

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                   |
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| 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: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>                     |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>                             |

|         |                                                                                                                                                                                                                                                                                             |    |                                                 |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                      |    |                                                 |
| 2a      | Name of plan<br>WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN<br><br>Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>WILLIAM MORRIS ENDEAVOR ENTERTAINMENT, LLC<br><br>151 EL CAMINO DRIVE<br>BEVERLY HILLS, CA 90212 | 1b | Three-digit plan number (PN) ▶ 001              |
|         |                                                                                                                                                                                                                                                                                             | 1c | Effective date of plan 12/28/1956               |
|         |                                                                                                                                                                                                                                                                                             | 2b | Employer Identification Number (EIN) 26-4798946 |
|         |                                                                                                                                                                                                                                                                                             | 2c | Sponsor's telephone number 310-859-4000         |
|         |                                                                                                                                                                                                                                                                                             | 2d | Business code (see instructions) 541600         |

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. | 10/11/2010 | DAVID LEFFIN                                                 |
|           | 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                      |

|                                                                                                                                                                                             |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>WILLIAM MORRIS ENDEAVOR ENTERTAINMENT, LLC<br><br>151 EL CAMINO DRIVE<br>BEVERLY HILLS, CA 90212 | <b>3b</b> Administrator's EIN<br>26-4798946<br><br><b>3c</b> Administrator's telephone number<br>310-859-4000 |
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|                                                                                                                                                                                                                                                     |                                                        |
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| <b>4</b> 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:<br><br><b>a</b> Sponsor's name<br>WILLIAM MORRIS AGENCY, LLC | <b>4b</b> EIN<br>13-1062500<br><br><b>4c</b> PN<br>001 |
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|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 589 |
|-------------------------------------------------------------------------|----------|-----|

  

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 400 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 167 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 567 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 567 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 567 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0   |

  

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

  

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 2E 2A 2F 2R 2T

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

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>2</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                          |                                                                         |                |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                               |                                                                         |                |
| <div>A Name of plan</div> <div>WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN</div>                                            | <div>B Three-digit plan number (PN)</div> <div>▶</div>                  | <div>001</div> |
|                                                                                                                          |                                                                         |                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500.</div> <div>WILLIAM MORRIS ENDEAVOR ENTERTAINMENT, LLC</div> | <div>D Employer Identification Number (EIN)</div> <div>26-4798946</div> |                |

|        |                                                                                                                                                                                                                                                                    |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | <div>Information Concerning Insurance Contract Coverage, Fees, and Commissions</div> <div>Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.</div> |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

|                                                                                                      |
|------------------------------------------------------------------------------------------------------|
| <div>(a) Name of insurance carrier</div> <div>PRUDENTIAL RETIREMENT INSURANCE &amp; ANNUITY CO</div> |
|------------------------------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 06-1050034 | 93629         | 38346-001                             | 567                                                                         | 01/01/2009              | 12/31/2009 |

|                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

|                                                                                                       |
|-------------------------------------------------------------------------------------------------------|
| 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|-------------------------------------------------------------------------------------------------------|

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|--------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|--------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 0        |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 21707514 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|                                                        |           |          |
|--------------------------------------------------------|-----------|----------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 21002475 |
|--------------------------------------------------------|-----------|----------|

|                                                                       |              |        |  |
|-----------------------------------------------------------------------|--------------|--------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 578821 |  |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> |        |  |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> | 189842 |  |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> | 438487 |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 308673 |  |

▶ MISCELLANEOUS LOAN REPAYMENTS EXCHANGES

|                           |              |         |
|---------------------------|--------------|---------|
| (6) Total additions ..... | <b>7c(6)</b> | 1515823 |
|---------------------------|--------------|---------|

|                                                                               |           |          |
|-------------------------------------------------------------------------------|-----------|----------|
| <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ). .... | <b>7d</b> | 22518298 |
|-------------------------------------------------------------------------------|-----------|----------|

**e** Deductions:

|                                                                                 |              |          |  |
|---------------------------------------------------------------------------------|--------------|----------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 30298    |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> |          |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> | 61409    |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 22426591 |  |

▶ MISCELLANEOUS LOAN INITIATIONS EXCHANGES

|                            |              |          |
|----------------------------|--------------|----------|
| (5) Total deductions ..... | <b>7e(5)</b> | 22518298 |
|----------------------------|--------------|----------|

|                                                                                             |           |   |
|---------------------------------------------------------------------------------------------|-----------|---|
| <b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) ..... | <b>7f</b> | 0 |
|---------------------------------------------------------------------------------------------|-----------|---|

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....                                                 |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <div><div><b>SCHEDULE A</b></div><div><b>(Form 5500)</b></div><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div><b>Insurance Information</b></div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ <b>File as an attachment to Form 5500.</b></div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div><b>2009</b></div> <div><b>This Form is Open to Public Inspection</b></div> |
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|                                                                                                              |                                                             |     |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                   |                                                             |     |
| <b>A</b> Name of plan<br>WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN                                            | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                              |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>WILLIAM MORRIS ENDEAVOR ENTERTAINMENT, LLC | <b>D</b> Employer Identification Number (EIN)<br>26-4798946 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                                     |
|-------------------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>THE PRUDENTIAL INSURANCE COMPANY OF AMERICA |
|-------------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 22-1211670 | 68241         | 62160                                 | 567                                                                         | 01/01/2009              | 12/31/2009 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| 0                                           | 0                                    |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |   |
|--------------------------------------------------------------------------------------------------------|----------|---|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 0 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 0 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ **SYNTHETIC GIC**

|                                                        |           |   |
|--------------------------------------------------------|-----------|---|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 0 |
|--------------------------------------------------------|-----------|---|

|                                                                       |              |  |  |
|-----------------------------------------------------------------------|--------------|--|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |  |
|                                                                       | <b>7c(2)</b> |  |  |
|                                                                       | <b>7c(3)</b> |  |  |
|                                                                       | <b>7c(4)</b> |  |  |
|                                                                       | <b>7c(5)</b> |  |  |

|                           |              |   |
|---------------------------|--------------|---|
| (6) Total additions ..... | <b>7c(6)</b> | 0 |
|---------------------------|--------------|---|

|                                                                               |           |   |
|-------------------------------------------------------------------------------|-----------|---|
| <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) ..... | <b>7d</b> | 0 |
|-------------------------------------------------------------------------------|-----------|---|

**e** Deductions:

|                                                                                 |              |  |  |
|---------------------------------------------------------------------------------|--------------|--|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |  |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> |  |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> |  |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> |  |  |

|                            |              |   |
|----------------------------|--------------|---|
| (5) Total deductions ..... | <b>7e(5)</b> | 0 |
|----------------------------|--------------|---|

|                                                                                             |           |   |
|---------------------------------------------------------------------------------------------|-----------|---|
| <b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) ..... | <b>7f</b> | 0 |
|---------------------------------------------------------------------------------------------|-----------|---|

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....                                                 |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2009</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN                                                                                                                                                         | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>WILLIAM MORRIS ENDEAVOR ENTERTAINMENT, LLC                                                                                                               | <b>D</b> Employer Identification Number (EIN)<br>26-4798946                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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)..... ☒ 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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| PRUDENTIAL RETIREMENT INSURANCE AND                                                                               |
| 06-1050034                                                                                                        |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
| PRUDENTAIL TRUST CO                                                                                              |
| 23-6994310                                                                                                       |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

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

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

**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)

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 13 15 50 64                   | NONE                                                                                                     | 3870                                                                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

PRUDENTIAL INVESTMENT MANAGEMENT SE

13-4122960

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 63 71                         | NONE                                                                                                     | 819                                                                           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 818                                                                                                                                                                                    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

THE PRUDENTIAL INSURANCE COMPANY OF

22-1211670

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 60 52 72                      | NONE                                                                                                     | 165402                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

