

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security 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 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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>☐ a multiemployer plan;</div> <div>☒ a single-employer plan;</div> <div>☐ a multiple-employer plan; or</div> <div>☐ a DFE (specify) ____</div>
B This return/report is:	<div>☐ the first return/report;</div> <div>☐ the final return/report;</div> <div>☐ an amended return/report;</div> <div>☐ a short plan year return/report (less than 12 months).</div>
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	<div>☒ Form 5558;</div> <div>☐ automatic extension;</div> <div>☐ the DFVC program;</div> <div>☐ special extension (enter description)</div>

Part II	Basic Plan Information—enter all requested information
1a Name of plan	1b Three-digit plan number (PN) ▶ 002
ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN	1c Effective date of plan 01/01/2000
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	2b Employer Identification Number (EIN) 26-4798946
WILLIAM MORRIS ENDEAVOR ENTERTAINMENT, LLC	2c Sponsor's telephone number 310-285-9000
9601 WILSHIRE BLVD., SUITE 670 BEVERLY HILLS, CA 90210	2d Business code (see instructions) 711410

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.	10/14/2010	MICHAEL DATES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	MICHAEL DATES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") WILLIAM MORRIS ENDEAVOR ENTERTAINMENT, LLC 9601 WILSHIRE BLVD., SUITE 670 BEVERLY HILLS, CA 90210	3b Administrator's EIN 26-4798946 3c Administrator's telephone number 310-285-9000
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name THE ENDEAVOR AGENCY, LLC	4b EIN 95-4523426 4c PN 002	
5 Total number of participants at the beginning of the plan year	5	338
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	212
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	70
d Subtotal. Add lines 6a , 6b , and 6c	6d	282
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	282
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	195
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. WILLIAM MORRIS ENDEAVOR ENTERTAINMENT, LLC	D Employer Identification Number (EIN) 26-4798946	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions 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.
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1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK USA

(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
01-0233346	65838	74554	217	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
3981	2141

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
KRAVITZ INVESTMENT SERVICES, INC. 15760 VENTURA BLVD., SUITE 910 ENCINO, CA 91436-3017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3981			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
KRAVITZ, INC. 15760 VENTURA BLVD., STE 910 ENCINO, CA 91436-3017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2141	ADMINISTRATIVE REIMBURSEMENT & TPA FEES PAID	5

(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.

4 Current value of plan's interest under this contract in the general account at year end	4	38151
5 Current value of plan's interest under this contract in separate accounts at year end	5	4301408

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

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d 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. Specify nature of costs ▶	6d	

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 Balance at the end of the previous year	7b	37326
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c Additions: (1) Contributions deposited during the year	7c(1)	8119	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	1194	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)	1291	

▶ LOAN REPAYMENTS

(6) Total additions	7c(6)	10604
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d Total of balance and additions (add b and c(6))	7d	47930
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4450	
(2) Administration charge made by carrier	7e(2)	42	
(3) Transferred to separate account	7e(3)	5217	
(4) Other (specify below)	7e(4)	70	

▶ MARKET VALUE ADJUSTMENT

(5) Total deductions	7e(5)	9779
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f Balance at the end of the current year (subtract e(5) from d)	7f	38151
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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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
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.	10b	

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>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider 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>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

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

<div>A Name of plan</div> <div>ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>002</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

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

JOHN HANCOCK USA

01-0233346

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

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

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

JOHN HANCOCK USA

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63	RECORDKEEPER	218	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan 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>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 WILLIAM MORRIS ENDEAVOR ENTERTAINMENT, LLC		D Employer Identification Number (EIN) 26-4798946
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 155856
a Name of MTIA, CCT, PSA, or 103-12 IE: AIM SMALL CAP GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20206
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71670
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY VISTA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40269
a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118120
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA VALUE & RESTRUCTURING		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 154849
a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84313
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTERNATIONAL VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53343

a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50119

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN BALANCE SHEET		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 127653

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47302

a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23867

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1240

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2010		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21185

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2030		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46943

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2035		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23514

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2040		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26503

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE 2045		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58023

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE RETIREMENT		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 383853

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 375220

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15878

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 988729

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74778

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 873

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1160

a Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 282

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 205168
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62025
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 297743
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 183432
a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM FEDERAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12956
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 411
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE BLUE CHIP		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 183111
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SPECTRUM INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50448
a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 214590

