

**FORM ADV****Part II - Page 1****Uniform Application for Investment Adviser Registration****OMB APPROVAL**

OMB Number: 3235-0049

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hours per response: . . . . . 4.07Name of Investment Adviser:  
MIS CAPITAL MANAGEMENT, LLC

Address: (Number and Street)	(City)	(State)	(Zip Code)	Area Code	Telephone Number
16217 KITTRIDGE STREET	VAN NUYS	CA	91406	(818)	902-5544

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 governmental 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.

## Part II - Page 2

## 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 an investment advisory contract before its expiration date

## 2. Types of Clients — Applicant generally provides investment advice to: (check those that apply)

- |                                     |    |                                  |                                     |    |   |
|-------------------------------------|----|----------------------------------|-------------------------------------|----|---|
| <input checked="" type="checkbox"/> | A. | Individuals                      | <input checked="" type="checkbox"/> | E. | Trusts, estates, or charitable organizations                    |
| <input type="checkbox"/>            | B. | Banks or thrift institutions     | <input 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).

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**Part II - Page 3**

Applicant: **MIS CAPITAL MANAGEMENT, LLC**

SEC File Number:  
**801-69810**

Date:  
**12/31/2009**

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

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

**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 checked="" 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 checked="" type="checkbox"/> Company press releases  |
| (4) <input checked="" 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 (securities held at least a year) | (5) <input checked="" type="checkbox"/> Margin transactions   |
| (2) <input checked="" type="checkbox"/> Short term purchases (securities sold within a year)  | (6) <input checked="" type="checkbox"/> Option writing, including covered options, uncovered options, or spreading strategies |
| (3) <input checked="" type="checkbox"/> Trading (securities sold within 30 days)              | (7) <input type="checkbox"/> Other (explain on Schedule F)  |
| (4) <input checked="" type="checkbox"/> Short sales   |   |

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

**FORM ADV**  
**Part II - Page 4**

Applicant:  
**MIS CAPITAL MANAGEMENT, LLC**

SEC File Number:  
**801- 89810**

Date:  
**12/31/2009**

**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          | • formal education after high school               |
| • year of birth | • 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 checked="" type="checkbox"/> (7) accounting firm                                       |
| <input type="checkbox"/> (2) investment company  | <input type="checkbox"/> (8) law firm   |
| <input checked="" type="checkbox"/> (3) other investment adviser   | <input 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 checked="" 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).

**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 their 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.

**Securities in clients' accounts will be reviewed continuously. All accounts will be reviewed at least quarterly. The reviews will be performed by the Manager of the Investments Advisor. More frequent reviews may be triggered by material market, economic or political events, or by a change in the client's individual circumstances.**

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

**A performance report will be provided at least quarterly.**

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

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

Yes ☒ No ☐

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 procedures the applicant used during the last fiscal year to direct client transactions to a particular broker in return for products 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?
- B directly or indirectly compensates any person for client referrals?

Yes ☒ No ☐

Yes ☐ No ☒

(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 ☐ No ☐

☐ ☒

# FORM ADV

## Schedule A

Your Name: **MIS CAPITAL MANAGEMENT, LLC**

Date: **12/31/2009**

SEC File No.: **801- 69810**

CRD No.: **149033**

### Direct Owners and Executive Officers

1. Complete Schedule A only if you are submitting an initial application. 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 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, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of your capital;
- (d) in the case of a trust that directly owns 5% or more of a class of your voting securities, or that has the right to receive upon dissolution, or has contributed, 5% or more of your capital, the trust and each trustee; and
- (e) if you are organized as a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 5% or more of your capital, and (ii) if managed by elected managers, all elected managers.

3. Do you have any indirect owners to be reported on Schedule B? ☒ Yes ☐ No

4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner or executive officer is an individual.

5. Complete the Title or Status column by entering board/management titles; status as partner, trustee, sole proprietor, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).

6. Ownership codes are: NA - less than 5% B - 10% but less than 25% D - 50% but less than 75%  
A - 5% but less than 10% C - 25% but less than 50% E - 75% or more

- 7. (a) In the *Control Person* column, enter "Yes" if the person has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have control. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.
- (b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
- (c) Complete each column.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	DE/FE/I	Title or Status	Date Title or Status Acquired		Own- ership Code	Control Person		CRD No. If None: S.S. No. and Date of Birth, IRS Tax No., or Employer ID No.
			MM	YYYY			PR	
Reed, Anthony, Michael	I	Manager & CCO	11	2008	N/A	Y	N	2532355
Anthony Reed & Angela Reed, co-trustees of the Anthony & Angela								
Reed Family Tr DTD 5/30/02	DE	Member	11	2008	E	Y	N	661-31-7486
Scott Weiss & Debra Weiss co-								

**FORM ADV**  
**Schedule A**Your Name: **MIS CAPITAL MANAGEMENT, LLC**Date: **12/31/2009**SEC File No.: **801- 69810**CRD No.: **149033****Direct Owners and Executive Officers**

1. Complete Schedule A only if you are submitting an initial application. 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 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, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of your capital;
- (d) in the case of a trust that directly owns 5% or more of a class of your voting securities, or that has the right to receive upon dissolution, or has contributed, 5% or more of your capital, the trust and each trustee; and
- (e) if you are organized as a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 5% or more of your capital, and (ii) if managed by elected managers, all elected managers.

3. Do you have any indirect owners to be reported on Schedule B? ☒ Yes ☐ No

4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner or executive officer is an individual.

5. Complete the Title or Status column by entering board/management titles; status as partner, trustee, sole proprietor, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).

6. Ownership codes are: NA - less than 5% B - 10% but less than 25% D - 50% but less than 75%  
A - 5% but less than 10% C - 25% but less than 50% E - 75% or more

7. (a) In the Control Person column, enter "Yes" if the person has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have control. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.

(b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.

(c) Complete each column.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	DE/FE/I	Title or Status	Date Title or Status Acquired		Own- ership Code	Control Person		CRD No. If None: S.S. No. and Date of Birth, IRS Tax No., or Employer ID No.
			MM	YYYY			PR	
trustees of the Scott & Debra								
Weiss Family Tr DTD 4/22/96	DE	Member	11	2008	A	Y	N	557-17-6003
James Walker & Sheryl Walker								
co-trustees of the James & Sheryl								
Walker Family Tr DTD 6/21/85	DE	Member	11	2008	A	Y	N	391-52-7093



# FORM ADV

## Schedule A

Your Name: **MIS CAPITAL MANAGEMENT, LLC**

Date: **12/31/2009**

SEC File No.: **801- 69810**

CRD No.: **149033**

### Direct Owners and Executive Officers

1. Complete Schedule A only if you are submitting an initial application. 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 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, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of your capital;
- (d) in the case of a trust that directly owns 5% or more of a class of your voting securities, or that has the right to receive upon dissolution, or has contributed, 5% or more of your capital, the trust and each trustee; and
- (e) if you are organized as a limited liability company ("LLC"): (i) those members that have the right to receive upon dissolution, or have contributed, 5% or more of your capital, and (ii) if managed by elected managers, all elected managers.

3. Do you have any indirect owners to be reported on Schedule B? ☒ Yes ☐ No

4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner or executive officer is an individual.

5. Complete the Title or Status column by entering board/management titles; status as partner, trustee, sole proprietor, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).

6. Ownership codes are: NA - less than 5% B - 10% but less than 25% D - 50% but less than 75%  
A - 5% but less than 10% C - 25% but less than 50% E - 75% or more

- 7. (a) In the Control Person column, enter "Yes" if the person has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have control. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.
- (b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
- (c) Complete each column.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	DE/FE/I	Title or Status	Date Title or Status Acquired		Own- ership Code	Control Person		CRD No. If None: S.S. No. and Date of Birth, IRS Tax No., or Employer ID No.
			MM	YYYY			PR	
Weiss, Mitchell, Roy	I	Member	11	2008	A	Y	N	4376758

**FORM ADV**  
**Schedule D**  
**Page 1 of 5**

Your Name: **MIS CAPITAL MANAGEMENT, LLC**

SEC File No.: 801- **69810**

Date: **12/31/2009**

CRD No.: **149033**

Certain items in Part 1A of Form ADV require additional information on Schedule D. Use this Schedule D Page 1 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

This is an ☐ INITIAL or ☐ AMENDED Schedule D Page 1.

**SECTION 1.B. Other Business Names**

List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D for each business name.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Name

Jurisdictions

**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 Page 1 for each location. If you are applying for registration, or are registered, only with the SEC, list only the largest five (in terms of numbers of employees).

Check only one box: ☐ Add ☐ Delete

(number and street)

(city)

(state/country)

(zip+4/postal code)

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

(area code)

(telephone number)

(area code)

(facsimile number)

**SECTION 1.I. World Wide Web Site Addresses**

List your World Wide Web site addresses. You must complete a separate Schedule D for each World Wide Web site address.