PRUDENTIAL TRUST CO

23-6994310

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52                            | NONE                                                                                                     | 32198                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PRUDENTIAL INVESTMENT MANAGEMENT SE                                 | 63                                                                                                                                                                 | 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. |                                           |
| AMERICAN FUNDS DISTRIBUTORS INC<br><br>95-2769620                   | 24.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 EURO PACIFIC GROWTH FUND                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| THE PRUDENTIAL INSURANCE COMPANY OF                                 | 15 60 64                                                                                                                                                           | 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. |                                           |
| AMERICAN FUNDS SERVICE CO<br><br>95-2566717                         | 5.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 EURO PACIFIC GROWTH FUND                                                     |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| THE PRUDENTIAL INSURANCE COMPANY OF                                 | 15 60 64                                                                                                                                                           | 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. |                                           |
| BOSTON FINANCIAL DATA SVCS<br><br>04-2526037                        | 10.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 ALLIANZ NFI SM CAP VAL I                                                    |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| THE PRUDENTIAL INSURANCE COMPANY OF                     | 15 60 64                                | 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. |  |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| PNC GLOBAL INVESMNT SRVCNG U.S. INC<br><br>04-2871943               | 5.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 ASTON OPTIMUM MID CAP I                                                      |  |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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<br>(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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (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 |
|                                                                          |                               |                                                                                     |
| (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 |
|                                                                          |                               |                                                                                     |
| (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 |
|                                                                          |                               |                                                                                     |
| (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 |
|                                                                          |                               |                                                                                     |
| (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 |
|                                                                          |                               |                                                                                     |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE D</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> | <p style="text-align: center;"><b>DFE/Participating Plan Information</b></p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></p> | <p style="text-align: center; font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;"><b>2009</b></p> <hr/> <p style="text-align: center; font-size: small;"><b>This Form is Open to Public Inspection.</b></p> |
| <p>For calendar plan year 2009 or fiscal plan year beginning <span style="color: blue;">01/01/2009</span> and ending <span style="color: blue;">12/31/2009</span></p>                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
| <p><b>A</b> Name of plan<br/><span style="color: blue;">WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN</span></p>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                           | <p><b>B</b> Three-digit plan number (PN) ▶ <span style="color: blue;">001</span></p>                                                                                                                                                                      |
| <p><b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br/><span style="color: blue;">WILLIAM MORRIS ENDEAVOR ENTERTAINMENT, LLC</span></p>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                           | <p><b>D</b> Employer Identification Number (EIN)<br/><span style="color: blue;">26-4798946</span></p>                                                                                                                                                     |
| <p><b>Part I</b> <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br/>(Complete as many entries as needed to report all interests in DFEs)</p>                                                                                                                |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">DRYDEN S &amp; P 500 INDEX FUND</span></p>                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRUDENTIAL RETIREMENT INS.</span></p>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
| <p><b>c</b> EIN-PN <span style="color: blue;">06-1050034-123</span></p>                                                                                                                                                                                                                                               | <p><b>d</b> Entity code <span style="color: blue;">P</span></p>                                                                                                                                                                                                                                                                           | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">4110891</span></p>                                                                                                      |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">LC GR/TURNER INV PARTNERS</span></p>                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRUDENTIAL RETIREMENT INS.</span></p>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
| <p><b>c</b> EIN-PN <span style="color: blue;">06-1050034-141</span></p>                                                                                                                                                                                                                                               | <p><b>d</b> Entity code <span style="color: blue;">P</span></p>                                                                                                                                                                                                                                                                           | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">4488032</span></p>                                                                                                      |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SMALL CAP GROWTH/TIMESSQ</span></p>                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRUDENTIAL RETIREMENT INS.</span></p>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
| <p><b>c</b> EIN-PN <span style="color: blue;">06-1050034-132</span></p>                                                                                                                                                                                                                                               | <p><b>d</b> Entity code <span style="color: blue;">P</span></p>                                                                                                                                                                                                                                                                           | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">3738257</span></p>                                                                                                      |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">RETIREMENT GOAL 2050 FUND</span></p>                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRUDENTIAL RETIREMENT INS.</span></p>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
| <p><b>c</b> EIN-PN <span style="color: blue;">06-1050034-450</span></p>                                                                                                                                                                                                                                               | <p><b>d</b> Entity code <span style="color: blue;">P</span></p>                                                                                                                                                                                                                                                                           | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">1495186</span></p>                                                                                                      |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">RETIREMENT GOAL 2040 FUND</span></p>                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRUDENTIAL RETIREMENT INS.</span></p>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
| <p><b>c</b> EIN-PN <span style="color: blue;">06-1050034-346</span></p>                                                                                                                                                                                                                                               | <p><b>d</b> Entity code <span style="color: blue;">P</span></p>                                                                                                                                                                                                                                                                           | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">3717678</span></p>                                                                                                      |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">BALANCED I/WELLINGTON MGT</span></p>                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRUDENTIAL RETIREMENT INS.</span></p>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
| <p><b>c</b> EIN-PN <span style="color: blue;">06-1050034-084</span></p>                                                                                                                                                                                                                                               | <p><b>d</b> Entity code <span style="color: blue;">P</span></p>                                                                                                                                                                                                                                                                           | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">1463864</span></p>                                                                                                      |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">RETIREMENT GOAL INCOME FD</span></p>                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRUDENTIAL RETIREMENT INS.</span></p>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
| <p><b>c</b> EIN-PN <span style="color: blue;">06-1050034-342</span></p>                                                                                                                                                                                                                                               | <p><b>d</b> Entity code <span style="color: blue;">P</span></p>                                                                                                                                                                                                                                                                           | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">7707</span></p>                                                                                                         |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT GOAL 2010 FUND  
PRUDENTIAL RETIREMENT INS.

**b** Name of sponsor of entity listed in (a):

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-343 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 842494 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT GOAL 2020 FUND  
PRUDENTIAL RETIREMENT INS.

**b** Name of sponsor of entity listed in (a):

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-344 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1033927 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT GOAL 2030 FUND  
PRUDENTIAL RETIREMENT INS.

**b** Name of sponsor of entity listed in (a):

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-345 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 809478 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL CORE CONSERV BOND  
PRUDENTIAL TRUST CO

**b** Name of sponsor of entity listed in (a):

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 23-6994310-126 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23538465 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2009</div><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                                   |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2009 or fiscal plan year beginning <span style="color: blue;">01/01/2009</span> and ending <span style="color: blue;">12/31/2009</span> |                                                                                                   |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN</span>                                                            | <b>B</b> Three-digit plan number (PN) ►                                                           | <span style="color: blue;">001</span> |
|                                                                                                                                                                |                                                                                                   |                                       |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">WILLIAM MORRIS ENDEAVOR ENTERTAINMENT, LLC</span>                  | <b>D</b> Employer Identification Number (EIN)<br><br><span style="color: blue;">26-4798946</span> |                                       |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | 4853970               | 5482665         |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    | 347521                | 57766           |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    | 544341                | 626499          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 0                     | 23538465        |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>   | 17488515              | 21707514        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 12552191              | 17556525        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 21002475              | 0               |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 637337                | 748366          |

**1d** Employer-related investments:

|                                                                      |       | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|-------|-----------------------|-----------------|
| (1) Employer securities .....                                        | 1d(1) |                       |                 |
| (2) Employer real property .....                                     | 1d(2) |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | 1e    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | 1f    | 57426350              | 69717800        |

**Liabilities**

|                                                                           |    |   |   |
|---------------------------------------------------------------------------|----|---|---|
| <b>g</b> Benefit claims payable .....                                     | 1g |   |   |
| <b>h</b> Operating payables .....                                         | 1h |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | 1i |   |   |
| <b>j</b> Other liabilities .....                                          | 1j |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k | 0 | 0 |

**Net Assets**

|                                                           |    |          |          |
|-----------------------------------------------------------|----|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | 1l | 57426350 | 69717800 |
|-----------------------------------------------------------|----|----------|----------|

**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 Contributions:**

|                                                                                                            |          | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|----------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | 2a(1)(A) | 5482665    |           |
| <b>(B)</b> Participants .....                                                                              | 2a(1)(B) | 3720717    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | 2a(1)(C) | 14670      |           |
| (2) Noncash contributions .....                                                                            | 2a(2)    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | 2a(3)    |            | 9218052   |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |          |        |        |
|------------------------------------------------------------------------------------------------------|----------|--------|--------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | 2b(1)(A) |        |        |
| <b>(B)</b> U.S. Government securities .....                                                          | 2b(1)(B) |        |        |
| <b>(C)</b> Corporate debt instruments .....                                                          | 2b(1)(C) |        |        |
| <b>(D)</b> Loans (other than to participants) .....                                                  | 2b(1)(D) |        |        |
| <b>(E)</b> Participant loans .....                                                                   | 2b(1)(E) | 27109  |        |
| <b>(F)</b> Other .....                                                                               | 2b(1)(F) | 861500 |        |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | 2b(1)(G) |        | 888609 |

|                                                                                           |          |        |        |
|-------------------------------------------------------------------------------------------|----------|--------|--------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | 2b(2)(A) |        |        |
| <b>(B)</b> Common stock .....                                                             | 2b(2)(B) |        |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | 2b(2)(C) | 328499 |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | 2b(2)(D) |        | 328499 |

|                 |       |  |  |
|-----------------|-------|--|--|
| (3) Rents ..... | 2b(3) |  |  |
|-----------------|-------|--|--|

|                                                                                           |          |  |   |
|-------------------------------------------------------------------------------------------|----------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | 2b(4)(A) |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | 2b(4)(B) |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | 2b(4)(C) |  | 0 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 1293512   |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 5123704   |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 3820160   |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 20672536  |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 8298764 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |         |         |
| (3) Other .....                                                                            | <b>2e(3)</b> |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 8298764 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         | 77249   |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |         |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |         |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |         |         |
| (4) Other .....                                                                            | <b>2i(4)</b> | 5073    |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 5073    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 8381086 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 12291450 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: GREEN, HASSON & JANKS LLP

