Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MOORE CAPITAL MANAGEMENT, LP 401(K) AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1993

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MOORE CAPITAL MANAGEMENT, LP

1251 AVENUE OF THE AMERICAS
NEW YORK, NY 10020

2b Employer Identification Number (EIN) 26-3319657

2c Sponsor's telephone number 212-782-7346

2d Business code (see instructions) 523900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2010	LAWRENCE NOE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MOORE CAPITAL MANAGEMENT, LP

1251 AVENUE OF THE AMERICAS
NEW YORK, NY 10020

3b Administrator's EIN
26-3319657

3c Administrator's telephone number
212-782-7346

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	612
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	438
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	156
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	594
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	594
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	503
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	11
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2R 2T 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		___	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MOORE CAPITAL MANAGEMENT, LP 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOORE CAPITAL MANAGEMENT, LP

D Employer Identification Number (EIN)
26-3319657

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64	NONE	5940	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

CHARLES SCHWAB & CO.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 50 59 62 71	NONE	150	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO AND AFFILIATES	59	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEE ATTACHMENT 11-1111111	SEE ATTACHMENT	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MOORE CAPITAL MANAGEMENT, LP 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOORE CAPITAL MANAGEMENT, LP

D Employer Identification Number (EIN)
26-3319657

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	305999	411593
(2) Participant contributions	1b(2)		4445
(3) Other	1b(3)	23770	20268
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5761784	5208671
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	498674	547261
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	27126290	34412827
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3043873	3991411

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	36760390	44596476
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	36760390	44596476

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	413093	
(B) Participants	2a(1)(B)	3856393	
(C) Others (including rollovers)	2a(1)(C)	128960	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4398446
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8837	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	30501	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		39338
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	446732	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		446732
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7416715
c Other income	2c		1112403
d Total income. Add all **income** amounts in column (b) and enter total	2d		13413634
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5571608	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5571608
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	5940	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5940
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5577548
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		7836086
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ERNST & YOUNG (2) EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MOORE CAPITAL MANAGEMENT, LP 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOORE CAPITAL MANAGEMENT, LP

D Employer Identification Number (EIN)
26-3319657

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-1558009

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

Moore Capital Management, LP 401(k) and Profit Sharing Plan
Years Ended December 31, 2009 and 2008
With Report of Independent Auditors

Moore Capital Management, LP
401(k) and Profit Sharing Plan

Financial Statements
and Supplemental Schedule

Years Ended December 31, 2009 and 2008

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Ernst & Young LLP
5 Times Square
New York, New York 10036-6530

Tel: +1 (212) 773-3000

Report of Independent Auditors

The Trustees and Plan Administrator of
Moore Capital Management, LP
401(k) and Profit Sharing Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Moore Capital Management, LP 401(k) and Profit Sharing Plan (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for plan benefits for the years then ended, and the supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by Charles Schwab Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

September 17, 2010

Moore Capital Management, LP
401(k) and Profit Sharing Plan

Statements of Net Assets Available for Plan Benefits

	December 31	
	2009	**2008**
Assets		
Investments, at fair value:		
Money market funds	$ 5,208,670	$ 5,761,784
Mutual funds	34,412,827	27,126,290
Self directed accounts	3,991,387	3,043,873
Participants' loans	547,261	498,674
Total investments	44,160,145	36,430,621
Receivables:		
Employer contributions	411,593	305,998
Employee contributions	4,445	–
Dividends	20,111	23,771
Interest	182	–
Total receivables	436,331	329,769
Net assets available for plan benefits	$ 44,596,476	$ 36,760,390

See accompanying notes.