Check only one box: ☐ Add ☐ Delete

World Wide Web Site Address:

**SECTION 1.K. 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 Page 1 for each location.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Name of entity where books and records are kept:

(number and street)

(city)

(state/country)

(zip+4/postal code)

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

(area code)

(telephone number)

(area code)

(facsimile number)

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.

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Your Name: **MIS CAPITAL MANAGEMENT, LLC**

SEC File No.: 801- **69810**

Date: **12/31/2009**

CRD No.: **149033**

Use this Schedule D Page 2 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

This is an ☒ INITIAL or ☐ AMENDED Schedule D Page 2.

**SECTION 1.L. Registration with Foreign Financial Regulatory Authorities**

List the name, in English, of each foreign financial regulatory authority and country with which you are registered. You must complete a separate Schedule D Page 2 for each foreign financial regulatory authority with whom you are registered.

Check only one box: ☐ Add ☐ Delete

English Name of Foreign Financial Regulatory Authority \_\_\_\_\_

Name of Country \_\_\_\_\_

**SECTION 2.A(7) Affiliated Adviser**

If you are relying on the exemption in rule 203A-2(c) from the prohibition on registration because you control, are controlled by, or are under common control with an investment adviser that is registered with the SEC and your principal office and place of business is the same as that of the registered adviser, provide the following information:

Name of Registered Investment Adviser **MILLENNIUM INVESTMENT SERVICES**

CRD Number of Registered Investment Adviser (if any) **108744**

SEC Number of Registered Investment Adviser 801 - **57394**

**SECTION 2.A(8) Newly Formed Adviser**

If you are relying on rule 203A-2(d), the newly formed 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. You must make both of these representations:

- ☐ I am not registered or required to be registered with the SEC or a state securities authority and I have a reasonable expectation that I will be eligible to register with the SEC within 120 days after the date my registration with the SEC becomes effective.
- ☐ I undertake to withdraw from SEC registration if, on the 120th day after my registration with the SEC becomes effective, I would be prohibited by Section 203A(a) of the Advisers Act from registering with the SEC.

**SECTION 2.A(9) Multi-State Adviser**

If you are relying on rule 203A-2(e), 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 30 or more states to register as an investment adviser with the 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 25 states to register as an investment adviser with the securities authorities of those states.

If you are submitting your annual updating amendment, you must make this representation:

- ☐ Within 90 days prior to the date of filing this amendment, I have reviewed the applicable state and federal laws and have concluded that I am required by the laws of at least 25 states to register as an investment adviser with the securities authorities in those states.

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Use this Schedule D Page 3 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

This is an ☒ INITIAL or ☐ AMENDED Schedule D Page 3.

**SECTION 2.A(1) SEC Exemptive Order**

If you are relying upon an SEC order exempting you from the prohibition on registration, provide the following information:

Application Number: 803- \_\_\_\_\_

Date of order: \_\_\_\_\_

(mm/dd/yyyy)

**SECTION 4 Successions**

Complete the following information if you are succeeding to the business of a currently-registered investment adviser. If you acquired more than one firm in the succession you are reporting on this Form ADV, you must complete a separate Schedule D Page 3 for each acquired firm. See Part 1A Instruction 4.

Name of Acquired Firm \_\_\_\_\_

Acquired Firm's SEC File No. (if any) 801- \_\_\_\_\_

Acquired Firm's CRD Number (if any) \_\_\_\_\_

**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 Page 3 for each wrap fee program for which you are a portfolio manager.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Name of Wrap Fee Program \_\_\_\_\_

Name of Sponsor \_\_\_\_\_

**SECTION 6.B. Description of Primary Business**

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

**SECTION 7.A. Affiliated Investment Advisers and Broker-Dealers**

You MUST complete the following information for each investment adviser with whom you are affiliated. You MAY complete the following information for each broker-dealer with whom you are affiliated. You must complete a separate Schedule D Page 3 for each listed affiliate.

Check only one box: ☒ Add ☐ Delete ☐ Amend

Legal Name of Affiliate: **MILLENNIUM INVESTMENT SERVICES**

Primary Business Name of Affiliate: **MILLENNIUM INVESTMENT SERVICES**

Affiliate is (check only one box): ☒ Investment Adviser ☐ Broker-Dealer

☐ Dual (Investment Adviser and Broker-Dealer)

Affiliated Investment Adviser's SEC File Number (if any) 801- **57394**

Affiliate's CRD Number (if any): **108744**

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Use this Schedule D Page 4 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

This is an ☐ INITIAL or ☒ AMENDED Schedule D Page 4.

**SECTION 7.B. Limited Partnership or Other Private Fund Participation**

You must complete a separate Schedule D Page 4 for each limited partnership in which you or a *related person* is a general partner, each limited liability company for which you or a *related person* is a manager, and each other private fund that you advise.

Check only one box: ☐ Add ☐ Delete ☒ Amend

Name of Limited Partnership, Limited Liability Company, or other Private Fund: **12700 INVESTMENTS, LTD**

Name of General Partner or Manager: **SCOTT WEISS**

If you are registered or registering with the SEC, is this a "private fund" as defined under SEC rule 203(b)(3)-1? ☐ yes ☒ no

Are your *clients* solicited to invest in the limited partnership, limited liability company or other private fund? ☒ yes ☐ no

Approximately what percentage of your *clients* have invested in this limited partnership, limited liability company, or other private fund? **0** %

Minimum investment commitment required of a limited partner, member, or other investor: \$ **25000**

Current value of the total assets of the limited partnership, limited liability company, or other private fund: \$ **12000000**

**SECTION 10 Control Persons**

You must complete a separate Schedule D Page 4 for each *control person* not named in Item 1.A. or Schedules A, B, or C that directly or indirectly *controls* your management or policies.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Firm or Organization Name

CRD Number (if any) Effective Date Termination Date

Business Address: mm/dd/yyyy mm/dd/yyyy

(number and street)

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

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

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

CRD Number (if any) Effective Date Termination Date

Business Address: mm/dd/yyyy mm/dd/yyyy

(number and street)

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

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

Briefly describe the nature of the *control*:

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801-

Date: **12/31/2009**

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**SECTION 7.B. Limited Partnership or Other Private Fund Participation**

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Check only one box: ☐ Add ☐ Delete ☒ Amend

Name of Limited Partnership, Limited Liability Company, or other Private Fund: **14140 INVESTMENTS, LTD**

Name of General Partner or Manager: **SCOTT WEISS**

If you are registered or registering with the SEC, is this a "private fund" as defined under SEC rule 203(b)(3)-1? ☐ yes ☒ no

Are your *clients* solicited to invest in the limited partnership, limited liability company or other private fund? ☒ yes ☐ no

Approximately what percentage of your *clients* have invested in this limited partnership, limited liability company, or other private fund? **0** %

Minimum investment commitment required of a limited partner, member, or other investor: \$ **25000**

Current value of the total assets of the limited partnership, limited liability company, or other private fund: \$ **12000000**

**SECTION 10 Control Persons**

You must complete a separate Schedule D Page 4 for each *control person* not named in Item 1.A. or Schedules A, B, or C that directly or indirectly *controls* your management or policies.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Firm or Organization Name

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

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

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

Briefly describe the nature of the *control*:

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**SECTION 7.B. Limited Partnership or Other Private Fund Participation**

You must complete a separate Schedule D Page 4 for each limited partnership in which you or a *related person* is a general partner, each limited liability company for which you or a *related person* is a manager, and each other private fund that you advise.

Check only one box: ☒ Add ☐ Delete ☐ Amend

Name of Limited Partnership, Limited Liability Company, or other Private Fund: **ARKOMA BASIN INVESTMENTS, LLC**

Name of General Partner or Manager: **SCOTT WEISS**

If you are registered or registering with the SEC, is this a "private fund" as defined under SEC rule 203(b)(3)-1? ☐ yes ☒ no

Are your *clients* solicited to invest in the limited partnership, limited liability company or other private fund? ☒ yes ☐ no

Approximately what percentage of your *clients* have invested in this limited partnership, limited liability company, or other private fund? **0** %

Minimum investment commitment required of a limited partner, member, or other investor: \$ **25000**

Current value of the total assets of the limited partnership, limited liability company, or other private fund: \$ **4500000**

**SECTION 10 Control Persons**

You must complete a separate Schedule D Page 4 for each *control person* not named in Item 1.A. or Schedules A, B, or C that directly or indirectly *controls* your management or policies.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Firm or Organization Name

CRD Number (if any) Effective Date Termination Date

mm/dd/yyyy

mm/dd/yyyy

Business Address:

(number and street)

(city)

(state/country)

(zip+4/postal code)

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

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

CRD Number (if any) Effective Date Termination Date

mm/dd/yyyy

mm/dd/yyyy

Business Address:

(number and street)

(city)

(state/country)

(zip+4/postal code)

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

Briefly describe the nature of the *control*:

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**SECTION 7.B. Limited Partnership or Other Private Fund Participation**

You must complete a separate Schedule D Page 4 for each limited partnership in which you or a *related person* is a general partner, each limited liability company for which you or a *related person* is a manager, and each other private fund that you advise.