(2) EIN: 95-1777440

**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  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> 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.).....                 |     | X  |         |
| <b>b</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.)..... |     | X  |         |
| <b>c</b> 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.) .....                                                                                                                            |     | X  |         |
| <b>d</b> 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.).....                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> 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? .....                                                                                                                                      |     | X  |         |
| <b>h</b> 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? .....                                                                                                                            |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> 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.).....                                                                                    |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |         |
| <b>n</b> 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. ....                                                                                                                        |     | 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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2009</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                                    |                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>           |                                                                    |  |
| <b>A</b> Name of plan<br><u>WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN</u>                                           | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>WILLIAM MORRIS ENDEAVOR ENTERTAINMENT, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>26-4798946</u> |  |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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..... 

|          |          |
|----------|----------|
| <b>1</b> | <u>0</u> |
|----------|----------|

**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): 22-1211670

**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..... 

|          |  |
|----------|--|
| <b>3</b> |  |
|----------|--|

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 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 ..... 

|                                                                                                                                                 |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>6a</b>                                                                                                                                       |           |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                      | <b>6b</b> |
| <b>c</b> 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)..... | <b>6c</b> |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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): \_\_\_\_\_

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**WMEE, LLC EMPLOYEES'  
PROFIT SHARING PLAN**

(Formerly Known as William Morris Agency, LLC  
Profit Sharing Plan)

**FINANCIAL STATEMENTS**

**YEARS ENDED  
DECEMBER 31, 2009 AND 2008**

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**FINANCIAL STATEMENTS**

**YEARS ENDED**  
**DECEMBER 31, 2009 AND 2008**

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**GREEN HASSON & JANKS LLP**  
BUSINESS ADVISORS AND CPAS

## **INDEPENDENT AUDITORS' REPORT**

To the Trustees of the  
WMEE, LLC Employees' Profit Sharing Plan

We were engaged to audit the statement of net assets available for benefits of the WMEE, LLC Employees' Profit Sharing Plan (formerly known as William Morris Agency, LLC Profit Sharing Plan) (the Plan) as of December 31, 2009 and 2008, and the statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule as of December 31, 2009 as listed in the accompanying table of contents. 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 information summarized in Note 3, which were certified by Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust F.S.B., the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the custodians as of and for the years ended December 31, 2009 and 2008 that the information provided to the Plan administrator by the custodians 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 information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America 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.

*Green Hasson & Janks LLP*

October 4, 2010  
Los Angeles, California

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**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**STATEMENT OF NET ASSETS  
AVAILABLE FOR BENEFITS**

|                                                                                                  | December 31  |              |
|--------------------------------------------------------------------------------------------------|--------------|--------------|
|                                                                                                  | 2009         | 2008         |
| <b>ASSETS:</b>                                                                                   |              |              |
| Investments at Fair Value:                                                                       |              |              |
| Investment Accounts (Participant Directed)                                                       | \$63,550,870 | \$51,680,518 |
| Participant Loans                                                                                | 626,499      | 544,341      |
|                                                                                                  | <hr/>        | <hr/>        |
| <b>TOTAL INVESTMENTS</b>                                                                         | 64,177,369   | 52,224,859   |
| Receivables:                                                                                     |              |              |
| Employer Contributions                                                                           | 5,482,665    | 4,853,970    |
| Participant Contributions                                                                        | 57,766       | 347,521      |
|                                                                                                  | <hr/>        | <hr/>        |
| <b>TOTAL RECEIVABLES</b>                                                                         | 5,540,431    | 5,201,491    |
|                                                                                                  | <hr/>        | <hr/>        |
| <b>NET ASSETS REFLECTING ALL<br/>            INVESTMENTS AT FAIR VALUE</b>                       | 69,717,800   | 57,426,350   |
| Adjustment from Fair Value to Contract Value for<br>Fully Benefit Responsive Investment Contract | <hr/>        | <hr/>        |
|                                                                                                  | (621,854)    | -            |
|                                                                                                  | <hr/>        | <hr/>        |
| <b>NET ASSETS AVAILABLE<br/>            FOR BENEFITS</b>                                         | \$69,095,946 | \$57,426,350 |
|                                                                                                  | <hr/> <hr/>  | <hr/> <hr/>  |

The Accompanying Notes are an Integral Part of These Financial Statements

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**STATEMENT OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS  
Year Ended December 31, 2009**

**ADDITIONS TO NET ASSETS ATTRIBUTED TO:**

Investment Income:

Interest Income \$ 888,609

Dividend Income 328,499

Net Appreciation in Fair Value of Investments

(Including Realized and Unrealized Gains and Losses) 9,615,522

***TOTAL INVESTMENT INCOME*** \$ 10,832,630

Contributions:

Employer 5,482,665

Participants 3,720,717

Rollovers 14,670

***TOTAL CONTRIBUTIONS*** 9,218,052

***TOTAL ADDITIONS*** 20,050,682

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:**

Distributions Paid to Participants (8,298,764)

Deemed Distributions (77,249)

Administrative Expenses (5,073)

***TOTAL DEDUCTIONS*** (8,381,086)

***NET INCREASE IN NET ASSETS  
AVAILABLE FOR BENEFITS*** 11,669,596

Net Assets Available for Benefits - Beginning of Year 57,426,350

***NET ASSETS AVAILABLE FOR  
BENEFITS - END OF YEAR*** \$ 69,095,946

The Accompanying Notes are an Integral Part of These Financial Statements

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2009 AND 2008**

**NOTE 1 - DESCRIPTION OF THE PLAN**

The following description of the WMEE, LLC Employees' Profit Sharing Plan (formerly known as William Morris Agency, LLC Profit Sharing Plan) (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**(a) GENERAL**

The Plan is a defined contribution plan established to provide retirement benefits for substantially all employees of the former William Morris Agency, LLC (the Company). Employees are eligible to make deferrals and are eligible for safe harbor employer contributions once they have completed one year and 1,000 hours of service, and are eligible for employer profit sharing contributions once they have completed two years of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and became effective on January 1, 1956. The Plan was most recently amended and restated effective January 1, 2009, when the name of the Plan was changed from William Morris Agency, LLC Employees' Profit Sharing Plan to WMEE, LLC Employees' Profit Sharing Plan. Other significant changes to the Plan are described in Note 9.

**(b) CONTRIBUTIONS**

Each year participants may contribute up to 50% of their pre-tax annual compensation, as defined in the Plan document, up to a maximum of \$16,500 in 2009. Participants who have attained age 50 by the Plan year end may also make catch-up contributions of \$5,500 in 2009. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company may make contributions in one or more installments out of net profits for such year in such amounts, as determined by, and at the discretion of, the Board of Directors based on a percentage of employee compensation.

**(c) PARTICIPANT ACCOUNTS**

Each participant's account is credited with the participant's contribution, an allocation of the Company's contribution, and plan earnings and charged with withdrawals and an allocation of Plan losses. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's account balance.

**(d) VESTING**

Participants are immediately vested in their contributions and the employer's contributions, plus actual earnings thereon.

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2009 AND 2008**

**NOTE 1 - DESCRIPTION OF THE PLAN** (continued)

**(e) PARTICIPANT LOANS**

A participant may borrow up to 50% of their account balance subject to a minimum amount of \$1,000 and a maximum amount of \$50,000. Participant loans bear interest at rates commensurate with local prevailing rates at the time funds are borrowed as determined quarterly by the Plan Administrator. At December 31, 2009, interest rates on loans ranged from 3.25% to 8.25%. Participant loans are secured by the participant's vested interest in the Plan. Principal and interest are paid through payroll deductions.

**(f) PAYMENT OF BENEFITS**

Upon termination of service, a participant may elect to receive a single lump-sum payment of the vested balance of his or her account. Benefits are recorded when paid. There are no benefit claims for participants separated from service that have not been paid as of December 31, 2009.

**(g) ADMINISTRATIVE EXPENSES**

The Company absorbs significant costs of the Plan, including administrative fees and accounting fees. Transaction charges are paid by the participants.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**(a) BASIS OF ACCOUNTING**

The financial statements of the Plan are prepared under the accrual method of accounting.

**(b) USE OF ESTIMATES**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions. Those estimates and assumptions affect the reported amounts of assets and liabilities, and the reported revenues and expenses during the reporting period. Actual results could differ from those estimates.