Moore Capital Management, LP
401(k) and Profit Sharing Plan

Statements of Changes in Net Assets Available for Plan Benefits

	Year Ended December 31	
	2009	**2008**
Investment (loss) income:		
Dividends	$ 446,732	$ 1,042,143
Interest	357,722	372,560
Net appreciation (depreciation) on self directed accounts	1,109,689	(2,976,579)
Net appreciation (depreciation) on mutual funds	7,099,421	(13,479,067)
Net investment gain (loss) income	9,013,564	(15,040,943)
Contributions:		
Participants	3,856,393	4,964,454
Employer, net of forfeitures	413,122	305,998
Rollovers	128,960	6,588,657
Total contributions	4,398,475	11,859,109
Total investment gain (loss) income and contributions	13,412,039	(3,181,834)
Deductions:		
Benefits paid	5,571,608	2,613,762
Miscellaneous fees	4,345	2,961
Total deductions	5,575,953	2,616,723
Net (decrease) increase in net assets available for plan benefits	7,836,086	(5,798,557)
Net assets available for plan benefits:		
Beginning of year	36,760,390	42,558,947
End of year	$ 44,596,476	$ 36,760,390

See accompanying notes.

Moore Capital Management, LP
401(k) and Profit Sharing Plan

Notes to Financial Statements

December 31, 2009

1. Plan Description

The following description of the Moore Capital Management, LP 401(k) and Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan covering substantially all employees of Moore Capital Management, LP (the Company or Plan Administrator), Belvedere Property Management, LLC and Moore Charitable Foundation, Inc. Prior to July 15, 2006, employees who had reached the age of 19 were eligible for participation after three months of service. Beginning July 15, 2006, all employees regardless of age are immediately eligible to participate in the Plan. The Plan was established in January 1, 1993. On November 1, 2008, Moore Capital Management, LLC effectuated an internal restructuring whereby Moore Capital Management, LLC was replaced by a Delaware entity called Moore Capital Management, LP. Prior to November 1, 2008, the Plan covered all employees of Moore Capital Management, LLC. Charles Schwab Trust Company (the Trustee) is the trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Participants may elect to make a pre-tax salary deferral contribution by payroll deduction of 1% to 50% of their compensation. Provisions of Section 401(a) of the Internal Revenue Code provide that earnings of the Plan are not taxable to the participants until withdrawn. The Internal Revenue Code of 1986, as amended, (the Tax Code) imposes a limitation (adjusted annually for cost-of-living increases) on participants' pre-tax contributions under Section 401(k) plans and other tax favored plans. The Tax Code imposed a limit of $16,500 for 2009 and $15,500 for 2008. In addition, employees over 50 years old may elect to contribute an additional $5,500 for 2009 and $5,000 for 2008.

Beginning January 1, 2006, the Plan included a Roth elective deferral option based on the requirements provided by Code Section 402A, as enacted by the Economic Growth and Tax Relief Reconciliation Act of 2001. The Roth elective deferral option permits participants to make post-tax salary deferral contributions by payroll deduction of 1% to 50% of their compensation. In addition, participants are allowed to make additional post-tax contributions from 1% up to 50% of compensation, subject to certain limitations.

Rollover contributions arise from qualified contributions to the Plan of certain assets previously held on behalf of participants by other qualified plans.

1. Plan Description (continued)

The Company may contribute 100% of the first $2,000 of the qualified compensation that a participant contributes to the Plan. The matching Company contribution is invested based on the existing allocation of the respective employee. Only employees earning less than $300,000 and $305,000 are eligible for this match in 2009 and 2008, respectively. Additional profit sharing amounts may be contributed at the option of the Company's board of directors not to exceed the lesser of $44,000 or 100% of annual compensation. Employer contributions are transferred to the participants account during the next fiscal year.

Vesting of employer contributions occurs immediately if the participant's employment is terminated as a result of attaining the normal retirement age of 65, early retirement, disability, or death. Otherwise, the vesting of benefits is in accordance with the schedule set forth below:

Years of Service	Nonforfeitable Percentage
Less than 1	–
2	33.3%
3	66.7%
4	100%

Forfeitures, which arise when a participant's employment terminates prior to becoming 100% vested, may be used to reduce future Company contributions to the Plan. During 2009 and 2008, forfeitures amounted to $31,945 and $27,945, respectively, and were used to reduce employer contributions for the respective years. Participants vest immediately in their own contributions and investment earnings thereon and, consequently, these contributions are nonforfeitable.