Check only one box: ☒ Add ☐ Delete ☐ Amend

Name of Limited Partnership, Limited Liability Company, or other Private Fund: **ARKOMA BASIN INVESTMENTS - 2, LLC**

Name of General Partner or Manager: **SCOTT WEISS**

If you are registered or registering with the SEC, is this a "private fund" as defined under SEC rule 203(b)(3)-1? ☐ yes ☒ no

Are your *clients* solicited to invest in the limited partnership, limited liability company or other private fund? ☒ yes ☐ no

Approximately what percentage of your *clients* have invested in this limited partnership, limited liability company, or other private fund? **0** %

Minimum investment commitment required of a limited partner, member, or other investor: \$ **25000**

Current value of the total assets of the limited partnership, limited liability company, or other private fund: \$ **150000**

**SECTION 10 Control Persons**

You must complete a separate Schedule D Page 4 for each *control person* not named in Item 1.A. or Schedules A, B, or C that directly or indirectly *controls* your management or policies.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Firm or Organization Name

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

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

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

Briefly describe the nature of the *control*:



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Date: **12/31/2009**

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**SECTION 7.B. Limited Partnership or Other Private Fund Participation**

You must complete a separate Schedule D Page 4 for each limited partnership in which you or a *related person* is a general partner, each limited liability company for which you or a *related person* is a manager, and each other private fund that you advise.

Check only one box: ☒ Add ☐ Delete ☐ Amend

Name of Limited Partnership, Limited Liability Company, or other Private Fund: **BCA INVESTMENTS, LLC**

Name of General Partner or Manager: **SCOTT WEISS**

If you are registered or registering with the SEC, is this a "private fund" as defined under SEC rule 203(b)(3)-1? ☐ yes ☒ no

Are your *clients* solicited to invest in the limited partnership, limited liability company or other private fund? ☒ yes ☐ no

Approximately what percentage of your *clients* have invested in this limited partnership, limited liability company, or other private fund? **0** %

Minimum investment commitment required of a limited partner, member, or other investor: \$ **25000**

Current value of the total assets of the limited partnership, limited liability company, or other private fund: \$ **6000000**

**SECTION 10 Control Persons**

You must complete a separate Schedule D Page 4 for each *control person* not named in Item 1.A. or Schedules A, B, or C that directly or indirectly *controls* your management or policies.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Firm or Organization Name

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)

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

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

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

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)

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

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

Briefly describe the nature of the *control*:

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801-

Date: **12/31/2009**

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**SECTION 7.B. Limited Partnership or Other Private Fund Participation**

You must complete a separate Schedule D Page 4 for each limited partnership in which you or a *related person* is a general partner, each limited liability company for which you or a *related person* is a manager, and each other private fund that you advise.

Check only one box: ☐ Add ☐ Delete ☒ Amend

Name of Limited Partnership, Limited Liability Company, or other Private Fund: **BROOKLYN INVESTMENTS, LP**

Name of General Partner or Manager: **SCOTT WEISS**

If you are registered or registering with the SEC, is this a "private fund" as defined under SEC rule 203(b)(3)-1? ☐ yes ☒ no

Are your *clients* solicited to invest in the limited partnership, limited liability company or other private fund? ☒ yes ☐ no

Approximately what percentage of your *clients* have invested in this limited partnership, limited liability company, or other private fund? **0** %

Minimum investment commitment required of a limited partner, member, or other investor: \$ **25000**

Current value of the total assets of the limited partnership, limited liability company, or other private fund: \$ **12000000**

**SECTION 10 Control Persons**

You must complete a separate Schedule D Page 4 for each *control person* not named in Item 1.A. or Schedules A, B, or C that directly or indirectly *controls* your management or policies.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Firm or Organization Name

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

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

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

Briefly describe the nature of the *control*:

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Your Name: **MIS CAPITAL MANAGEMENT, LLC**

SEC File No.: **69810**  
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Date: **12/31/2009**

CRD No.: **149033**

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**SECTION 7.B. Limited Partnership or Other Private Fund Participation**

You must complete a separate Schedule D Page 4 for each limited partnership in which you or a *related person* is a general partner, each limited liability company for which you or a *related person* is a manager, and each other private fund that you advise.

Check only one box: ☐ Add ☐ Delete ☒ Amend

Name of Limited Partnership, Limited Liability Company, or other Private Fund: **CANFIELD PERSONS INTERIORS, LLC**

Name of General Partner or Manager: **SCOTT WEISS**

If you are registered or registering with the SEC, is this a "private fund" as defined under SEC rule 203(b)(3)-1? ☐ yes ☒ no

Are your *clients* solicited to invest in the limited partnership, limited liability company or other private fund? ☒ yes ☐ no

Approximately what percentage of your *clients* have invested in this limited partnership, limited liability company, or other private fund? **0** %

Minimum investment commitment required of a limited partner, member, or other investor: \$ **25000**

Current value of the total assets of the limited partnership, limited liability company, or other private fund: \$ **20000**

**SECTION 10 Control Persons**

You must complete a separate Schedule D Page 4 for each *control person* not named in Item 1.A. or Schedules A, B, or C that directly or indirectly *controls* your management or policies.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Firm or Organization Name

CRD Number (if any) Effective Date Termination Date

mm/dd/yyyy

mm/dd/yyyy

Business Address:

(number and street)

(city)

(state/country)

(zip+4/postal code)

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

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

CRD Number (if any) Effective Date Termination Date

mm/dd/yyyy

mm/dd/yyyy

Business Address:

(number and street)

(city)

(state/country)

(zip+4/postal code)

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

Briefly describe the nature of the *control*:

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Your Name: **MIS CAPITAL MANAGEMENT, LLC**

SEC File No.: **801-69810**

Date: **12/31/2009**

CRD No.: **149033**

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**SECTION 7.B. Limited Partnership or Other Private Fund Participation**

You must complete a separate Schedule D Page 4 for each limited partnership in which you or a *related person* is a general partner, each limited liability company for which you or a *related person* is a manager, and each other private fund that you advise.

Check only one box: ☐ Add ☐ Delete ☒ Amend

Name of Limited Partnership, Limited Liability Company, or other Private Fund: **COLDMOOR PROPERTIES, LP**

Name of General Partner or Manager: **SCOTT WEISS**

If you are registered or registering with the SEC, is this a "private fund" as defined under SEC rule 203(b)(3)-1? ☐ yes ☒ no

Are your *clients* solicited to invest in the limited partnership, limited liability company or other private fund? ☒ yes ☐ no

Approximately what percentage of your *clients* have invested in this limited partnership, limited liability company, or other private fund? **0** %

Minimum investment commitment required of a limited partner, member, or other investor: \$ **25000**

Current value of the total assets of the limited partnership, limited liability company, or other private fund: \$ **5750000**

**SECTION 10 Control Persons**

You must complete a separate Schedule D Page 4 for each *control person* not named in Item I.A. or Schedules A, B, or C that directly or indirectly *controls* your management or policies.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Firm or Organization Name

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

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

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

Briefly describe the nature of the *control*:

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Your Name: **MIS CAPITAL MANAGEMENT, LLC**

SEC File No.: **69810**  
**801-**

Date: **12/31/2009**

CRD No.: **149033**

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**SECTION 7.B. Limited Partnership or Other Private Fund Participation**

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Check only one box: ☒ Add ☐ Delete ☐ Amend

Name of Limited Partnership, Limited Liability Company, or other Private Fund: **CAREPOINT INVESTOR SERIES IV, LLC**

Name of General Partner or Manager: **SCOTT WEISS**

If you are registered or registering with the SEC, is this a "private fund" as defined under SEC rule 203(b)(3)-1? ☐ yes ☒ no

Are your *clients* solicited to invest in the limited partnership, limited liability company or other private fund? ☒ yes ☐ no

Approximately what percentage of your *clients* have invested in this limited partnership, limited liability company, or other private fund? **0** %

Minimum investment commitment required of a limited partner, member, or other investor: \$ **25000**

Current value of the total assets of the limited partnership, limited liability company, or other private fund: \$ **200000**

**SECTION 10 Control Persons**

You must complete a separate Schedule D Page 4 for each *control person* not named in Item 1.A. or Schedules A, B, or C that directly or indirectly *controls* your management or policies.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Firm or Organization Name

CRD Number (if any) Effective Date Termination Date

Business Address: mm/dd/yyyy mm/dd/yyyy

(number and street)

(city)

(state/country)

(zip+4/postal code)

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

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

CRD Number (if any) Effective Date Termination Date

Business Address: mm/dd/yyyy mm/dd/yyyy

(number and street)

(city)

(state/country)

(zip+4/postal code)

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

Briefly describe the nature of the *control*:

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Date: **12/31/2009**

CRD No.: **149033**

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**SECTION 7.B. Limited Partnership or Other Private Fund Participation**

You must complete a separate Schedule D Page 4 for each limited partnership in which you or a *related person* is a general partner, each limited liability company for which you or a *related person* is a manager, and each other private fund that you advise.