**(c) RISKS AND UNCERTAINTIES**

The Plan utilizes various investment instruments, including pooled separate accounts, mutual funds, and unallocated insurance contracts. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2009 AND 2008**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**(d) INVESTMENT VALUATION AND INCOME RECOGNITION**

Investments are reported at fair value. Fair value is 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are reported on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

**(e) RECENTLY ADOPTED ACCOUNTING PRINCIPLE**

Effective January 1, 2008, the Plan adopted the "Fair Value Measurements" accounting standard which provides a comprehensive framework for measuring fair value and expands disclosures which are required about fair value measurements. In April 2009, the FASB amended the requirements to provide additional guidance on disclosure requirements related to major categories of debt and equity securities. In September 2009, the FASB issued Accounting Standards Update 2009-12, *Fair Value Measurements and Disclosures – Investment in Certain Estimates that Calculate Net Asset Value per Share (or Its Equivalent)* (ASU 2009-12). The update provides guidance on estimating the fair value when an investment in an investment company does not have a readily determinable fair value; ASU 2009-12 permits the use of the investment's net asset value as a practical expedient to determine fair value. ASU 2009-12 also requires additional disclosures regarding the investments. The adoption of these provisions did not have a material impact on the Plan's financial statements and all applicable disclosures are included in these financial statements.

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2009 AND 2008**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** (continued)

**(f) FASB ACCOUNTING STANDARDS CODIFICATION**

In June 2009, the Financial Accounting Standards Board (FASB) issued the FASB Accounting Standards Codification (the ASC). The ASC has become the single source of non-governmental accounting principles generally accepted in the United States (GAAP) recognized by the FASB in preparation of financial statements. The Plan adopted the ASC as of December 31, 2009. The ASC does not change GAAP and did not have an effect on the Plan's financial statements.

**(g) SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through October 4, 2010, the date the financial statements were available to be issued.

**NOTE 3 - INVESTMENTS**

The Plan's funds were maintained by Prudential Retirement Insurance and Annuity Company (PRIAC) and Prudential Bank & Trust, F.S.B. (collectively Prudential). The funds are credited with actual earnings on the underlying investments and charged for Plan withdrawals. The Plan's funds in the financial statements as of December 31, 2009 and 2008 are the values as reported to the Plan by Prudential.

The following were certified as to being complete and accurate by Prudential:

- Investment accounts and participant loans as shown in the statements of net assets available for benefits as of December 31, 2009 and 2008.
- Investment income as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2009.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the statements of net assets available for benefits and changes in net assets available for benefits.

Participants may change their investment options at their discretion.

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2009 AND 2008

**NOTE 3 - INVESTMENTS** (continued)

The following presents investment accounts at December 31 that represent 5% or more of the Plan's net assets:

|                                                        | 2009         | 2008         |
|--------------------------------------------------------|--------------|--------------|
| American Funds Euro Pacific Growth Fund                | \$ 5,822,335 | \$ 4,260,465 |
| Aston Optimum Mid Cap I Fund                           | 4,577,646    | *            |
| PRIAC Dryden S&P 500 Index Fund                        | 4,110,891    | 3,825,045    |
| PRIAC Guaranteed Income Fund (Contract Value)          | -            | 21,002,475   |
| PRIAC Large Cap Growth/Turner Investment Partners Fund | 4,488,032    | 3,432,014    |
| PRIAC Retirement Goal 2040 Fund                        | 3,717,678    | 2,909,349    |
| PRIAC Small Cap Growth/Times Square Fund               | 3,738,257    | *            |
| Prudential Stable Value Fund (Contact Value)           | 22,916,611   | -            |
| VANGUARD Windsor II ADM Fund                           | 3,466,128    | *            |

\* Represents less than 5% of the Plan's net assets.

**NOTE 4 - FAIR VALUE MEASUREMENT**

The Plan adopted a fair value measurement accounting standard for those assets that are re-measured and reported at fair value at each reporting period. This standard establishes a single authoritative definition of fair value, sets out a framework for measuring fair value based on inputs used, and requires additional disclosures about fair value measurements. This standard applies to fair value measurements already required or permitted by existing standards.

In general, fair values determined by Level 1 inputs utilize quoted prices (unadjusted) in active markets for identical assets. Fair values determined by Level 2 inputs utilize data points that are observable such as quoted prices, interest rates and yield curves. Fair values determined by Level 3 inputs are unobservable data points for the asset and include situations where there is little, if any, market activity for the asset.

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2009 AND 2008

**NOTE 4 - FAIR VALUE MEASUREMENT** (continued)

The following table presents information about the Plan's assets that are measured at fair value on a recurring basis at December 31, 2009 and 2008, and indicates the fair value hierarchy of the valuation techniques utilized to determine such fair value:

|                                                   | Fair Value Measurements Using |                                                                               |                                                           |                                                    |
|---------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                                                   | Year Ended<br>December 31     | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| <b>2009:</b>                                      |                               |                                                                               |                                                           |                                                    |
| <b>Mutual Funds</b>                               |                               |                                                                               |                                                           |                                                    |
| Balanced Funds                                    | \$ 8,043,774                  | \$ 8,043,774                                                                  | \$ -                                                      | \$ -                                               |
| Growth Funds                                      | 6,419,981                     | 6,419,981                                                                     | -                                                         | -                                                  |
| Bond Funds                                        | 3,092,770                     | 3,092,770                                                                     | -                                                         | -                                                  |
| <b><i>TOTAL MUTUAL FUNDS</i></b>                  | <b>17,556,525</b>             | <b>17,556,525</b>                                                             | <b>-</b>                                                  | <b>-</b>                                           |
| Self-Directed Brokerage Accounts                  | 748,366                       | 748,366                                                                       | -                                                         | -                                                  |
| Guaranteed Investment Contracts                   | 23,538,465                    | -                                                                             | -                                                         | 23,538,465                                         |
| <b>Pooled Separate Accounts:</b>                  |                               |                                                                               |                                                           |                                                    |
| Index Funds                                       | 4,110,891                     | -                                                                             | -                                                         | 4,110,891                                          |
| Balanced Funds                                    | 9,370,334                     | -                                                                             | -                                                         | 9,370,334                                          |
| Growth Funds                                      | 8,226,289                     | -                                                                             | -                                                         | 8,226,289                                          |
| <b><i>TOTAL POOLED SEPARATE<br/>ACCOUNTS</i></b>  | <b>21,707,514</b>             | <b>-</b>                                                                      | <b>-</b>                                                  | <b>21,707,514</b>                                  |
| Participant Loans                                 | 626,499                       | -                                                                             | -                                                         | 626,499                                            |
| <b><i>TOTAL INVESTMENTS AT<br/>FAIR VALUE</i></b> | <b>\$64,177,369</b>           | <b>\$18,304,891</b>                                                           | <b>\$ -</b>                                               | <b>\$45,872,478</b>                                |
| <b>2008:</b>                                      |                               |                                                                               |                                                           |                                                    |
| Mutual Funds                                      | \$12,552,191                  | \$12,552,191                                                                  | \$ -                                                      | \$ -                                               |
| Self-Directed Brokerage Accounts                  | 637,337                       | 637,337                                                                       | -                                                         | -                                                  |
| Guaranteed Investment Contracts                   | 21,002,475                    | -                                                                             | -                                                         | 21,002,475                                         |
| Pooled Separate Accounts                          | 17,488,515                    | -                                                                             | -                                                         | 17,488,515                                         |
| Participant Loans                                 | 544,341                       | -                                                                             | -                                                         | 544,341                                            |
| <b><i>TOTAL INVESTMENTS AT<br/>FAIR VALUE</i></b> | <b>\$52,224,859</b>           | <b>\$13,189,528</b>                                                           | <b>\$ -</b>                                               | <b>\$39,035,331</b>                                |

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2009 AND 2008

**NOTE 4 - FAIR VALUE MEASUREMENT** (continued)

The following is a description of the valuation methodologies used for assets measured at fair value:

- **Mutual Funds and Self-Directed Brokerage Accounts:** Valued at the closing price reported on the active market on which the funds and securities are traded.
- **Guaranteed Investment Contracts:** Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.
- **Pooled Separate Accounts:** Valued at net asset value (NAV) of shares held by the plan at year-end, determined by dividing net assets at fair value by units outstanding at the valuation date.
- **Participant Loans:** Valued at amortized cost, which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

|                                               | Guaranteed<br>Investment<br>Contracts | Pooled<br>Separate<br>Accounts | Participant<br>Loans     | Total                      |
|-----------------------------------------------|---------------------------------------|--------------------------------|--------------------------|----------------------------|
| Balance - January 1, 2009                     | \$21,002,475                          | \$17,488,515                   | \$ 544,341               | \$39,035,331               |
| Purchases, Issuances and<br>Settlements (Net) | 1,242,478                             | (904,705)                      | 82,158                   | 419,931                    |
| Unrealized Gains (Net)                        | 1,293,512                             | 5,123,704                      | -                        | 6,417,216                  |
| <b><i>BALANCE -<br/>DECEMBER 31, 2009</i></b> | <b><i>\$23,538,465</i></b>            | <b><i>\$21,707,514</i></b>     | <b><i>\$ 626,499</i></b> | <b><i>\$45,872,478</i></b> |

