    | (5) <input type="checkbox"/> Timing services  |
| (2) <input type="checkbox"/> Inspections of corporate activities              | (6) <input checked="" type="checkbox"/> Annual reports, prospectuses, filings with the Securities and Exchange Commission |
| (3) <input checked="" type="checkbox"/> Research materials prepared by others | (7) <input type="checkbox"/> Company press releases   |
| (4) <input type="checkbox"/> Corporate rating services                        | (8) <input type="checkbox"/> Other (explain on Schedule F)  |

## C. The investment strategies used to implement any investment advice given to clients include: (check those that apply)

- |  |   |
|--|---|
| (1) <input checked="" type="checkbox"/> Long Term Purchases<br>(securities held at least a year) | (5) <input type="checkbox"/> Margin transactions  |
| (2) <input checked="" type="checkbox"/> Short Term Purchases<br>(securities sold within a year)  | (6) <input type="checkbox"/> Option writing, including covered options, uncovered options or spreading strategies |
| (3) <input type="checkbox"/> Trading (securities sold within 30 days)                            | (7) <input type="checkbox"/> Other (explain on Schedule F)  |
| (4) <input type="checkbox"/> Short Sales   |   |

**Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).**

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**5. Education and Business Standards.**

Are there any general standards of education or business experience that applicant requires of those involved in determining or giving investment advice to clients? .....

Yes

No

☒☐

(If yes, describe these standards on Schedule F.)

**6. Education and Business Background.**

For:

- each member of the investment committee or group that determines general investment advice to be given to clients, or
- if the applicant has no investment committee or group, each individual who determines general investment advice given to clients (if more than five, respond only for their supervisors)
- each principal executive officer of applicant or each person with similar status or performing similar functions.

On Schedule F, give the:

- name
- year of birth
- formal education after high school
- business background for the preceding five years

**7. Other Business Activities.** (check those that apply)

- ☐ A. Applicant is actively engaged in a business other than giving investment advice.
- ☐ B. Applicant sells products or services other than investment advice to clients.
- ☐ C. The principal business of applicant or its principal executive officers involves something other than providing investment advice.

(For each checked box describe the other activities, including the time spent on them, on Schedule F.)

**8. Other Financial Industry Activities or Affiliations.** (check those that apply)

- ☐ A. Applicant is registered (or has an application pending) as a securities broker-dealer.
- ☐ B. Applicant is registered (or has an application pending) as a futures commission merchant, commodity pool operator or commodity trading adviser.
- C. Applicant has arrangements that are material to its advisory business or its clients with a related person who is a:

- |  |  |
|--|--|
| <input type="checkbox"/> (1) broker-dealer   | <input type="checkbox"/> (7) accounting firm                                       |
| <input type="checkbox"/> (2) investment company  | <input type="checkbox"/> (8) law firm  |
| <input type="checkbox"/> (3) other investment adviser  | <input checked="" type="checkbox"/> (9) insurance company or agency                |
| <input type="checkbox"/> (4) financial planning firm   | <input type="checkbox"/> (10) pension consultant                                   |
| <input type="checkbox"/> (5) commodity pool operator, commodity trading adviser or futures commission merchant | <input type="checkbox"/> (11) real estate broker or dealer                         |
| <input type="checkbox"/> (6) banking or thrift institution   | <input type="checkbox"/> (12) entity that creates or packages limited partnerships |

For each checked box in C, on Schedule F identify the related person and describe the relationship and the arrangements.)

- D. Is applicant or a related person a general partner in any partnership in which clients are solicited to invest?.....

Yes

No

☐☒

(If yes, describe on Schedule F the partnerships and what they invest in.)

**Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).**

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SEC File Number:

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Date:

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**9. Participation or Interest in Client Transactions.**

Applicant or a related person: (check those that apply)

- ☐ A. As principal, buys securities for itself from or sells securities it owns to any client.
- ☐ B. As broker or agent effects securities transactions for compensation for any client.
- ☐ C. As broker or agent for any person other than a client effects transactions in which client securities are sold to or bought from a brokerage customer.
- ☐ D. Recommends to clients that they buy or sell securities or investment products in which the applicant or a related person has some financial interest.
- ☐ E. Buys or sells for itself securities that it also recommends to clients.

(For each box checked, describe on Schedule F when the applicant or a related person engages in these transactions and what restrictions, internal procedures or disclosures are used for conflicts of interest in those transactions.)

Describe, on Schedule F, your code of ethics, and state that you will provide a copy of your code of ethics to any client or prospective client upon request.

- 10. Conditions for Managing Accounts.** Does the applicant provide investment supervisory services, manage investment advisory accounts or hold itself out as providing financial planning or some similarly termed services and impose a minimum dollar value of assets or other conditions for starting or maintaining an account?