Check only one box: ☒ Add ☐ Delete ☐ Amend

Name of Limited Partnership, Limited Liability Company, or other Private Fund: **CAREPOINT INVESTOR SERIES V, LLC**

Name of General Partner or Manager: **SCOTT WEISS**

If you are registered or registering with the SEC, is this a "private fund" as defined under SEC rule 203(b)(3)-1? ☐ yes ☒ no

Are your *clients* solicited to invest in the limited partnership, limited liability company or other private fund? ☒ yes ☐ no

Approximately what percentage of your *clients* have invested in this limited partnership, limited liability company, or other private fund? **0** %

Minimum investment commitment required of a limited partner, member, or other investor: \$ **25000**

Current value of the total assets of the limited partnership, limited liability company, or other private fund: \$ **2500000**

**SECTION 10 Control Persons**

You must complete a separate Schedule D Page 4 for each *control person* not named in Item 1.A. or Schedules A, B, or C that directly or indirectly *controls* your management or policies.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Firm or Organization Name

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

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

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

Briefly describe the nature of the *control*:

**FORM ADV**  
**Schedule D**  
**Page 4 of 5**

Your Name: **MIS CAPITAL MANAGEMENT, LLC**

SEC File No.: **69810**  
801-

Date: **12/31/2009**

CRD No.: **149033**

Use this Schedule D Page 4 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

This is an ☒ INITIAL or ☐ AMENDED Schedule D Page 4.

**SECTION 7.B. Limited Partnership or Other Private Fund Participation**

You must complete a separate Schedule D Page 4 for each limited partnership in which you or a *related person* is a general partner, each limited liability company for which you or a *related person* is a manager, and each other private fund that you advise.

Check only one box: ☒ Add ☐ Delete ☐ Amend

Name of Limited Partnership, Limited Liability Company, or other Private Fund: **CAREPOINT INVESTOR SERIES VII, LLC**

Name of General Partner or Manager: **SCOTT WEISS**

If you are registered or registering with the SEC, is this a "private fund" as defined under SEC rule 203(b)(3)-1? ☐ yes ☒ no

Are your *clients* solicited to invest in the limited partnership, limited liability company or other private fund? ☒ yes ☐ no

Approximately what percentage of your *clients* have invested in this limited partnership, limited liability company, or other private fund? **0** %

Minimum investment commitment required of a limited partner, member, or other investor: \$ **25000**

Current value of the total assets of the limited partnership, limited liability company, or other private fund: \$ **950000**

**SECTION 10 Control Persons**

You must complete a separate Schedule D Page 4 for each *control person* not named in Item 1.A. or Schedules A, B, or C that directly or indirectly *controls* your management or policies.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Firm or Organization Name

CRD Number (if any) Effective Date Termination Date

mm/dd/yyyy

mm/dd/yyyy

Business Address:

(number and street)

(city)

(state/country)

(zip+4/postal code)

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

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

CRD Number (if any) Effective Date Termination Date

mm/dd/yyyy

mm/dd/yyyy

Business Address:

(number and street)

(city)

(state/country)

(zip+4/postal code)

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

Briefly describe the nature of the *control*:

**FORM ADV**  
**Schedule D**  
**Page 4 of 5**

Your Name: **MIS CAPITAL MANAGEMENT, LLC**

SEC File No.: **69810**  
801-

Date: **12/31/2009**

CRD No.: **149033**

Use this Schedule D Page 4 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

This is an ☒ INITIAL or ☐ AMENDED Schedule D Page 4.

**SECTION 7.B. Limited Partnership or Other Private Fund Participation**

You must complete a separate Schedule D Page 4 for each limited partnership in which you or a *related person* is a general partner, each limited liability company for which you or a *related person* is a manager, and each other private fund that you advise.

Check only one box: ☒ Add ☐ Delete ☐ Amend

Name of Limited Partnership, Limited Liability Company, or other Private Fund: **COLDMOOR PROPERTIES, LP**

Name of General Partner or Manager: **SCOTT WEISS**

If you are registered or registering with the SEC, is this a "private fund" as defined under SEC rule 203(b)(3)-1? ☐ yes ☒ no

Are your *clients* solicited to invest in the limited partnership, limited liability company or other private fund? ☒ yes ☐ no

Approximately what percentage of your *clients* have invested in this limited partnership, limited liability company, or other private fund? **0** %

Minimum investment commitment required of a limited partner, member, or other investor: \$ **25000**

Current value of the total assets of the limited partnership, limited liability company, or other private fund: \$ **5750000**

**SECTION 10 Control Persons**

You must complete a separate Schedule D Page 4 for each *control person* not named in Item 1.A. or Schedules A, B, or C that directly or indirectly *controls* your management or policies.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Firm or Organization Name

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

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

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

Briefly describe the nature of the *control*:



**FORM ADV**  
**Schedule D**  
**Page 4 of 5**

Your Name: **MIS CAPITAL MANAGEMENT, LLC**

SEC File No.: **801-69810**

Date: **12/31/2009**

CRD No.: **149033**

Use this Schedule D Page 4 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

This is an ☒ INITIAL or ☐ AMENDED Schedule D Page 4.

**SECTION 7.B. Limited Partnership or Other Private Fund Participation**

You must complete a separate Schedule D Page 4 for each limited partnership in which you or a *related person* is a general partner, each limited liability company for which you or a *related person* is a manager, and each other private fund that you advise.

Check only one box: ☒ Add ☐ Delete ☐ Amend

Name of Limited Partnership, Limited Liability Company, or other Private Fund: **MOUNTAIN RX INVESTORS, LLC**

Name of General Partner or Manager: **SCOTT WEISS**

If you are registered or registering with the SEC, is this a "private fund" as defined under SEC rule 203(b)(3)-1? ☐ yes ☒ no

Are your *clients* solicited to invest in the limited partnership, limited liability company or other private fund? ☒ yes ☐ no

Approximately what percentage of your *clients* have invested in this limited partnership, limited liability company, or other private fund? **0** %

Minimum investment commitment required of a limited partner, member, or other investor: \$ **25000**

Current value of the total assets of the limited partnership, limited liability company, or other private fund: \$ **750000**

**SECTION 10 Control Persons**

You must complete a separate Schedule D Page 4 for each *control person* not named in Item 1.A. or Schedules A, B, or C that directly or indirectly controls your management or policies.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Firm or Organization Name

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

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

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

Briefly describe the nature of the *control*:

**FORM ADV**  
**Schedule D**  
**Page 4 of 5**

Your Name: **MIS CAPITAL MANAGEMENT, LLC**

SEC File No.: **69810**  
801-

Date: **12/31/2009**

CRD No.: **149033**

Use this Schedule D Page 4 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

This is an ☒ INITIAL or ☐ AMENDED Schedule D Page 4.

**SECTION 7.B. Limited Partnership or Other Private Fund Participation**

You must complete a separate Schedule D Page 4 for each limited partnership in which you or a *related person* is a general partner, each limited liability company for which you or a *related person* is a manager, and each other private fund that you advise.

Check only one box: ☒ Add ☐ Delete ☐ Amend

Name of Limited Partnership, Limited Liability Company, or other Private Fund: **PINNACARE INVESTORS, LLC**

Name of General Partner or Manager: **SCOTT WEISS**

If you are registered or registering with the SEC, is this a "private fund" as defined under SEC rule 203(b)(3)-1? ☐ yes ☒ no

Are your *clients* solicited to invest in the limited partnership, limited liability company or other private fund? ☒ yes ☐ no

Approximately what percentage of your *clients* have invested in this limited partnership, limited liability company, or other private fund? **0** %

Minimum investment commitment required of a limited partner, member, or other investor: \$ **25000**

Current value of the total assets of the limited partnership, limited liability company, or other private fund: \$ **750000**

**SECTION 10 Control Persons**

You must complete a separate Schedule D Page 4 for each *control person* not named in Item 1.A. or Schedules A, B, or C that directly or indirectly controls your management or policies.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Firm or Organization Name

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

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

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

Briefly describe the nature of the *control*:

**FORM ADV**  
**Schedule D**  
**Page 4 of 5**

Your Name: **MIS CAPITAL MANAGEMENT, LLC**

SEC File No.: **69810**  
801-

Date: **12/31/2009**

CRD No.: **149033**

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**SECTION 7.B. Limited Partnership or Other Private Fund Participation**

You must complete a separate Schedule D Page 4 for each limited partnership in which you or a *related person* is a general partner, each limited liability company for which you or a *related person* is a manager, and each other private fund that you advise.