**NOTE 5 - INVESTMENT CONTRACT WITH INSURANCE COMPANY**

The Plan participated in a fully-benefit responsive guaranteed investment contract (GIC) with PRIAC during the year ended December 31, 2008. The Plan liquidated its investment in that GIC during the year ended December 31, 2009 and participated in a new GIC. For both GIC's, PRIAC maintains the contributions in a general account. The account is credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIC issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2009 AND 2008**

**NOTE 5 - INVESTMENT CONTRACT WITH INSURANCE COMPANY** (continued)

As described in Note 2(d), because the GIC is fully-benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets for benefits attributable to the GIC. Contract value, as reported to the Plan by PRIAC, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract value approximated fair value of \$21,002,475 at December 31, 2008. As of December 31, 2009, the contract value and fair value of the GIC amounted to \$22,916,611 and \$23,538,465, respectively.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. There was a minimum guaranteed rate of 0% and 1.5% on the GIC held as of December 31, 2009 and 2008, respectively. Such interest rates are reviewed semi-annually for resetting.

Generally there are no events that could limit the ability of the Plan to transact at contract value. The GIC does not permit the insurance company to terminate the contract prior to the scheduled maturity date.

|                                                    | 2009  | 2008  |
|----------------------------------------------------|-------|-------|
| <b>Average Yields:</b>                             |       |       |
| Based on Actual Earnings                           | 3.47% | 3.85% |
| Based on Interest Rate Credited<br>to Participants | 3.82% | 3.85% |

**NOTE 6 - EXEMPT PARTY-IN-INTEREST TRANSACTIONS**

Certain investment instruments are managed by Prudential. Prudential is a custodian as defined by the Plan; therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

**NOTE 7 - TAX STATUS**

The Plan obtained its latest determination letter on January 21, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2009 AND 2008**

**NOTE 8 - PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan is terminated, the assets will be allocated to each participant in the proportion each account balance bears to the total of all account balances.

**NOTE 9 - PLAN AMENDMENTS**

During the year ended December 31, 2009, the William Morris Agency, LLC merged with the Endeavor Agency, LLC to form William Morris Endeavor Entertainment, LLC. As a result of the merger of the Plan sponsors, the Plan was amended and restated effective January 1, 2009. The name of the Plan was changed to WMEE, LLC Employees' Profit Sharing Plan. The participants of the Endeavor Agency, LLC 401(k) Profit Sharing Plan (the EA Plan) were required to freeze their elective contributions to the EA Plan effective after December 31, 2009, and were allowed to be enrolled in the Plan effective January 1, 2010 for purposes of making elective contributions. The participants of the EA Plan were allowed a special entry date of December 30, 2009 for purposes of profit sharing contributions to the Plan for the plan year ended December 31, 2009.

Other major changes include, but were not limited to, (1) Effective for Plan Years beginning after December 31, 2009, no service requirement for elective contributions shall be required; New hires may elect to participate in the Plan on the next entry date of January 1 or July 1; (2) Effective on and after January 1, 2010, the Plan sponsor elects to provide for automatic enrollment, subject to certain requirements as stated in the Plan document; (3) Necessary amendments for the Plan to comply with the latest applicable tax laws and regulations.

**NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500:

|                                                                                                          | <u>2009</u>         | <u>2008</u>         |
|----------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| Net Assets Available for Benefits<br>per the Financial Statements                                        | \$69,095,946        | \$57,426,350        |
| Add: Adjustment from Fair Value<br>to Contract Value for Fully Benefit<br>Responsive Investment Contract | <u>621,854</u>      | <u>-</u>            |
| <b><i>NET ASSETS AVAILABLE FOR<br/>BENEFITS PER THE FORM 5500</i></b>                                    | <u>\$69,717,800</u> | <u>\$57,426,350</u> |

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2009 AND 2008**

**NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500** (continued)

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500:

|                                                                                                                |                                   |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Net Increase in Net Assets Available for<br>Benefits per the Financial Statements                              | \$11,669,596                      |
| Add: Adjustment from Fair Value<br>to Contract Value for Fully Benefit<br>Responsive Investment Contract (Net) | <u>621,854</u>                    |
| <b><i>NET INCREASE IN NET ASSETS<br/>AVAILABLE FOR BENEFITS<br/>PER THE FORM 5500</i></b>                      | <b><i><u>\$12,291,450</u></i></b> |

The fully benefit responsive insurance contract is recorded at contract value in the financial statements and at fair value on the Form 5500.

**WMEE, LLC EMPLOYEES'  
PROFIT SHARING PLAN**

(Formerly Known as William Morris Agency, LLC  
Profit Sharing Plan)

**SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2009**

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)  
**EIN 13-1062500    PN 001**

**SCHEDULE H, LINE 4i – SCHEDULE OF  
ASSETS (HELD AT END OF YEAR)  
As of December 31, 2009**

| (a) | (b) Identity of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d) Cost<br>** | (e) Current<br>Value        |
|-----|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
|     | Allianz Funds                                               | Allianz NFJ Small Cap Value Fund                                                                                 |                | \$ 597,646                  |
|     | American Funds                                              | Euro Pacific Growth Fund                                                                                         |                | 5,822,335                   |
|     | Aston Funds                                                 | Aston Optimum Mid Cap I Fund                                                                                     |                | 4,577,646                   |
| *   | Prudential Retirement Brokerage Services                    | Self Directed Brokerage Accounts                                                                                 |                | 748,366                     |
| *   | Prudential Retirement Insurance and Annuity Company         | Balanced I Fund/Wellington Management                                                                            |                | 1,463,864                   |
|     |                                                             | Dryden S&P 500 Index Fund                                                                                        |                | 4,110,891                   |
|     |                                                             | Large Cap Growth/Turner Investment Partners Fund                                                                 |                | 4,488,032                   |
|     |                                                             | Retirement Goal 2010 Fund                                                                                        |                | 842,494                     |
|     |                                                             | Retirement Goal 2020 Fund                                                                                        |                | 1,033,927                   |
|     |                                                             | Retirement Goal 2030 Fund                                                                                        |                | 809,478                     |
|     |                                                             | Retirement Goal 2040 Fund                                                                                        |                | 3,717,678                   |
|     |                                                             | Retirement Goal 2050 Fund                                                                                        |                | 1,495,186                   |
|     |                                                             | Retirement Goal Income Fund                                                                                      |                | 7,707                       |
|     |                                                             | Small Cap Growth/Times Square Fund                                                                               |                | 3,738,257                   |
|     |                                                             | Prudential Stable Value Fund                                                                                     |                | 23,538,465                  |
|     | Vanguard Funds                                              | Vanguard Windsor II ADM Fund                                                                                     |                | 3,466,128                   |
|     |                                                             | Vanguard Total Bond Markets Fund                                                                                 |                | 3,092,770                   |
|     | Participant Loans                                           | Loans to Participants at Interest Rates Ranging from 3.25% to 8.25%,<br>Maturing through January 2015            |                | 626,499                     |
|     | <b>TOTAL</b>                                                |                                                                                                                  |                | <u><u>\$ 64,177,369</u></u> |