A participant may elect, after attaining the age of 59½, to withdraw all or any portion of the value of his or her account. Withdrawals by participants before the age of 59½ are permitted only after meeting specified financial hardship criteria and approval of the Plan Administrator. If a participant receives a hardship distribution, the participant will be prohibited from making pre-tax salary deferral contributions (or post-tax contributions) to the Plan for a six month period beginning on the date the participant received the hardship distribution. Any taxable withdrawals

1. Plan Description (continued)

from this Plan prior to the attainment of age 59½ which are not rolled over into an Individual Retirement Account or other qualified plan may be subject to a 10% penalty by the Internal Revenue Service (IRS).

Distributions are paid as defined in the plan documents.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") and are presented on the accrual basis of accounting.

New Accounting Pronouncements

The Hierarchy of U.S. Generally Accepted Accounting Principles

The Financial Accounting Standards Board ("FASB") has issued "*The Hierarchy of Generally Accepted Accounting Principles*" which identifies the sources of accounting principles and provides a U.S. GAAP hierarchy for selecting the principles to be used in preparation of financial statements that are present in conformity with U.S. GAAP. The standard is effective for financial statements issued for interim and annual periods ending after September 15, 2009. As the standard is not intended to change or alter existing U.S. GAAP, adoption of this standard did not impact the Plan's financial statements.

Subsequent Events

In May 2009, the FASB issued FASB Statement Number 165, *Subsequent Events*, which was codified into Accounting Standards Codification ("ASC") 855, *Subsequent Events*, to provide general standards for accounting for and disclosure of events that occur after the balance sheet date, but before the financial statements are issued or available to be issued. ASC 855 was amended in February 2010. The Plan has adopted ASC 855, as amended.

2. Summary of Significant Accounting Policies (continued)

Fair Value of Investments

In September 2009, the FASB issued Accounting Standards Update ("ASU") 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. ASU 2009-12 amended ASC 820 to allow entities to use net asset value (NAV) per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting. The Plan adopted the guidance in ASU 2009-12 for the reporting period ended October 31, 2009 and it did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

On January 21, 2010, the FASB issued the ASU 2010-06, "Improving Disclosures about Fair Value Measurement," an amendment to Subtopic 820-10 which requires the following disclosures about fair value investments: 1) a reporting entity should disclose the amounts of significant transfers in and/or out of Level I and Level II fair value measurements and the reasons for the transfers; 2) the reasons for any transfers in and out of Level III; and 3) information in the reconciliation of recurring Level III measurements about purchases, sales, issuances and settlements on a gross basis. In addition to these new disclosure requirements, the ASU also amends ASC 820 to clarify that reporting entities are required to provide fair value measurement disclosures for each class of assets and liabilities. Prior to the issuance of ASU 2010-06, the guidance in ASC 820 required separate fair value disclosures for each major category of assets and liabilities. ASU 2010-06 also clarifies the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level II and Level III fair value measurements. Except for the requirement to disclose information about purchases, sales, issuances and settlements in the reconciliation of recurring Level III measurements on a gross basis, which are effective for annual reporting periods beginning after December 15, 2010, all the amendments to ASC 820 made by ASU 2010-06 are effective for annual reporting periods beginning after December 15, 2009. The Plan Administrator is currently evaluating the impact that the adoption of ASU 2010-06 will have on the Plan's disclosures.

Funding Policy

The Company's funding policy is to make annual contributions to the Plan on a current basis at the Company's discretion. Employee voluntary contributions are made through payroll deductions.

2. Summary of Significant Accounting Policies (continued)

Administrative Expenses and Other Fees

Plan expenses are paid from the Trustee, or if the Company elects to do so, by the Company. Miscellaneous fees represent fees charged to participants for loan processing and other services.

Valuation of Participant Accounts

Separate accounts are maintained for each participant whereby the participant's account is credited for contributions and the gains on the participant's investments. The participant's account will be reduced by its share of Plan expenses and investment losses.