Check only one box: ☒ Add ☐ Delete ☐ Amend

Name of Limited Partnership, Limited Liability Company, or other Private Fund: **PINNACARE II**

Name of General Partner or Manager: **SCOTT WEISS**

If you are registered or registering with the SEC, is this a "private fund" as defined under SEC rule 203(b)(3)-1? ☐ yes ☒ no

Are your *clients* solicited to invest in the limited partnership, limited liability company or other private fund? ☒ yes ☐ no

Approximately what percentage of your *clients* have invested in this limited partnership, limited liability company, or other private fund? **2** %

Minimum investment commitment required of a limited partner, member, or other investor: \$ **25000**

Current value of the total assets of the limited partnership, limited liability company, or other private fund: \$ **450000**

**SECTION 10 Control Persons**

You must complete a separate Schedule D Page 4 for each *control person* not named in Item I.A. or Schedules A, B, or C that directly or indirectly *controls* your management or policies.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Firm or Organization Name

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

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

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

Briefly describe the nature of the *control*:

**FORM ADV**  
**Schedule D**  
**Page 4 of 5**

Your Name: **MIS CAPITAL MANAGEMENT, LLC**

SEC File No.: **69810**  
801-

Date: **12/31/2009**

CRD No. **149033**

Use this Schedule D Page 4 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

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**SECTION 7.B. Limited Partnership or Other Private Fund Participation**

You must complete a separate Schedule D Page 4 for each limited partnership in which you or a *related person* is a general partner, each limited liability company for which you or a *related person* is a manager, and each other private fund that you advise.

Check only one box: ☒ Add ☐ Delete ☐ Amend

Name of Limited Partnership, Limited Liability Company, or other Private Fund: **PRECIOUS WINGS, LLC**

Name of General Partner or Manager: **SCOTT WEISS**

If you are registered or registering with the SEC, is this a "private fund" as defined under SEC rule 203(b)(3)-1? ☐ yes ☒ no

Are your *clients* solicited to invest in the limited partnership, limited liability company or other private fund? ☒ yes ☐ no

Approximately what percentage of your *clients* have invested in this limited partnership, limited liability company, or other private fund? **0** %

Minimum investment commitment required of a limited partner, member, or other investor: \$ **25000**

Current value of the total assets of the limited partnership, limited liability company, or other private fund: \$ **100000**

**SECTION 10 Control Persons**

You must complete a separate Schedule D Page 4 for each *control person* not named in Item 1.A. or Schedules A, B, or C that directly or indirectly controls your management or policies.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Firm or Organization Name

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

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

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:  
(number and street)  
(city) (state/country) (zip+4/postal code)

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

Briefly describe the nature of the *control*:

**FORM ADV**  
**Schedule D**  
**Page 4 of 5**

Your Name: **MIS CAPITAL MANAGEMENT, LLC**

SEC File No.: **69810**  
801-

Date: **12/31/2009**

CRD No.: **149033**

Use this Schedule D Page 4 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

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**SECTION 7.B. Limited Partnership or Other Private Fund Participation**

You must complete a separate Schedule D Page 4 for each limited partnership in which you or a *related person* is a general partner, each limited liability company for which you or a *related person* is a manager, and each other private fund that you advise.

Check only one box: ☒ Add ☐ Delete ☐ Amend

Name of Limited Partnership, Limited Liability Company, or other Private Fund: **VALLEY ACQUISITIONS**

Name of General Partner or Manager: **SCOTT WEISS**

If you are registered or registering with the SEC, is this a "private fund" as defined under SEC rule 203(b)(3)-1? ☐ yes ☒ no

Are your *clients* solicited to invest in the limited partnership, limited liability company or other private fund? ☒ yes ☐ no

Approximately what percentage of your *clients* have invested in this limited partnership, limited liability company, or other private fund? **1** %

Minimum investment commitment required of a limited partner, member, or other investor: \$ **25000**

Current value of the total assets of the limited partnership, limited liability company, or other private fund: \$ **290000**

**SECTION 10 Control Persons**

You must complete a separate Schedule D Page 4 for each *control person* not named in Item 1.A. or Schedules A, B, or C that directly or indirectly *controls* your management or policies.

Check only one box: ☐ Add ☐ Delete ☐ Amend

Firm or Organization Name

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:

(number and street)

(city)

(state/country)

(zip+4/postal code)

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

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

CRD Number (if any) Effective Date mm/dd/yyyy Termination Date mm/dd/yyyy

Business Address:

(number and street)

(city)

(state/country)

(zip+4/postal code)

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

Briefly describe the nature of the *control*:

**FORM ADV**  
**Schedule D**  
**Page 5 of 5**

Your Name: **MIS CAPITAL MANAGEMENT, LLC**

SEC File No.: 801-**69810**

Date: **12/31/2009**

CRD No.: **149033**

Use this Schedule D Page 5 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

This is an ☐ INITIAL or ☐ AMENDED Schedule D Page 5.

Miscellaneous

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

(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 I of Form ADV:  
MIS CAPITAL MANAGEMENT, LLC

IRS Empl. Ident. No.:  
28-4529463

Item of Form (identify)	Answer
1.D	<p><b>SERVICES</b></p> <p><b>PORTFOLIO MANAGEMENT</b></p> <p>MIS Capital Management, LLC, (hereinafter MIS) provides Investment Supervisory Services, defined as giving continuous advice to a client or making investments for a client based on the individual needs of the client. MIS provides this service to individuals, pension and profit sharing plans, trusts, estates and charitable organizations, and corporations. MIS manages advisory accounts on a discretionary and non-discretionary basis. Portfolios are designed for each client based on the client's own needs, circumstances, expectations and tolerance of risk. An in-person or telephone interview is conducted with each client to determine the client's individual circumstances. Account supervision is guided by the stated objectives of the client (i.e., maximum capital appreciation, growth, income, or growth and income). To achieve the client's stated investment goals and objectives, MIS will offer a mixture of equity and fixed income securities with varying risk tolerances to comprise a client's portfolio. Mutual funds, in either equities or fixed income securities, may also be utilized.</p> <p>For California Residents: Subsection (j) of Rule 260.238, California Code of Regulations requires that all investment advisors disclose to their advisory clients that lower fees for comparable services may be available from other sources.</p> <p><b>FEE SCHEDULE</b></p> <p><b>PORTFOLIO MANAGEMENT</b></p> <p>A management fee set at the quarterly rate of 0.3125% of the balance of each account calculated as of the last day of each calendar quarter will be debited as of the first day of each subsequent calendar quarter against that account and paid to MIS, pursuant to the terms of the Investment Advisory Agreement between MIS and the client. A client will pay a pro rata portion of the management fee with respect to any capital contributions or withdrawals made other than as of the first day of a calendar quarter.</p> <p>MIS reserves the right to calculate differently or to waive the management fee for clients who are directors, officers, employees, members, managers, or affiliates of MIS, or members of the immediate family of any of the foregoing, or similar vehicles formed for the benefit of such persons.</p>

(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 I of Form ADV:  
MIS CAPITAL MANAGEMENT, LLC

IRS Empl. Ident. No.:  
26-4529463

Item of Form (identify)	Answer
	<p>One or more MIS's members may act as investors in the general partner entities of limited investment partnerships or limited liability companies (LLC's). While these partnerships and LLC's are generally not recommended to advisory clients, MIS does not have a policy strictly prohibiting such recommendations. Please refer to the additional disclosure under item 7(C).</p> <p><b>GENERAL INFORMATION ON FEES</b></p> <p>In certain circumstances, all fees may be negotiable.</p> <p>The fee charged is calculated as described above and is not charges on the basis of a share of capital gains or capital appreciation of the funds or any portion of the funds of an advisory client (SEC Rule 205(a)(1)).</p> <p>Upon sixty (60) days' prior written notice to MIS, a client may elect to withdraw from its account in whole or in part as of the end of a calendar quarter. Notwithstanding the foregoing, a client may not withdraw, in whole or in part, its initial capital contribution until a period of six (6) months has passed since such investment. Further, except with the consent of MIS, a partial withdrawal by a client will be permitted only (i) in integral multiples of \$25,000, and (ii) if the remaining capital account balance of such client following such withdrawal is at least \$100,000. MIS, in its sole discretions, may waive or modify any terms related to withdrawals for a client pursuant to a written agreement with the client, including, without limitation, by permitting a withdrawal other than at the end of the calendar quarter.</p> <p>All fees paid to MIS for investment advisory services are separate and distinct from the fees and expenses charged by mutual or other funds to their shareholders. These fees and expenses are described in each fund's prospectus. These fees will generally include a management fee and incentive allocation, other fund expenses, and a possible distribution fee. If a fund also imposes sales charges, a client may pay an initial or deferred sales charge. A client could invest in a mutual fund directly, without the services of MIS. In that case the client would not receive the services provided by MIS which are designed, among other things, to assist the client in determining which mutual funds are most appropriate to each client's financial condition and objectives. Accordingly, the client should review both the fees charges by the funds and the fees charged by MIS to fully understand the total amount of fees to be paid by the client and to thereby evaluate the advisory services being provided.</p>



**Schedule F of  
Form ADV  
Continuation Sheet for Form ADV Part II**

Applicant:  
**MIS CAPITAL MANAGEMENT, LLC**

SEC File Number:  
**801-69810**

Date:  
**12/31/2009**

(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 I of Form ADV:  
**MIS CAPITAL MANAGEMENT, LLC**