\* Party-in-Interest

\*\* Participant Directed Investments

RUN DATE: 01/23/10  
CYCLE: 1003YED  
PLAN NBR: 766455

PLAN NAME: WILLIAM MORRIS AGENCY, LLC

PLAN SPONSOR EIN: 131062500

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES FOR PLAN YEAR 2009

| IDENTITY OF ISSUE, BORROWER,<br>LESSOR, OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT<br>INCLUDING MATURITY DATE,<br>RATE OF INTEREST, COLLATERAL,<br>PAR OR MATURITY VALUE | COST       | CURRENT<br>VALUE |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------|------------------|
| PRUDENTIAL RETIREMENT INSURANCE<br>AND ANNUITY COMPANY   | LC GR/TURNER INV PARTNERS                                                                                       | 4,781,490  | 4,488,032        |
| PRUDENTIAL RETIREMENT INSURANCE<br>AND ANNUITY COMPANY   | SMALL CAP GROWTH/TIMESSQ                                                                                        | 3,231,653  | 3,738,257        |
| PRUDENTIAL RETIREMENT INSURANCE<br>AND ANNUITY COMPANY   | RETIREMENT GOAL 2050 FUND                                                                                       | 1,531,786  | 1,495,186        |
| PRUDENTIAL RETIREMENT INSURANCE<br>AND ANNUITY COMPANY   | RETIREMENT GOAL 2040 FUND                                                                                       | 3,909,149  | 3,717,678        |
| PRUDENTIAL RETIREMENT INSURANCE<br>AND ANNUITY COMPANY   | DRYDEN S&P 500 INDEX FUND                                                                                       | 4,278,335  | 4,110,891        |
| PRUDENTIAL RETIREMENT INSURANCE<br>AND ANNUITY COMPANY   | BALANCED I/WELLINGTON MGT                                                                                       | 1,353,704  | 1,463,864        |
| PRUDENTIAL RETIREMENT INSURANCE<br>AND ANNUITY COMPANY   | RETIREMENT GOAL INCOME FD                                                                                       | 7,404      | 7,707            |
| PRUDENTIAL RETIREMENT INSURANCE<br>AND ANNUITY COMPANY   | RETIREMENT GOAL 2010 FUND                                                                                       | 819,075    | 842,494          |
| PRUDENTIAL RETIREMENT INSURANCE<br>AND ANNUITY COMPANY   | RETIREMENT GOAL 2020 FUND                                                                                       | 1,014,058  | 1,033,927        |
| PRUDENTIAL RETIREMENT INSURANCE<br>AND ANNUITY COMPANY   | RETIREMENT GOAL 2030 FUND                                                                                       | 810,486    | 809,478          |
| PRUDENTIAL MUTUAL FUNDS                                  | EURO PACIFIC GROWTH FUND                                                                                        | 6,177,056  | 5,822,335        |
| PRUDENTIAL MUTUAL FUNDS                                  | ASTON OPTIMUM MID CAP I                                                                                         | 4,111,841  | 4,577,646        |
| PRUDENTIAL MUTUAL FUNDS                                  | ALLIANZ NFJ SM CAP VAL I                                                                                        | 597,784    | 597,647          |
| PRUDENTIAL MUTUAL FUNDS                                  | VANGUARD WINDSOR II ADM                                                                                         | 4,219,461  | 3,466,128        |
| PRUDENTIAL MUTUAL FUNDS                                  | VANGUARD TOT BND MKT INDE                                                                                       | 3,044,810  | 3,092,770        |
| PRUDENTIAL STABLE VALUE                                  | PRUDENTIAL STABLE VALUE                                                                                         | 23,538,465 | 23,538,465       |
| SELF DIRECTED BROKERAGE                                  | SELF DIRECTED BROKERAGE                                                                                         | 748,366    | 748,366          |
| PARTICIPANT LOANS                                        | 3.25% - 8.25%                                                                                                   | 0          | 626,499          |

**WMEE, LLC EMPLOYEES'  
PROFIT SHARING PLAN**

(Formerly Known as William Morris Agency, LLC  
Profit Sharing Plan)

**FINANCIAL STATEMENTS**

**YEARS ENDED  
DECEMBER 31, 2009 AND 2008**

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**FINANCIAL STATEMENTS**

**YEARS ENDED**  
**DECEMBER 31, 2009 AND 2008**

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**GREEN HASSON & JANKS LLP**  
BUSINESS ADVISORS AND CPAs

## **INDEPENDENT AUDITORS' REPORT**

To the Trustees of the  
WMEE, LLC Employees' Profit Sharing Plan

We were engaged to audit the statement of net assets available for benefits of the WMEE, LLC Employees' Profit Sharing Plan (formerly known as William Morris Agency, LLC Profit Sharing Plan) (the Plan) as of December 31, 2009 and 2008, and the statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule as of December 31, 2009 as listed in the accompanying table of contents. 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 information summarized in Note 3, which were certified by Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust F.S.B., the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the custodians as of and for the years ended December 31, 2009 and 2008 that the information provided to the Plan administrator by the custodians 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 information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America 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.

October 4, 2010  
Los Angeles, California

An Independent Member of  International

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10990 Wilshire Boulevard | Sixteenth Floor | Los Angeles, CA 90024-3929  
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**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**STATEMENT OF NET ASSETS  
AVAILABLE FOR BENEFITS**

|                                                                                                  | December 31  |              |
|--------------------------------------------------------------------------------------------------|--------------|--------------|
|                                                                                                  | 2009         | 2008         |
| <b>ASSETS:</b>                                                                                   |              |              |
| Investments at Fair Value:                                                                       |              |              |
| Investment Accounts (Participant Directed)                                                       | \$63,550,870 | \$51,680,518 |
| Participant Loans                                                                                | 626,499      | 544,341      |
|                                                                                                  | <hr/>        | <hr/>        |
| <b>TOTAL INVESTMENTS</b>                                                                         | 64,177,369   | 52,224,859   |
| Receivables:                                                                                     |              |              |
| Employer Contributions                                                                           | 5,482,665    | 4,853,970    |
| Participant Contributions                                                                        | 57,766       | 347,521      |
|                                                                                                  | <hr/>        | <hr/>        |
| <b>TOTAL RECEIVABLES</b>                                                                         | 5,540,431    | 5,201,491    |
|                                                                                                  | <hr/>        | <hr/>        |
| <b>NET ASSETS REFLECTING ALL<br/>            INVESTMENTS AT FAIR VALUE</b>                       | 69,717,800   | 57,426,350   |
| Adjustment from Fair Value to Contract Value for<br>Fully Benefit Responsive Investment Contract | <hr/>        | <hr/>        |
|                                                                                                  | (621,854)    | -            |
|                                                                                                  | <hr/>        | <hr/>        |
| <b>NET ASSETS AVAILABLE<br/>            FOR BENEFITS</b>                                         | \$69,095,946 | \$57,426,350 |
|                                                                                                  | <hr/>        | <hr/>        |

The Accompanying Notes are an Integral Part of These Financial Statements

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**STATEMENT OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS  
Year Ended December 31, 2009**

**ADDITIONS TO NET ASSETS ATTRIBUTED TO:**

Investment Income:

Interest Income \$ 888,609

Dividend Income 328,499

Net Appreciation in Fair Value of Investments

(Including Realized and Unrealized Gains and Losses) 9,615,522

***TOTAL INVESTMENT INCOME*** \$ 10,832,630

Contributions:

Employer 5,482,665

Participants 3,720,717

Rollovers 14,670

***TOTAL CONTRIBUTIONS*** 9,218,052

***TOTAL ADDITIONS*** 20,050,682

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:**

Distributions Paid to Participants (8,298,764)

Deemed Distributions (77,249)

Administrative Expenses (5,073)

***TOTAL DEDUCTIONS*** (8,381,086)

***NET INCREASE IN NET ASSETS  
AVAILABLE FOR BENEFITS*** 11,669,596

Net Assets Available for Benefits - Beginning of Year 57,426,350

***NET ASSETS AVAILABLE FOR  
BENEFITS - END OF YEAR*** \$ 69,095,946

The Accompanying Notes are an Integral Part of These Financial Statements

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2009 AND 2008

**NOTE 1 - DESCRIPTION OF THE PLAN**

The following description of the WMEE, LLC Employees' Profit Sharing Plan (formerly known as William Morris Agency, LLC Profit Sharing Plan) (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**(a) GENERAL**

The Plan is a defined contribution plan established to provide retirement benefits for substantially all employees of the former William Morris Agency, LLC (the Company). Employees are eligible to make deferrals and are eligible for safe harbor employer contributions once they have completed one year and 1,000 hours of service, and are eligible for employer profit sharing contributions once they have completed two years of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and became effective on January 1, 1956. The Plan was most recently amended and restated effective January 1, 2009, when the name of the Plan was changed from William Morris Agency, LLC Employees' Profit Sharing Plan to WMEE, LLC Employees' Profit Sharing Plan. Other significant changes to the Plan are described in Note 9.

**(b) CONTRIBUTIONS**

Each year participants may contribute up to 50% of their pre-tax annual compensation, as defined in the Plan document, up to a maximum of \$16,500 in 2009. Participants who have attained age 50 by the Plan year end may also make catch-up contributions of \$5,500 in 2009. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company may make contributions in one or more installments out of net profits for such year in such amounts, as determined by, and at the discretion of, the Board of Directors based on a percentage of employee compensation.

**(c) PARTICIPANT ACCOUNTS**

Each participant's account is credited with the participant's contribution, an allocation of the Company's contribution, and plan earnings and charged with withdrawals and an allocation of Plan losses. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's account balance.

**(d) VESTING**

Participants are immediately vested in their contributions and the employer's contributions, plus actual earnings thereon.

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2009 AND 2008**

**NOTE 1 - DESCRIPTION OF THE PLAN** (continued)

**(e) PARTICIPANT LOANS**

A participant may borrow up to 50% of their account balance subject to a minimum amount of \$1,000 and a maximum amount of \$50,000. Participant loans bear interest at rates commensurate with local prevailing rates at the time funds are borrowed as determined quarterly by the Plan Administrator. At December 31, 2009, interest rates on loans ranged from 3.25% to 8.25%. Participant loans are secured by the participant's vested interest in the Plan. Principal and interest are paid through payroll deductions.