Income Tax Status

The underlying non-standardized prototype plan has received an opinion letter from the Internal Revenue Service (IRS) dated May 23, 2008, stating that the form of the plan is qualified under Section 401 of the Internal Revenue Code, and therefore, the related trust is tax exempt. In accordance with Revenue Procedures 2007-6 and 2005-16, the Plan Administrator has determined that it is eligible to and has chosen to rely on the current IRS prototype plan opinion letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

Plan Termination

While it has not expressed any intent to do so, the Company has the right to discontinue paying the administrative expenses of the Plan and to terminate the Plan at any time subject to the provisions set forth in the ERISA.

In the event of Plan termination, participants' accounts will become fully vested and nonforfeitable. Further, Plan assets will be distributed to each participant in accordance with the participant's account balance.

2. Summary of Significant Accounting Policies (continued)

Loans

Participants are able to borrow against their 401(k) balances. The loan must be repaid within a maximum of a five-year period unless the loan is for the sole purpose of buying a principal residence. The total outstanding loan amount per participant cannot exceed the lesser of $50,000 or 50% of the participant's vested interest in the Plan and a reasonable rate of interest will be charged. During 2009, new loans and loan repayments amounted to $265,960 and $217,373, respectively, and during 2008, new loans and loan repayments amounted to $335,209 and $202,163, respectively. Loan and interest payments are applied to fund balances from which the proceeds were drawn unless otherwise specified by the participant. Interest on loans amounted to $30,344 and $38,836 in 2009 and 2008, respectively, and is included in net investment income. Participant loans are valued at their outstanding balances, which approximates fair value.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

The Plan considers short-term interest bearing instruments with maturities of three months or less at the time of purchase to be cash equivalents. Included in cash equivalents at December 31, 2009 are amounts invested in a money market fund sponsored by the trustee.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

3. Investments and Income Recognition

All investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2009 and 2008, and interest and dividends and net appreciation (depreciation) on investments for the years then ended, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Trustee.

Participants can direct their contributions to any of the investment funds in increments of 1%. Participants can elect to change their contribution rate, investment direction of new contributions and transfer existing fund balances among the investment funds on a daily basis. Pursuant to the adoption of ASU 2009-12, investments in mutual funds are stated at fair value, based upon the closing net asset value of the investment funds on the last business day of the Plan year. Money market funds and interest bearing cash are valued at cost, which approximates fair value. Participant loans are stated at their outstanding principal balances that approximate fair value. Self-directed accounts are made up of mutual funds, interest bearing cash, and non-interest bearing cash. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

The following is a schedule of investments held by the Plan in excess of 5% of the net assets available for plan benefits as of December 31, 2009 and 2008:

Investment	December 31 2009	2008
American Beacon International Equity	$ 2,739,852	$ 2,305,863
Growth Fund of America R3	2,912,387	2,344,701
PIMCO Total Return Fund Admin Class	6,028,481	4,662,449
Personal Choice Retirement Account*	3,991,387	3,043,873
Royce Premier Fund Institutional Class	3,492,519	3,069,354
Schwab Retirement Money Fund	5,208,670	5,761,784
Schwab S&P 500 Index Fund	4,581,334	3,640,860
Selected American Fund	2,733,873	2,381,535

* *No individual investment held within the Personal Choice Retirement Account is in excess of 5% of the net assets available for plan benefits.*

3. Investments and Income Recognition (continued)

The following is a schedule of realized and unrealized appreciation (depreciation) of investments purchased, sold as well as held by the Plan during December 31, 2009 and 2008:

	December 31	
Investment	**2009**	**2008**
AIM International Growth Fund Class A	$ 302,230	$ (561,019)
American Beacon International Equity	570,360	(1,769,994)
Dodge & Cox Balanced Fund	277,507	(556,545)
Growth Fund of America R3	788,742	(1,457,261)
Lord Abbett Mid Cap Value A	-	(657,182)
Mainstay High Yield Corporate Bond A	167,189	(245,555)
PIMCO Total Return Fund Admin Class	360,958	(272,547)
Personal Choice Retirement Account	1,109,803	(2,981,680)
Royce Premier Fund Institutional Class	880,872	(1,213,352)
Schwab Retirement Money Fund	-	2,156
Schwab S&P 500 Index Fund	918,244	(2,133,657)
Selected American Fund	706,158	(1,545,829)
TIAA-CREF Mid-Cap Value Index Institutional	43,062	43,110
TIAA-CREF Equity Index Institutional	191,249	-
T-Rowe Price Mid-Cap	649,697	(997,449)
T. Rowe Price Retirement 2005	383	(1,200)
T. Rowe Price Retirement 2010	7,390	(37,764)
T. Rowe Price Retirement 2015	188,770	(282,860)
T. Rowe Price Retirement 2020	58,364	(180,436)
T. Rowe Price Retirement 2025	92,876	(133,227)
T. Rowe Price Retirement 2030	118,877	(341,437)
T. Rowe Price Retirement 2035	111,787	(91,970)
T. Rowe Price Retirement 2040	33,847	(56,925)
T. Rowe Price Retirement 2045	93,497	(161,189)
T. Rowe Price Retirement 2050	1,710	-
T. Rowe Price Retirement Income	63,998	(77,744)
Vanguard Explorer Fund	258,629	(471,827)
Virtus Real Estate Securities A	212,911	(272,263)
Participant loans	-	-
Total	$ 8,209,110	$ (16,455,646)

4. Fair Value Measurement

Under U.S. GAAP, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- quoted prices for similar assets and liabilities in active markets
- quoted prices for identical or similar assets or liabilities in markets that are not active
- observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

4. Fair Value Measurement (continued)

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2009 and 2008:

	Assets at Fair Value as of December 31, 2009			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market funds	$ 5,208,670	$ -	$ -	$ 5,208,670
Mutual funds	34,412,827	-	-	34,412,827
Self directed accounts	3,991,387	-	-	3,991,387
Participants' loans	-	-	547,261	547,261
Total assets at fair value	$ 43,612,884	$ -	$ 547,261	$ 44,160,145

	Assets at Fair Value as of December 31, 2008			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market funds	$ 5,761,784	$ -	$ -	$ 5,761,784
Mutual funds	27,126,290	-	-	27,126,290
Self directed accounts	3,043,873	-	-	3,043,873
Participants' loans	-	-	498,674	498,674
Total assets at fair value	$ 35,931,947	$ -	$ 498,674	$ 36,430,621

4. Fair Value Measurement (continued)

The tables below set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008.

	Participants' Loans
Balance, beginning of year	$ 498,674
Realized gains (losses)	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	-
Purchases, sales, issuances and settlements (net)	48,587
Balance, end of year	$ 547,261

	Participants' Loans
Balance, beginning of year	$ 365,628
Realized gains (losses)	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	-
Purchases, sales, issuances and settlements (net)	133,046
Balance, end of year	$ 498,674

5. Related Party Transactions

Certain Plan investments are shares of mutual funds or money market funds managed by the Trustee or its affiliates. The Trustee is the custodian as defined by the Plan and, therefore, these transactions qualify as permitted party-in-interest transactions.

Certain officers and employees of the Plan Administrator (who may also be participants in the Plan) perform administrative services related to the Plan's operations, record-keeping and financial reporting. The Plan Administrator pays these individuals' salaries and also pays all other administrative expenses on the Plan's behalf.

5. Related Party Transactions (continued)

The foregoing transactions are not deemed prohibited party-in-interest transactions, because they are covered by statutory and administrative exemptions from the Tax Code and ERISA's rules on prohibited transactions.

6. Subsequent Events

The Plan has evaluated the impact of events that have occurred subsequent to December 31, 2009 through September 17, 2010, the date the financial statements were available for issuance. Based on this evaluation, the Plan has determined no events were required to be recognized or disclosed in the financial statements.