IRS Empl. Ident. No.:  
**26-4529463**

Item of Form (identify)	Answer												
2 G	<p><b>TYPES OF CLIENTS</b></p> <p>MIS services pooled investment vehicles, such as limited partnerships, as well as individuals and trusts.</p>												
5	<p><b>EDUCATION AND BUSINESS STANDARDS</b></p> <p>MIS requires that persons who provided advice on MIS' behalf possess minimally, the following: Two years accounting or other financial services experience, the NASD Series 2, 6, 7, 22, 24, or 65 examination or its equivalent, and a college degree, or a combination of any of the above stated qualifications.</p>												
6	<p><b>EDUCATION AND BUSINESS BACKGROUND</b></p> <p><b>Anthony Michael Reed</b></p> <p>Born: 01/30/1964</p> <p>Education:</p> <table border="0"> <tr> <td>- N. Hollywood High School 1978 - 1981</td> <td>N. Hollywood, CA Diploma</td> </tr> <tr> <td>- UCLA 1981 - 1985</td> <td>Westwood, CA BA - Psychology (with Business Emphasis)</td> </tr> </table> <p>Business Background:</p> <table border="0"> <tr> <td>- Millennium Investment Services President, CPA, CFP Investment Advisor 02/2001 - Present</td> <td>Van Nuys, CA</td> </tr> <tr> <td>- Syndicated Capital Registered Representative Broker Dealer 09/2003 - Present</td> <td>Santa Monica, CA</td> </tr> <tr> <td>- Weiss Accountancy Corp. Director, Investment Svcs., CPA, CFP Investment Advisor, Accounting 07/1983 - 02/2001</td> <td>Van Nuys, CA</td> </tr> <tr> <td>- Baraban Securities Registered Representative Broker Dealer 11/1994 - 09/1995</td> <td>Los Angeles, CA</td> </tr> </table>	- N. Hollywood High School 1978 - 1981	N. Hollywood, CA Diploma	- UCLA 1981 - 1985	Westwood, CA BA - Psychology (with Business Emphasis)	- Millennium Investment Services President, CPA, CFP Investment Advisor 02/2001 - Present	Van Nuys, CA	- Syndicated Capital Registered Representative Broker Dealer 09/2003 - Present	Santa Monica, CA	- Weiss Accountancy Corp. Director, Investment Svcs., CPA, CFP Investment Advisor, Accounting 07/1983 - 02/2001	Van Nuys, CA	- Baraban Securities Registered Representative Broker Dealer 11/1994 - 09/1995	Los Angeles, CA
- N. Hollywood High School 1978 - 1981	N. Hollywood, CA Diploma												
- UCLA 1981 - 1985	Westwood, CA BA - Psychology (with Business Emphasis)												
- Millennium Investment Services President, CPA, CFP Investment Advisor 02/2001 - Present	Van Nuys, CA												
- Syndicated Capital Registered Representative Broker Dealer 09/2003 - Present	Santa Monica, CA												
- Weiss Accountancy Corp. Director, Investment Svcs., CPA, CFP Investment Advisor, Accounting 07/1983 - 02/2001	Van Nuys, CA												
- Baraban Securities Registered Representative Broker Dealer 11/1994 - 09/1995	Los Angeles, CA												

**Schedule F of  
Form ADV  
Continuation Sheet for Form ADV Part II**

Applicant:  
**MIS CAPITAL MANAGEMENT, LLC**

SEC File Number:  
**801-69810**

Date:  
**12/31/2009**

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

I. Full name of applicant exactly as stated in Item 1A of Part I of Form ADV:  
**MIS CAPITAL MANAGEMENT, LLC**

IRS Empl. Ident. No.:  
**28-4529463**

Item of Form (identify)	Answer
	<p><b>Scott Joel Weiss</b></p> <p>Born: 01/09/1956</p> <p>Education:</p> <ul style="list-style-type: none"> <li>- Grant High School                      Van Nuys, CA 1971 - 1974                      Diploma</li> <li>- California State U. - Northridge      Northridge, CA 1974 - 1978                      BA - Accounting</li> <li>- Golden State U.                      Los Angeles, CA 1986 - 1987                      M.S. - Taxation</li> </ul> <p>Business Background:</p> <ul style="list-style-type: none"> <li>- Millennium Investment Services                      Van Nuys, CA Secretary Investment Advisor 02/2001 - Present</li> <li>- Weiss Accountancy Corporation                      Van Nuys, CA President, Director, CPA Investment Advisor, Accounting 07/1979 - Present</li> </ul> <p><b>Mitchell Roy Weiss</b></p> <p>Born: 05/01/1953</p> <p>Education:</p> <ul style="list-style-type: none"> <li>- Van Nuys High School                      Van Nuys, CA 1968 - 1971                      Diploma</li> <li>- UCLA                      Westwood, CA 1971 - 1975                      B.S. - Poli. Sci.</li> <li>- U. of Oregon                      Eugene, OR 1975 - 1976                      M.S. - Indus. Labor Relations</li> </ul> <p>Business Background</p> <ul style="list-style-type: none"> <li>- Millennium Investment Services                      Van Nuys, CA CFO Investment Advisor 02/2001 - Present</li> </ul>

**Schedule F of  
Form ADV  
Continuation Sheet for Form ADV Part II**

Applicant:  
**MIS CAPITAL MANAGEMENT, LLC**

SEC File Number:  
**801- 69810**

Date:  
**12/31/2009**

(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 I of Form ADV  
**MIS CAPITAL MANAGEMENT, LLC**

IRS Empl. Ident. No.:  
**26-4529463**

Item of Form (identify)	Answer
	<p>- Weiss Accountancy Corporation      Van Nuys, CA Secy., Treas., Director, CPA Investment Advisor, Accounting 07/1979 - Present</p> <p><b>James Scott Walker</b></p> <p>Born: 08/08/1949</p> <p>Education:</p> <p>- Brown Deer High School      Brown Deer, WI 1964 - 1967      Diploma</p> <p>- Wisconsin State U.      Oshkosh, WI 1967 - 1971      B.S. - Poli. Sci.</p> <p>- U. Wisconsin at Milwaukee      Milwaukee, WI 1973 - 1975      BBA - Bus. Admin.</p> <p>Business Background</p> <p>- Millennium Investment Services      Van Nuys, CA Director Investment Advisor 02/2001 - Present</p> <p>- Weiss Accountancy Corporation      Van Nuys, CA CPA Partner Investment Advisor, Accounting 10/1987 - Present</p> <p>- Weil &amp; Co.      Santa Monica, CA CPA Partner Accounting 09/1979 - 09/1987</p>

(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 I of Form ADV:  
MIS CAPITAL MANAGEMENT, LLC

IRS Empl. Ident. No.:  
26-4529463

Item of Form (Identify)	Answer
8.C(3)(7) and (12)	<p><b>OTHER FINANCIAL INDUSTRY ACTIVITIES OR AFFILIATIONS</b></p> <p>The following is a discussion of the potential conflicts of interest that could arise in the course of MIS' management of client accounts:</p> <p><i>Other Activities.</i> MIS and its respective affiliates engage in a broad range of investment, investment advisory and other activities. MIS and its affiliates will continue their investment, investment advisory and other activities. These activities include engaging in asset management for their own respective accounts and for pension funds and other institutions, in addition to client accounts, including separate accounts and other investment partnerships which may be managed similarly to the accounts of MIS clients. As a result, MIS and its affiliates may purchase or sell the same equity securities for its clients and for the other accounts managed by MIS and its affiliates, requiring an allocation of investment opportunities among MIS' clients and the other managed accounts. There may also be conflicts of interest among MIS' clients and the other managed accounts with respect to allocation of personnel, other resources and expenses.</p> <p><i>Unequal Allocation of Investment Opportunities.</i> MIS and its respective affiliates will have a potential conflict of interest in allocating investment opportunities among MIS' clients and any other investment ventures or accounts they manage or advise or will manage or advise. Mr. Anthony M. Reed, MIS' Manager, as well as the President of Millennium Investment Services, will make investment decisions on behalf of each of the foregoing and will allocate investment opportunities among each of them in his sole discretion, which may result in MIS' clients participating more, less, or not at all with respect to certain investment opportunities from time to time. MIS' clients may also take positions that are similar to those taken by certain of MIS' affiliates and positions that are opposite to those taken by certain of the MIS' affiliates. Such variances in the level of participation by and in investment decisions for MIS' clients may result in generating for MIS' clients returns that are less than the returns generated for the investors of the other investment vehicles or accounts managed by Mr. Reed.</p> <p><i>Unequal Allocation of Management Resources.</i> The demands of concurrently managing multiple investment vehicles or accounts will also create a potential conflict of interest with respect to time for Mr. Reed, who may need to devote, from time to time, significant amounts of his time and resources to managing and operating such other investment vehicles or accounts. Nevertheless, Mr. Reed will devote MIS' clients as much of his time as he deems necessary or appropriate to effectively manage their various investment activities.</p> <p><i>Back Orders.</i> Because of price volatility, occasional variations in liquidity, and differences in order execution, it also may not be possible for MIS to obtain identical trade execution for all of their respective clients. When block orders are filled at different prices, executed trades will be assigned on a systematic basis among all client accounts.</p> <p><i>Personal Trading by MIS and Affiliates Permitted.</i> MIS and its respective managers, members, employees, and affiliates may trade securities for their own accounts. Clients will not be permitted to inspect the records of any such trading. MIS and its respective managers, members, employees, and affiliates may be deemed to have a conflict of interest concerning the sequence in which orders for transactions will be transmitted to a broker for execution, since MIS and its respective managers, members, employees, and affiliates may trade for their own accounts in addition to directing trading for MIS' clients accounts. It is possible that the MIS and its respective managers, members, employees, and affiliates will take positions either similar to or opposite to positions taken by MIS clients and that such accounts could also compete for the execution of the same trades.</p>