**(f) PAYMENT OF BENEFITS**

Upon termination of service, a participant may elect to receive a single lump-sum payment of the vested balance of his or her account. Benefits are recorded when paid. There are no benefit claims for participants separated from service that have not been paid as of December 31, 2009.

**(g) ADMINISTRATIVE EXPENSES**

The Company absorbs significant costs of the Plan, including administrative fees and accounting fees. Transaction charges are paid by the participants.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**(a) BASIS OF ACCOUNTING**

The financial statements of the Plan are prepared under the accrual method of accounting.

**(b) USE OF ESTIMATES**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions. Those estimates and assumptions affect the reported amounts of assets and liabilities, and the reported revenues and expenses during the reporting period. Actual results could differ from those estimates.

**(c) RISKS AND UNCERTAINTIES**

The Plan utilizes various investment instruments, including pooled separate accounts, mutual funds, and unallocated insurance contracts. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2009 AND 2008**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**(d) INVESTMENT VALUATION AND INCOME RECOGNITION**

Investments are reported at fair value. Fair value is 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are reported on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

**(e) RECENTLY ADOPTED ACCOUNTING PRINCIPLE**

Effective January 1, 2008, the Plan adopted the "Fair Value Measurements" accounting standard which provides a comprehensive framework for measuring fair value and expands disclosures which are required about fair value measurements. In April 2009, the FASB amended the requirements to provide additional guidance on disclosure requirements related to major categories of debt and equity securities. In September 2009, the FASB issued Accounting Standards Update 2009-12, *Fair Value Measurements and Disclosures – Investment in Certain Estimates that Calculate Net Asset Value per Share (or Its Equivalent)* (ASU 2009-12). The update provides guidance on estimating the fair value when an investment in an investment company does not have a readily determinable fair value; ASU 2009-12 permits the use of the investment's net asset value as a practical expedient to determine fair value. ASU 2009-12 also requires additional disclosures regarding the investments. The adoption of these provisions did not have a material impact on the Plan's financial statements and all applicable disclosures are included in these financial statements.

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2009 AND 2008**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** (continued)

**(f) FASB ACCOUNTING STANDARDS CODIFICATION**

In June 2009, the Financial Accounting Standards Board (FASB) issued the FASB Accounting Standards Codification (the ASC). The ASC has become the single source of non-governmental accounting principles generally accepted in the United States (GAAP) recognized by the FASB in preparation of financial statements. The Plan adopted the ASC as of December 31, 2009. The ASC does not change GAAP and did not have an effect on the Plan's financial statements.

**(g) SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through October 4, 2010, the date the financial statements were available to be issued.

**NOTE 3 - INVESTMENTS**

The Plan's funds were maintained by Prudential Retirement Insurance and Annuity Company (PRIAC) and Prudential Bank & Trust, F.S.B. (collectively Prudential). The funds are credited with actual earnings on the underlying investments and charged for Plan withdrawals. The Plan's funds in the financial statements as of December 31, 2009 and 2008 are the values as reported to the Plan by Prudential.

The following were certified as to being complete and accurate by Prudential:

- Investment accounts and participant loans as shown in the statements of net assets available for benefits as of December 31, 2009 and 2008.
- Investment income as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2009.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the statements of net assets available for benefits and changes in net assets available for benefits.

Participants may change their investment options at their discretion.

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2009 AND 2008**

**NOTE 3 - INVESTMENTS** (continued)

The following presents investment accounts at December 31 that represent 5% or more of the Plan's net assets:

|                                                        | 2009         | 2008         |
|--------------------------------------------------------|--------------|--------------|
| American Funds Euro Pacific Growth Fund                | \$ 5,822,335 | \$ 4,260,465 |
| Aston Optimum Mid Cap I Fund                           | 4,577,646    | *            |
| PRIAC Dryden S&P 500 Index Fund                        | 4,110,891    | 3,825,045    |
| PRIAC Guaranteed Income Fund (Contract Value)          | -            | 21,002,475   |
| PRIAC Large Cap Growth/Turner Investment Partners Fund | 4,488,032    | 3,432,014    |
| PRIAC Retirement Goal 2040 Fund                        | 3,717,678    | 2,909,349    |
| PRIAC Small Cap Growth/Times Square Fund               | 3,738,257    | *            |
| Prudential Stable Value Fund (Contact Value)           | 22,916,611   | -            |
| VANGUARD Windsor II ADM Fund                           | 3,466,128    | *            |

\* Represents less than 5% of the Plan's net assets.

**NOTE 4 - FAIR VALUE MEASUREMENT**

The Plan adopted a fair value measurement accounting standard for those assets that are re-measured and reported at fair value at each reporting period. This standard establishes a single authoritative definition of fair value, sets out a framework for measuring fair value based on inputs used, and requires additional disclosures about fair value measurements. This standard applies to fair value measurements already required or permitted by existing standards.

In general, fair values determined by Level 1 inputs utilize quoted prices (unadjusted) in active markets for identical assets. Fair values determined by Level 2 inputs utilize data points that are observable such as quoted prices, interest rates and yield curves. Fair values determined by Level 3 inputs are unobservable data points for the asset and include situations where there is little, if any, market activity for the asset.

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2009 AND 2008

**NOTE 4 - FAIR VALUE MEASUREMENT** (continued)

The following table presents information about the Plan's assets that are measured at fair value on a recurring basis at December 31, 2009 and 2008, and indicates the fair value hierarchy of the valuation techniques utilized to determine such fair value:

|                                            | Fair Value Measurements Using |                                                                               |                                                           |                                                    |
|--------------------------------------------|-------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                                            | Year Ended<br>December 31     | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| <b>2009:</b>                               |                               |                                                                               |                                                           |                                                    |
| <b>Mutual Funds</b>                        |                               |                                                                               |                                                           |                                                    |
| Balanced Funds                             | \$ 8,043,774                  | \$ 8,043,774                                                                  | \$ -                                                      | \$ -                                               |
| Growth Funds                               | 6,419,981                     | 6,419,981                                                                     | -                                                         | -                                                  |
| Bond Funds                                 | 3,092,770                     | 3,092,770                                                                     | -                                                         | -                                                  |
| <b>TOTAL MUTUAL FUNDS</b>                  | <b>17,556,525</b>             | <b>17,556,525</b>                                                             | <b>-</b>                                                  | <b>-</b>                                           |
| Self-Directed Brokerage Accounts           | 748,366                       | 748,366                                                                       | -                                                         | -                                                  |
| Guaranteed Investment Contracts            | 23,538,465                    | -                                                                             | -                                                         | 23,538,465                                         |
| <b>Pooled Separate Accounts:</b>           |                               |                                                                               |                                                           |                                                    |
| Index Funds                                | 4,110,891                     | -                                                                             | -                                                         | 4,110,891                                          |
| Balanced Funds                             | 9,370,334                     | -                                                                             | -                                                         | 9,370,334                                          |
| Growth Funds                               | 8,226,289                     | -                                                                             | -                                                         | 8,226,289                                          |
| <b>TOTAL POOLED SEPARATE<br/>ACCOUNTS</b>  | <b>21,707,514</b>             | <b>-</b>                                                                      | <b>-</b>                                                  | <b>21,707,514</b>                                  |
| Participant Loans                          | 626,499                       | -                                                                             | -                                                         | 626,499                                            |
| <b>TOTAL INVESTMENTS AT<br/>FAIR VALUE</b> | <b>\$64,177,369</b>           | <b>\$18,304,891</b>                                                           | <b>\$ -</b>                                               | <b>\$45,872,478</b>                                |
| <b>2008:</b>                               |                               |                                                                               |                                                           |                                                    |
| Mutual Funds                               | \$12,552,191                  | \$12,552,191                                                                  | \$ -                                                      | \$ -                                               |
| Self-Directed Brokerage Accounts           | 637,337                       | 637,337                                                                       | -                                                         | -                                                  |
| Guaranteed Investment Contracts            | 21,002,475                    | -                                                                             | -                                                         | 21,002,475                                         |
| Pooled Separate Accounts                   | 17,488,515                    | -                                                                             | -                                                         | 17,488,515                                         |
| Participant Loans                          | 544,341                       | -                                                                             | -                                                         | 544,341                                            |
| <b>TOTAL INVESTMENTS AT<br/>FAIR VALUE</b> | <b>\$52,224,859</b>           | <b>\$13,189,528</b>                                                           | <b>\$ -</b>                                               | <b>\$39,035,331</b>                                |