Supplemental Schedule

Moore Capital Management, LP
401(k) and Profit Sharing Plan

EIN: #26-3319657 Plan: #001

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2009

Investments	Fair Value
AIM International Growth Fund Class A	$ 1,154,634
American Beacon International Equity	2,739,852
Dodge & Cox Balanced Fund	1,274,259
Growth Fund of America R3	2,912,387
Mainstay High Yield Corporate Bond A	861,832
PIMCO Total Return Fund Admin Class	6,028,481
Personal Choice Retirement Account	3,991,387
Royce Premier Fund Institutional Class	3,492,519
*Schwab Retirement Money Fund	5,208,670
*Schwab S&P 500 Index Fund	4,581,334
Selected American Fund	2,733,873
TIAA-CREF Equity Index Institutional	1,428,176
T. Rowe Price Mid Cap	1,980,896
T. Rowe Price Retirement 2005	1,996
T. Rowe Price Retirement 2010	47,167
T. Rowe Price Retirement 2015	882,547
T. Rowe Price Retirement 2020	246,734
T. Rowe Price Retirement 2025	398,398
T. Rowe Price Retirement 2030	472,726
T. Rowe Price Retirement 2035	441,680
T. Rowe Price Retirement 2040	144,379
T. Rowe Price Retirement 2045	368,014
T. Rowe Price Retirement 2050	12,275
T. Rowe Price Retirement Income	407,870
Vanguard Explorer Fund	965,822
Virtus Real Estate Securities A	834,976
*Participant loans (interest rates range from 4.25% to 9.50%, maturities from 2010 to 2036)	547,261
Total	$44,160,145

** Indicates party-in-interest to the Plan.*

MOORE CAPITAL MANAG. 401K & PS PLAN

Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information

January 1, 2009 - December 31, 2009

EIN: 26-3319657

Plan Number: 001

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)

Fund Family/Provider	EIN	Formula
Allianz Funds	33-0457728	Rate of 0.25% of average daily balance of asset(s)
American Beacon	75-2401150	Rate of 0.40% of average daily balance of asset(s)
American Funds	95-1411037	Rate of 0.60% of average daily balance of asset(s)
Dodge & Cox	09-4144197	Rate of 0.10% of average daily balance of asset(s)
Invesco Aim	76-0528004	Rate of 0.50% of average daily balance of asset(s)
MainStay	52-2206685	Rate of 0.40% of average daily balance of asset(s)
Schwab Funds	94-3106735	Range of 0.02 - 0.25% of average daily balance of assets
Selected Funds	85-0360310	Rate of 0.40% of average daily balance of asset(s)
T. Rowe Price	52-2264646	Rate of 0.15% of average daily balance of asset(s)
Virtus	95-4191764	Rate of 0.60% of average daily balance of asset(s)

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)