**Schedule F of  
Form ADV  
Continuation Sheet for Form ADV Part II**

Applicant:  
**MIS CAPITAL MANAGEMENT, LLC**

SEC File Number:  
**801-69810**

Date:  
**12/31/2009**

(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 I of Form ADV:  
**MIS CAPITAL MANAGEMENT, LLC**

IRS Empl. Ident. No.:  
**26-4529463**

Item of Form (identify)	Answer
	<p>Personal securities trading by MIS and its respective managers, members, employees, and affiliates for their own accounts could create potential conflicts of interest because the decision to buy or sell a security for MIS' clients can affect the value of that security or a related security held by the MIS or one of its affiliates, members, managers, or employees, and the decision to buy or sell a security by MIS or one of its affiliates, members, managers, or employees can affect the value of that security or a related security held by MIS' clients. Such trading by MIS or one of its affiliates, members, managers, or employees may compete with trading for or on behalf of MIS' clients. It is not anticipated, however, that MIS will be making any investments for its own account.</p> <p>Notwithstanding the foregoing, any such transaction for the account of MIS or its members, managers, or employees will be entered into only if the transaction is consistent with MIS' fiduciary duties to its clients and its Code of Ethics or other applicable internal procedures. Further MIS' Code of Ethics sets forth a policy requiring MIS's members, managers, and employees to obtain MIS' Chief Compliance Officer's prior consent to effect any reportable securities transaction in an initial public offering or a limited offering for their own accounts, irrespective of whether the member, manager, or employee is on notice that the security in question is the subject of a recommendation to a client. MIS believes that with these guidelines in place, such reportable personal securities transactions by any of its members, managers, or employees can be monitored or, if necessary, prohibited.</p> <p><i>Directing Brokerage to Finders.</i> MIS believes that it has developed adequate policies and procedures to monitor its selection of brokers who may refer to MIS, or whose employees or registered representatives become clients of MIS, to determine whether its selection of broker-dealers is influenced by such matters and whether its selection of broker-dealers is consistent with its duty to obtain best execution. MIS will act in a manner consistent with its duty to obtain best execution when selecting brokers on behalf of its clients.</p> <p><i>Cross-Trades.</i> MIS may effect cross trades through unaffiliated broker-dealers between its advisory clients.</p> <p><i>Resolving Conflicts of Interest.</i> MIS will seek to resolve all conflicts of interest in good faith and on a fair and equitable basis in conformity with and in satisfaction of its duties and internal policies and procedures. Investment opportunities and the purchases or sales of equity securities generally are allocated taking into consideration the differing investment objectives of, the capital made available for each investment situation by, and the differing tax status of MIS' clients. Because they may have different investment objectives or due to other considerations, including, without limitation, the differing tax status and treatment of its clients, MIS and its affiliates may at any time and from time to time take different, and even opposite, positions with respect to particular purchases or sales of securities.</p> <p><i>Limitations on Trading Due to Duties to Others.</i> MIS and its affiliates and principals may from time to time provide a broad range of investment advisory, consulting and other services to companies which are, or may become, the subject of an investment by a MIS client. In addition, the principals and employees of MIS and its affiliates may from time to time act as directors, officers or employees of such companies. As a result, MIS may acquire information of a confidential nature and may have fiduciary obligations to persons other than its clients with respect to a particular investment situation. Under those circumstances, MIS would not be able to advise its clients with respect to, or to purchase or sell on behalf of its clients, securities involved in such situation where such advice or purchases or sales would be unfair, inequitable or a breach of any fiduciary obligation of MIS to a third party.</p>

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

**PAGE 7**

(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 I of Form ADV:  
MIS CAPITAL MANAGEMENT, LLC

IRS Empl. Ident. No.:  
26-4529463

Item of Form (Identify)	Answer
9.B	<p>No Loans to MIS or its Affiliates. MIS' clients do not intend to make loans to MIS or its affiliates. Assets of its clients are maintained in separate accounts and will not be commingled with assets of MIS or its affiliates.</p> <p>The Managers of MIS also has a broker dealer affiliation, as described more fully in 9.B</p> <p><b>PARTICIPATION OR INTEREST IN CLIENT TRANSACTIONS</b></p> <p><b>BROKER DEALER</b></p> <p>The Manager of MIS is a registered representative of Syndicated Capital, Inc. (SCI), an NASD-registered broker dealer. No more than a small percentage of his time is spent acting in this capacity.</p> <p>As a registered representative, MIS' Manager is able to effect securities transactions and will receive separate, yet customary, compensation for effecting securities transactions. He can recommend the use of SCI to clients in need of brokerage or custodial services. In a limited number of circumstances, commission compensation will be earned or credited to him for advisory transactions that are placed at or through SCI on behalf of an MIS advisory client.</p>
9.D & E	<p><b>PURCHASE AND SALE OF SECURITIES</b></p> <p>Compliance Procedures</p> <p>A. Pre-Clearance</p> <p>Access Persons must request and obtain the Chief Compliance Officer's written approval before they directly or indirectly acquire beneficial ownership in any Reportable Security in an initial public offering or in a limited offering. All approved requests must be executed by the close of business on the day preclearance is granted. If any order is not timely executed, a request for preclearance must be resubmitted. MIS is required to retain a record of the approval of, and the rationale supporting, any direct or indirect acquisition by Access Persons of a beneficial interest in Reportable Securities in a initial public offering or in a private offering for at least five years after the end of the fiscal year in which such approval is granted. Furthermore, should such written approval be granted, Access Persons are required to disclose such investment when participating in a Client's subsequent consideration of an investment in such issuer.</p> <p>B. Reporting</p> <p>1. Transaction Reports</p> <p>(a) Each Access Person must submit to the Chief Compliance Officer, within 30 days after the end of each calendar quarter, the following information about each transaction during such calendar quarter involving a Reportable Security in which such Access Person had, or as a result of the transaction acquired, any direct or indirect beneficial ownership: (i) the date of the transaction, the title, and, as applicable, the exchange ticker symbol or CUSIP number, interest rate and maturity date, number of shares, and principal amount of each Reportable Security involved, (ii) the nature of the transaction (i.e., purchase, sale, or any other type of</p>

**Schedule F of  
Form ADV  
Continuation Sheet for Form ADV Part II**

Applicant:  
**MIS CAPITAL MANAGEMENT, LLC**

SEC File Number:  
**801-69810**

Date:  
**12/31/2009**

(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 I of Form ADV:  
**MIS CAPITAL MANAGEMENT, LLC**

IRS Empl. Ident. No.:  
**26-4529463**

Item of Form (identify)	Answer
	<p>acquisition or disposition), (iii) the price of the Reportable Security at which the transaction was effected, (iv) the name of the broker, dealer, or bank with or through which the transaction was effected, and (v) the date such Access Person submits the transaction report.</p> <p>(b) Transaction reports need not contain information relating to (i) Reportable Securities held in any account over which the Access Person has no direct or indirect influence or control or (ii) transactions effected pursuant to an automatic investment plan.</p> <p>(c) To the extent that periodic account statements from an Access Person's broker contain all of the information set forth in Section IV.B.1(a) above, copies of such statements may be timely submitted to the Chief Compliance Officer in satisfaction of such Access Person's obligation to furnish transaction reports hereunder.</p> <p><b>2. Holdings Report</b></p> <p>(a) Each Access Person must submit to the Chief Compliance Officer (i) an initial holdings report no later than 10 days after becoming an Access Person listing all Reportable Securities beneficially owned by him or her as of a date no more than 45 days prior to the date he or she became an Access Person, and (ii) an annual holdings report within 7 days after the end of each calendar year listing all Reportable Securities beneficially owned by him or her as of a date no more than 45 days prior to the date such report is submitted.</p> <p>(b) All holdings reports must contain the following information: (i) the title and type of Reportable Security, and, as applicable, the exchange ticker symbol or CUSIP number, number of shares, and principal amount of each Reportable Security in which the Access Person has any direct or indirect beneficial ownership, (ii) the name of any broker, dealer, or bank with which such Access Person maintains an account in which any securities are held for such Access Person's direct or indirect benefit, and (iii) the date such Access Person submits the holding report.</p> <p>(c) Holdings reports need not contain information relating to Reportable Securities held in any account over which the Access Person has no direct or indirect influence or control.</p> <p>(d) To the extent that periodic account statements from Access Person's broker contain all of the information set forth in Section IV.B.2(a) and (b) above, copies of such statements may be timely submitted to the Chief Compliance Officer in satisfaction of such Access Person's obligation to furnish holdings reports hereunder.</p> <p><b>3. Chief Compliance Officer Review.</b> The Chief Compliance Officer is required to review all transaction and holdings reports submitted by Access Persons.</p> <p><b>4. Confidentiality.</b> All transaction reports and holdings reports submitted to MIS should be marked "Personal and Confidential." All personal investment matters discussed with the Chief Compliance Office and all confirmations, account statements and personal investment reports shall be kept in confidence, but will be available for inspection by MIS's officers, its counsel, and appropriate regulatory agencies.</p> <p>A copy of MIS' Code Of Ethics will be provided to any client or prospective client upon request.</p>