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2009 AND 2008

**NOTE 4 - FAIR VALUE MEASUREMENT** (continued)

The following is a description of the valuation methodologies used for assets measured at fair value:

- **Mutual Funds and Self-Directed Brokerage Accounts:** Valued at the closing price reported on the active market on which the funds and securities are traded.
- **Guaranteed Investment Contracts:** Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.
- **Pooled Separate Accounts:** Valued at net asset value (NAV) of shares held by the plan at year-end, determined by dividing net assets at fair value by units outstanding at the valuation date.
- **Participant Loans:** Valued at amortized cost, which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

|                                               | Guaranteed<br>Investment<br>Contracts | Pooled<br>Separate<br>Accounts | Participant<br>Loans     | Total                      |
|-----------------------------------------------|---------------------------------------|--------------------------------|--------------------------|----------------------------|
| Balance - January 1, 2009                     | \$21,002,475                          | \$17,488,515                   | \$ 544,341               | \$39,035,331               |
| Purchases, Issuances and<br>Settlements (Net) | 1,242,478                             | (904,705)                      | 82,158                   | 419,931                    |
| Unrealized Gains (Net)                        | 1,293,512                             | 5,123,704                      | -                        | 6,417,216                  |
| <b><i>BALANCE -<br/>DECEMBER 31, 2009</i></b> | <b><i>\$23,538,465</i></b>            | <b><i>\$21,707,514</i></b>     | <b><i>\$ 626,499</i></b> | <b><i>\$45,872,478</i></b> |

**NOTE 5 - INVESTMENT CONTRACT WITH INSURANCE COMPANY**

The Plan participated in a fully-benefit responsive guaranteed investment contract (GIC) with PRIAC during the year ended December 31, 2008. The Plan liquidated its investment in that GIC during the year ended December 31, 2009 and participated in a new GIC. For both GIC's, PRIAC maintains the contributions in a general account. The account is credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIC issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2009 AND 2008**

**NOTE 5 - INVESTMENT CONTRACT WITH INSURANCE COMPANY (continued)**

As described in Note 2(d), because the GIC is fully-benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets for benefits attributable to the GIC. Contract value, as reported to the Plan by PRIAC, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract value approximated fair value of \$21,002,475 at December 31, 2008. As of December 31, 2009, the contract value and fair value of the GIC amounted to \$22,916,611 and \$23,538,465, respectively.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. There was a minimum guaranteed rate of 0% and 1.5% on the GIC held as of December 31, 2009 and 2008, respectively. Such interest rates are reviewed semi-annually for resetting.

Generally there are no events that could limit the ability of the Plan to transact at contract value. The GIC does not permit the insurance company to terminate the contract prior to the scheduled maturity date.

|                                                    | 2009  | 2008  |
|----------------------------------------------------|-------|-------|
| <b>Average Yields:</b>                             |       |       |
| Based on Actual Earnings                           | 3.47% | 3.85% |
| Based on Interest Rate Credited<br>to Participants | 3.82% | 3.85% |

**NOTE 6 - EXEMPT PARTY-IN-INTEREST TRANSACTIONS**

Certain investment instruments are managed by Prudential. Prudential is a custodian as defined by the Plan; therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

**NOTE 7 - TAX STATUS**

The Plan obtained its latest determination letter on January 21, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2009 AND 2008**

**NOTE 8 - PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan is terminated, the assets will be allocated to each participant in the proportion each account balance bears to the total of all account balances.

**NOTE 9 - PLAN AMENDMENTS**

During the year ended December 31, 2009, the William Morris Agency, LLC merged with the Endeavor Agency, LLC to form William Morris Endeavor Entertainment, LLC. As a result of the merger of the Plan sponsors, the Plan was amended and restated effective January 1, 2009. The name of the Plan was changed to WMEE, LLC Employees' Profit Sharing Plan. The participants of the Endeavor Agency, LLC 401(k) Profit Sharing Plan (the EA Plan) were required to freeze their elective contributions to the EA Plan effective after December 31, 2009, and were allowed to be enrolled in the Plan effective January 1, 2010 for purposes of making elective contributions. The participants of the EA Plan were allowed a special entry date of December 30, 2009 for purposes of profit sharing contributions to the Plan for the plan year ended December 31, 2009.

Other major changes include, but were not limited to, (1) Effective for Plan Years beginning after December 31, 2009, no service requirement for elective contributions shall be required; New hires may elect to participate in the Plan on the next entry date of January 1 or July 1; (2) Effective on and after January 1, 2010, the Plan sponsor elects to provide for automatic enrollment, subject to certain requirements as stated in the Plan document; (3) Necessary amendments for the Plan to comply with the latest applicable tax laws and regulations.

**NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500:

|                                                                                                          | <u>2009</u>         | <u>2008</u>         |
|----------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| Net Assets Available for Benefits<br>per the Financial Statements                                        | \$69,095,946        | \$57,426,350        |
| Add: Adjustment from Fair Value<br>to Contract Value for Fully Benefit<br>Responsive Investment Contract | <u>621,854</u>      | <u>-</u>            |
| <b><i>NET ASSETS AVAILABLE FOR<br/>BENEFITS PER THE FORM 5500</i></b>                                    | <u>\$69,717,800</u> | <u>\$57,426,350</u> |

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)

**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2009 AND 2008**

**NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500** (continued)

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500:

|                                                                                                                |                                   |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Net Increase in Net Assets Available for<br>Benefits per the Financial Statements                              | \$11,669,596                      |
| Add: Adjustment from Fair Value<br>to Contract Value for Fully Benefit<br>Responsive Investment Contract (Net) | <u>621,854</u>                    |
| <b><i>NET INCREASE IN NET ASSETS<br/>AVAILABLE FOR BENEFITS<br/>PER THE FORM 5500</i></b>                      | <b><i><u>\$12,291,450</u></i></b> |

The fully benefit responsive insurance contract is recorded at contract value in the financial statements and at fair value on the Form 5500.

**WMEE, LLC EMPLOYEES'  
PROFIT SHARING PLAN**

(Formerly Known as William Morris Agency, LLC  
Profit Sharing Plan)

**SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2009**

**WMEE, LLC EMPLOYEES' PROFIT SHARING PLAN**  
(Formerly Known as William Morris Agency, LLC Profit Sharing Plan)  
**EIN 13-1062500    PN 001**

**SCHEDULE H, LINE 4i – SCHEDULE OF  
ASSETS (HELD AT END OF YEAR)  
As of December 31, 2009**

| (a) | (b) Identity of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d) Cost<br>** | (e) Current<br>Value        |
|-----|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
|     | Allianz Funds                                               | Allianz NFJ Small Cap Value Fund                                                                                 |                | \$ 597,646                  |
|     | American Funds                                              | Euro Pacific Growth Fund                                                                                         |                | 5,822,335                   |
|     | Aston Funds                                                 | Aston Optimum Mid Cap I Fund                                                                                     |                | 4,577,646                   |
| *   | Prudential Retirement Brokerage Services                    | Self Directed Brokerage Accounts                                                                                 |                | 748,366                     |
| *   | Prudential Retirement Insurance and Annuity Company         | Balanced I Fund/Wellington Management                                                                            |                | 1,463,864                   |
|     |                                                             | Dryden S&P 500 Index Fund                                                                                        |                | 4,110,891                   |
|     |                                                             | Large Cap Growth/Turner Investment Partners Fund                                                                 |                | 4,488,032                   |
|     |                                                             | Retirement Goal 2010 Fund                                                                                        |                | 842,494                     |
|     |                                                             | Retirement Goal 2020 Fund                                                                                        |                | 1,033,927                   |
|     |                                                             | Retirement Goal 2030 Fund                                                                                        |                | 809,478                     |
|     |                                                             | Retirement Goal 2040 Fund                                                                                        |                | 3,717,678                   |
|     |                                                             | Retirement Goal 2050 Fund                                                                                        |                | 1,495,186                   |
|     |                                                             | Retirement Goal Income Fund                                                                                      |                | 7,707                       |
|     |                                                             | Small Cap Growth/Times Square Fund                                                                               |                | 3,738,257                   |
|     |                                                             | Prudential Stable Value Fund                                                                                     |                | 23,538,465                  |
|     | Vanguard Funds                                              | Vanguard Windsor II ADM Fund                                                                                     |                | 3,466,128                   |
|     |                                                             | Vanguard Total Bond Markets Fund                                                                                 |                | 3,092,770                   |
|     | Participant Loans                                           | Loans to Participants at Interest Rates Ranging from 3.25% to 8.25%,<br>Maturing through January 2015            |                | 626,499                     |
|     | <b>TOTAL</b>                                                |                                                                                                                  |                | <u><u>\$ 64,177,369</u></u> |

\* Party-in-Interest

\*\* Participant Directed Investments