Fund Family/Provider	EIN	Formula
Acadian Funds	04-2929221	Rate of 0.40% of average daily balance of asset(s)
AllianceBernstein	13-3191825	Rate of 0.40% of average daily balance of asset(s)
Allianz Funds	33-0457728	Range of 0.35 - 0.40% of average daily balance of assets
American Century Investments	44-6006315	Range of 0.31 - 0.35% of average daily balance of assets
Ameristock	94-3227081	Rate of 0.40% of average daily balance of asset(s)
Ariel	31-0721681	Rate of 0.40% of average daily balance of asset(s)
Cohen & Steers	14-1904657	Rate of 0.40% of average daily balance of asset(s)
Columbia	93-0577450	Rate of 0.40% of average daily balance of asset(s)
Direxion Funds	13-4143904	Rate of 0.40% of average daily balance of asset(s)
Dreyfus	13-5673135	Rate of 0.32% of average daily balance of asset(s)
Federated	25-1111467	Rate of 0.40% of average daily balance of asset(s)
First Eagle	13-3392291	Rate of 0.40% of average daily balance of asset(s)
FMI Funds	39-1861095	Rate of 0.45% of average daily balance of asset(s)
Gabelli	13-3340139	Range of 0.35 - 0.40% of average daily balance of assets
Goldman Sachs	13-4019460	Rate of 0.50% of average daily balance of asset(s)
Guinness Atkinson	98-0534338	Rate of 0.40% of average daily balance of asset(s)
Harding Loevner	27-0684167	Rate of 0.40% of average daily balance of asset(s)
ICON Funds	75-2676133	Rate of 0.40% of average daily balance of asset(s)
Janus	43-1804048	Rate of 0.33% of average daily balance of asset(s)
Lazard	20-4571006	Rate of 0.40% of average daily balance of asset(s)
Marsico Investment Fund	84-1434992	Rate of 0.50% of average daily balance of asset(s)
Matthews Asia Funds	94-3250972	Rate of 0.40% of average daily balance of asset(s)
Merger	13-3036274	Rate of 0.40% of average daily balance of asset(s)
Midas	13-3823733	Rate of 0.40% of average daily balance of asset(s)
Muhlenkamp	25-1405412	Rate of 0.40% of average daily balance of asset(s)
Oakmark	04-3276558	Rate of 0.35% of average daily balance of asset(s)
ProFunds	52-2035194	Rate of 0.40% of average daily balance of asset(s)
Royce	52-2343049	Rate of 0.40% of average daily balance of asset(s)
Schwab Funds	94-3106735	Range of 0.02 - 0.25% of average daily balance of assets
The World Funds, Inc	62-1177243	Rate of 0.40% of average daily balance of asset(s)
Third Avenue	01-0690900	Rate of 0.40% of average daily balance of asset(s)
Tocqueville	13-3549887	Rate of 0.40% of average daily balance of asset(s)
U.S. Global Investors	74-1619375	Rate of 0.40% of average daily balance of asset(s)
Yacktman	36-3831621	Rate of 0.40% of average daily balance of asset(s)

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR: **MOORE CAPITAL MANAGEMENT, LP**
NAME OF PLAN: **Moore Capital Management, LP. 401(k) and Profit Sharing Plan**
EIN: **26-3319657**
PLAN NUMBER: **001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (4.25%-9.5%)		547,261
*	SCHWAB RETIREMENT MONEY FUND	Money Market		5,208,671
	PCRA	Self-Directed Brokerage Account		3,991,411
	AIM INTL GROWTH FUND CLASS A	Registered Investment Company		1,154,634
	AMERICAN BEACON INTL EQTY INV	Registered Investment Company		2,739,852
	DODGE & COX BALANCED FUND	Registered Investment Company		1,274,259
	GROWTH FUND OF AMERICA R3	Registered Investment Company		2,912,387
	MAINSTAY HIGH YIELD CORP BND A	Registered Investment Company		861,831
	PIMCO TOTAL RETURN-ADMIN CLASS	Registered Investment Company		6,028,481
	ROYCE PREMIER INSTL	Registered Investment Company		3,492,519
*	SCHWAB S&P 500 INDEX FUND	Registered Investment Company		4,581,334
	SELECTED AMERICAN FUND	Registered Investment Company		2,733,873
	T ROWE PRICE MID CAP	Registered Investment Company		1,980,895
	T ROWE PRICE RETIREMENT 2005	Registered Investment Company		1,996
	T ROWE PRICE RETIREMENT 2010	Registered Investment Company		47,167
	T ROWE PRICE RETIREMENT 2015	Registered Investment Company		882,547
	T ROWE PRICE RETIREMENT 2020	Registered Investment Company		246,734
	T ROWE PRICE RETIREMENT 2025	Registered Investment Company		398,398
	T ROWE PRICE RETIREMENT 2030	Registered Investment Company		472,726
	T ROWE PRICE RETIREMENT 2035	Registered Investment Company		441,680
	T ROWE PRICE RETIREMENT 2040	Registered Investment Company		144,379
	T ROWE PRICE RETIREMENT 2045	Registered Investment Company		368,014
	T ROWE PRICE RETIREMENT 2050	Registered Investment Company		12,275
	T ROWE PRICE RETIREMENT INCOME	Registered Investment Company		407,870
	TIIA CREF EQUITY INDEX INSTL	Registered Investment Company		1,428,175
	VANGUARD EXPLORER FUND INV	Registered Investment Company		965,822
	VIRTUS REAL ESTATE SEC A	Registered Investment Company		834,976