Yes ☒ No ☐

(If yes, describe on Schedule F)

- 11. Review of Accounts.** If applicant provides investment supervisory services, manages investment advisory accounts, or holds itself out as providing financial planning or some similarly termed services:

- A. Describe below the reviews and reviewers of the accounts. **For Reviews**, include the frequency, different levels, and triggering factors. **For Reviewers**, include the number of reviewers, their titles and functions, instructions they receive from applicant on performing reviews, and number of accounts assigned each.

**Investment Advisory Services:** The securities in every client's account will be under continuous review. Client accounts will typically be reviewed quarterly. Accounts will be reviewed by the President. Reviews may be triggered by material market, economic or political events, or by changes in client's financial situations.

- B. Describe below the nature and frequency of regular reports to clients on their accounts.

**Investment Advisory Services:** Each client will receive a monthly report from the Custodian detailing the clients account performance.

**Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).**

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Elite Capital Management Group, LLC

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Date:

05/26/2009

**12. Investment or Brokerage Discretion.**

A. Does applicant or any related person have authority to determine, without obtaining specific client consent, the:

- |     |   |  |   |
|-----|---|--|---|
| (1) | securities to be bought or sold?.....               | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |
| (2) | amount of the securities to be bought or sold?..... | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |
| (3) | broker or dealer to be used?.....                   | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| (4) | commission rates paid?.....                         | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |

B. Does applicant or a related person suggest brokers to clients?.....

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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For each yes answer to A describe on Schedule F any limitations on the authority. For each yes to A(3), A(4) or B, describe on Schedule F the factors considered in selecting brokers and determining the reasonableness of their commissions. If the value of products, research and services given to the applicant or a related person is a factor, describe:

- the products, research and services
- whether clients may pay commissions higher than those obtainable from other brokers in return for those products and services
- whether research is used to service all of applicant's accounts or just those accounts paying for it; and
- any products the applicant used during the last fiscal year to direct client transactions to a particular broker in return for any product and research services received.

**13. Additional Compensation.**

Does the applicant or a related person have any arrangements, oral or in writing, where it:

- |    |   |  |   |
|----|---|--|---|
| A. | is paid cash by or receives some economic benefit (including commissions, equipment or non-research services) from a non-client in connection with giving advice to clients?..... | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| B. | directly or indirectly compensates any person for client referrals?.....  | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |

(For each yes, describe the arrangements on Schedule F.)

**14. Balance Sheet.** Applicant must provide a balance sheet for the most recent fiscal year on Schedule G if applicant:

- has custody of client funds or securities (unless applicant is registered or registering only with the Securities and Exchange Commission); or
- requires prepayment of more than \$500 in fees per client and 6 or more months in advance

Has applicant provided a Schedule G balance sheet?.....	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).

**Schedule F of  
FORM ADV**

**Continuation Sheet for Form ADV Part II**

Applicant:	SEC File Number:	Date:
Elite Capital Management Group, LLC	801- 69929	05/26/2009

(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

1. Full name of applicant exactly as stated in Item 1A of Part 1 of Form ADV: <b>Elite Capital Management Group, LLC</b>		IRS Empl. Ident. No.: <b>02-0770121</b>								
Item of Form (identify)	Answer									
<b>Part II, 1 D</b>	<p>Elite Capital Management Group, LLC (hereinafter "ECMG") offers the following services to advisory clients:</p> <p><b>INVESTMENT SUPERVISORY SERVICES</b></p> <p>ECMG will offer ongoing portfolio management services based on the individual goals, objectives, time horizon, and risk tolerance of each client. ECMG's clients may also include credit unions.</p> <p>Investment Supervisory Services include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Investment strategy</li> <li>• Personal investment policy</li> <li>• Asset allocation</li> <li>• Asset selection</li> <li>• Regular and/or continuous portfolio monitoring</li> </ul> <p>ECMG will evaluate the current investments of each client with respect to their risk tolerance levels and time horizon. ECMG will request discretionary authority from clients in order to select securities and execute transactions without permission from the client prior to each transaction. Risk tolerance levels will be documented in the Investment Policy Statement, which will be given to each client. Fees for these services will be based on a percentage of Assets Under Management as follows:</p> <table border="0"> <thead> <tr> <th><b>ASSETS UNDER MANAGEMENT</b></th> <th><b>ANNUAL FEE</b></th> </tr> </thead> <tbody> <tr> <td>First \$5,000,000</td> <td>0.85%</td> </tr> <tr> <td>Next \$5,000,000</td> <td>0.50%</td> </tr> <tr> <td>\$10,000,000 +</td> <td>0.30%</td> </tr> </tbody> </table> <p>These fees are negotiable and the final fee schedule will be attached as Exhibit II of the Investment Advisory Contract. Fees are paid quarterly in arrears, and clients may terminate their account with thirty days written notice. Because fees are charged in arrears, no refund policy is necessary. Clients may terminate their accounts without penalty, for full refund, within 5 business days of signing the advisory contract.</p> <p>There is an account minimum, \$1,000,000, which may be waived by the investment adviser, based on the needs of the client and the complexity of the situation.</p>		<b>ASSETS UNDER MANAGEMENT</b>	<b>ANNUAL FEE</b>	First \$5,000,000	0.85%	Next \$5,000,000	0.50%	\$10,000,000 +	0.30%
<b>ASSETS UNDER MANAGEMENT</b>	<b>ANNUAL FEE</b>									
First \$5,000,000	0.85%									
Next \$5,000,000	0.50%									
\$10,000,000 +	0.30%									