**Schedule F of  
Form ADV  
Continuation Sheet for Form ADV Part II**

Applicant:  
**MIS CAPITAL MANAGEMENT, LLC**

SEC File Number:  
**801-69810**

Date:  
**12/31/2009**

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

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**MIS CAPITAL MANAGEMENT, LLC**

IRS Empl. Ident. No.:  
**26-4529463**

Item of Form (identify)	Answer
10	<b>CONDITIONS FOR MANAGING AN ACCOUNT</b>  MIS requires a minimum account of \$1,000,000 for Investment Supervisory Services clients. In certain circumstances, however, this account minimum may be negotiable.
12	<b>INVESTMENT OR BROKERAGE DISCRETION</b>  The following disclosure is in response to Items 12A:  Generally, MIS will have the authority to determine, without obtaining specific client consent, the securities to be bought and sold (and the amount thereof), brokers and dealers to be used, and commission rates paid.  The following disclosure is in response to Items 12B:  Brokerage Accounts. For the purpose of investing in securities in the United States, MIS will maintain one or more brokerage accounts with unaffiliated broker-dealers. Mis will maintain a prime brokerage account with Schwab Institutional, which will act as the primary custodian for client securities in the United States. Clients may also to maintain brokerage accounts for investing in securities with one or more firms inside and outside the United States. Clients reserve the right to change the brokers that they use at any time, including their prime broker.  Duty of Best Execution. MIS has a fiduciary responsibility to obtain best execution in brokerage transactions for its clients. Prompt execution of orders at the most favorable price is one of the MIS's primary considerations in selecting brokers for securities transactions. Brokers may also be selected on the basis of investment opportunities that they may provide to MIS's clients (such as access to securities offered in initial public offerings) or because of their ability to handle special executions such as large block trades. In addition, brokers selected may include those who, through soft dollar arrangements, supplement MIS's research with statistical data, investment information, economic facts and opinions, news services, software used in analysis and valuation of securities, electronic data processing and automated trade processing systems which MIS will use in formulating its advice to accounts, although not all the information MIS receives will necessarily be relevant to advising particular accounts. In some instances, commission dollars may not directly benefit the account which generated the commission. MIS may generally make use of a large number of securities firms and will not attempt to limit the use of any firm as a broker to particular accounts which may benefit from specific research or other non-research or non-execution services the firm provides. MIS does not have a policy of "paying up" for research, although the securities firms it intends to utilize in general charge higher commission rates than firms which furnish execution services only.  Referral Fees. MIS may enter into arrangements to pay referral fees to consultants or other individuals who introduce MIS to potential advisory clients and investors. MIS may also enter into arrangements with certain brokers or other individuals under which it generally will pay third parties a negotiated percentage of the fees it receives from clients based on assets invested by clients introduced by the third party, payable so long as the clients are fee paying clients. Any such arrangements entered into by MIS will be effected in accordance with all applicable rules and regulations.

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

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**Schedule F of  
Form ADV  
Continuation Sheet for Form ADV Part II**

Applicant:  
**MIS CAPITAL MANAGEMENT, LLC**

SFC File Number:  
**801- 69810**

Date:  
**12/31/2009**

(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 I of Form ADV.  
**MIS CAPITAL MANAGEMENT, LLC**

IRS Empl. Ident. No.:  
**26-4529463**

Item of Form (Identify)	Answer
13	<p>Directing Brokerage to Finders. MIS believes that it has developed adequate policies and procedures to monitor its selection of brokers who may refer clients to MIS, or whose employees or registered representatives become clients of MIS, to determine whether its selection of broker-dealers is influenced by such matters and whether its selection of broker-dealers is consistent with its duty to obtain best execution. MIS will act in a manner consistent with its duty to obtain best execution when selecting brokers on behalf of its clients.</p> <p>Bunched Orders. For various reasons, at MIS' discretion, orders for clients entered into at the same time in the same security for different clients of MIS or its affiliates may be bunched for execution purposes. Where an order is bunched, clients generally will pay the pro rata portion of the commission charged for the entire order. MIS may also open "average price" accounts with brokers. In an "average price" account, purchase and sale orders placed during a trading day on behalf of clients and other clients or affiliates of MIS are combined, and securities bought and sold pursuant to such orders are allocated among such accounts on an average price basis. In general, bunched transactions and "average price" accounts may enable clients to obtain discounted commission charges.</p> <p>There are situations in which orders for securities may not be bunched with other orders entered at the same time for the same security. For example, clients of MIS may direct the execution of some securities transactions through specific brokers and may negotiate the rates for such transactions, and MIS will endeavor to comply with such directions. Where a client has directed that a specific broker be used to execute transactions, such transaction may not be bunched with other orders entered at the same time for the same security, with the result that commission rates for such trades may differ from, or be more than, those charged on the bunched transactions.</p> <p>Cross-Trades. MIS may effect cross-trades through unaffiliated broker-dealers between its advisory clients and between its clients and the clients of its affiliates. These cross-trades may include purchases or sales of securities from or to other clients of MIS or its affiliates. Any such trades are effected without the consent of or notification to such clients. MIS does not receive any special compensation, directly or indirectly, for effecting these cross-trades.</p> <p><b>ADDITIONAL COMPENSATION</b></p> <p>MIS' Manager is a registered representative with Syndicated Capital, Inc. (SCI), an NASD-registered broker dealer. Through this status, he is licensed to receive incentive awards or other forms of compensation for the recommendation or introduction of investments to clients and they are licensed to receive 12b-1 distribution fees from investment companies in connection with the placement of client funds into investment companies.</p> <p>MIS, as an investment advisor, does not execute transactions for clients via SCI. The Manager, as a registered representative, is licensed for this activity in his separate capacity. The purchase and sale of investments and mutual funds for commission compensation is not a regular advisory activity of MIS nor of its Manager for any advisory client.</p>

**Schedule F of  
Form ADV  
Continuation Sheet for Form ADV Part II**

Applicant:  
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Date:  
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**MIS CAPITAL MANAGEMENT, LLC**

IRS Empl. Ident. No.:  
**26-4529463**

Item of Form (identify)	Answer
	<p>MIS participates in Charles Schwab &amp; Co.'s Schwab Institutional (SI) service program. While there is no direct linkage between the investment advice given and the participation in this program, economic benefits which would not be received if mis did not give investment advice to clients. These benefits include: receipt of duplicate client confirmations and bundled duplicate statements; access to trading desks serving SI participants exclusively; access to block trading which provides the ability to aggregate securities transactions and then allocate the appropriate shares to client accounts; ability to have investment advisory fees deducted directly from client account; access, for a fee, to an electronic communication network for client order entry and account information; discounts on certain research products; receipt of compliance publications; and access to mutual funds which generally require significantly higher minimum initial investments or are generally available only to institutional investors.</p>

**Schedule G of  
Form ADV  
Balance Sheet**

Applicant:  
**MIS CAPITAL MANAGEMENT, LLC**

SEC File Number:  
**801-69810**

Date:  
**12/31/2009**

(Answers in Response to Form ADV Part II Item 14.)

1. Full name of applicant exactly as stated in Item 1A of Part I of Form ADV: <b>MIS CAPITAL MANAGEMENT, LLC</b>	IRS Empl. Ident. No.: <b>26-4529463</b>
<b>Instructions</b>	
1. The balance sheet must be: A. Prepared in accordance with generally accepted accounting principles B. Audited by an independent public accountant C. Accompanied by a note stating the principles used to prepare it, the basis of included securities, and any other explanations required for clarity.	
2. Securities included at cost should show their market or fair value parenthetically.	
3. Qualifications and any accompanying independent accountant's report must conform to Article 2 of Regulation S-X (17 CFR 210.2-01 et seq.).	
4. Sole proprietor investment advisers: A. Must show investment advisory business assets and liabilities separate from other business and personal assets and liabilities B. May aggregate other business and personal assets and liabilities unless there is an asset deficiency in the total financial position.	

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