**Complete amended pages in full, circle amended items and file with execution page (page 1).**

**Schedule F of  
FORM ADV**

**Continuation Sheet for Form ADV Part II**

Applicant:	SEC File Number:	Date:
Elite Capital Management Group, LLC	801- 69929	05/26/2009

1. Full name of applicant exactly as stated in Item 1A of Part 1 of Form ADV: Elite Capital Management Group, LLC		IRS Empl. Ident. No.: 02-0770121
Item of Form (identify)	Answer	
<b>Part II, 5</b>	<b>EDUCATION AND BUSINESS STANDARDS</b>	
	Representatives of ECMG are required to have a four-year college degree, CLU/ChFC/CFP® or equivalent business experience to include business experience of 10 years or more, and to be current on all continuing education.	
<b>Part II, 6</b>	<b>EDUCATION AND BUSINESS BACKGROUND</b>	
	Name: Matthew Paul Butler, ChFC Born: 1966	
	Education Background:	
	* BA, Economics, Finance, Political Science Southern CT State University 1994	
	* Chartered Financial Consultant designation	
	Business Background:	
	2007 – Present President Elite Capital Management Group, LLC	
	2007 – 2007 Reg. Rep./IAR Cambridge Investment Research	
	2002 – 2007 Reg. Rep./IAR CUNA Brokerage Services	
<b>Part II,8 C (9)</b>	<b>OTHER BUSINESS ACTIVITIES</b>	
	President Mathew Paul Butler is a licensed insurance agent in the states of Connecticut, New York, Rhode Island, Massachusetts, Maine, New Hampshire, Vermont, Delaware, New Jersey and Maryland. From time to time, he will offer clients advice or products from those activities.	
<b>Part II, 9</b>	<b>CODE OF ETHICS</b>	
	ECMG has a written Code of Ethics that covers the following areas:	
	Prohibited Purchases and Sales, Insider Trading, Personal Securities Transactions, Exempted Transactions, Prohibited Activities, Conflicts of Interest, Gifts and Entertainment, Confidentiality, Service on a Board of Directors, Compliance Procedures, Compliance with Laws and Regulations, Procedures and Reporting, Certification of Compliance, Reporting Violations, Compliance Officer Duties, Training and Education, Recordkeeping, Annual Review, and Sanctions.	
	YOU HAVE A RIGHT TO SEE OUR CODE OF ETHICS. FOR A COPY OF THE CODE OF ETHICS, PLEASE ASK YOUR FINANCIAL ADVISOR AT ANY TIME.	

Complete amended pages in full, circle amended items and file with execution page (page 1).



**Schedule F of  
FORM ADV**

**Continuation Sheet for Form ADV Part II**

Applicant:	SEC File Number:	Date:
Elite Capital Management Group, LLC	801- 69929	05/26/2009

1. Full name of applicant exactly as stated in Item 1A of Part 1 of Form ADV: Elite Capital Management Group, LLC		IRS Empl. Ident. No.: 02-0770121
Item of Form (identify)	Answer	
<b>Part II, 10</b>	<b>CONDITIONS FOR MANAGED ACCOUNTS</b>  ECMG has a minimum family of accounts value of \$1,000,000. ECMG may waive conditions based on the complexities of the situation and/or the needs of the client.	
<b>Part II, 12 A (1&amp;2)</b>	<b>INVESTMENT OR BROKERAGE DISCRETION</b>  For those client accounts where ECMG provides ongoing money management or investment advice with ongoing supervision, ECMG will maintain limited power of authority over client accounts with respect to securities to be bought and sold and amount of securities to be bought and sold. All buying and selling of securities will be explained to clients in detail before an advisory relationship has commenced.	
<b>Part II, 13 B</b>	<b>ADDITIONAL COMPENSATION</b>  ECMG will compensate Princeton Capital Advisors, OM Financial, Credit Union Executives Society, or Yield Enhancement Solutions for client referrals. The exact nature of the compensation will be detailed in the contract.	

**Complete amended pages in full, circle amended items and file with execution page (page 1).**