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA**c** EIN-PN 01-0233346-000**d** Entity
code P**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

125777

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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):**c** EIN-PN**d** Entity
code**e** 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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIAM MORRIS ENDEAVOR ENTERTAINMENT, LLC	D Employer Identification Number (EIN) 26-4798946	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	73174	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1690948	0
(2) Participant contributions	1b(2)	15000	17772
(3) Other.....	1b(3)		32029
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2841947	25871
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	879733	328413
(5) Partnership/joint venture interests	1c(5)	886375	137314
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	166308	142721
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3247089	10071541
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	37326	38151
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9837900	10793812

Liabilities

g Benefit claims payable	1g	0	1682
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	1682

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9837900	10792130
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	651305	
(C) Others (including rollovers)	2a(1)(C)	20951	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		672256
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12303	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	11928	
(F) Other	2b(1)(F)	1194	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25425
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2964	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	175826	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		178790
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1661140	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1555445	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		105695

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-394196	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-394196
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1129081
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		34355
c Other income.....	2c		174179
d Total income. Add all income amounts in column (b) and enter total.....	2d		1925585

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	937282	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		937282
f Corrective distributions (see instructions)	2f		4719
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	22055	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	49	
(4) Other	2i(4)	7250	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		29354
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		971355

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		954230
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: TANNER MAINSTAIN BLATT & GLYNN

(2) EIN: 26-1562285

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		200000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		137314
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 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)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WILLIAM MORRIS ENDEAVOR ENTERTAINMENT, LLC</u>	D Employer Identification Number (EIN) <u>26-4798946</u>	

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

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

1	<u>0</u>
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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): 01-0233346 95-6998134

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

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

3	
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Part II	Funding Information (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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ENDEAVOR AGENCY, LLC
401 (k) PROFIT SHARING PLAN
FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2009



Certified Public Accountants

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ADAM Z. LIANG, CPA

INDEPENDENT AUDITORS' REPORT

To the Plan Trustees
ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN

We were engaged to audit the accompanying statements of net assets available for benefits of the ENDEAVOR AGENCY, LLC 401(k) PROFIT SHARING PLAN ("the Plan") as of December 31, 2009 and 2008, the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule of assets held for investment purposes as of December 31, 2009. These financial statements 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 8, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with generally accepted auditing standards 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*.

TANNER MAINSTAIN BLATT & GLYNN, LLP
CERTIFIED PUBLIC ACCOUNTANTS

Los Angeles, California
October 7, 2010



Financial and Business Advisors

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ENDEAVOR AGENCY, LLC 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

ASSETS	<u>2009</u>	<u>2008</u>
Cash and cash equivalents	\$ 25,871	\$ 2,915,121
Investments, at fair value	10,679,989	5,179,505
Employer contributions receivable	-	1,690,948
Participant contributions receivable	17,772	15,000
Unallocated contracts account	38,151	37,326
Other assets	<u>32,029</u>	<u>-</u>
TOTAL ASSETS	<u>10,793,812</u>	<u>9,837,900</u>
LIABILITIES		
Benefits Payable	<u>1,682</u>	<u>-</u>
TOTAL LIABILITIES	<u>1,682</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 10,792,130</u>	<u>\$ 9,837,900</u>

The accompanying notes are an integral part of these financial statements

ENDEAVOR AGENCY, LLC 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

**ADDITIONS TO NET ASSETS ATTRIBUTED TO
INVESTMENT INCOME:**

Dividend and interest income	\$ 204,215
Net appreciation in fair value of investments	874,935
Other income	<u>174,179</u>
TOTAL INVESTMENT INCOME	<u>1,253,329</u>

CONTRIBUTIONS:

Participants	651,305
Other	<u>20,951</u>
TOTAL CONTRIBUTIONS	<u>672,256</u>
TOTAL ADDITIONS	<u>1,925,585</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	942,001
Administrative expenses	<u>29,354</u>
TOTAL DEDUCTIONS	<u>971,355</u>

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	954,230
--	---------

NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>9,837,900</u>
---	------------------

NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 10,792,130</u></u>
---	-----------------------------

The accompanying notes are an integral part of these financial statements

ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Endeavor Agency, LLC (“the Company”) 401(k) 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.

General

The Plan is a 401(k) profit sharing plan which covers substantially all of the Company’s full-time employees who have a minimum of three months length of service, have worked in excess of 1,000 hours during the plan year, and are age eighteen or older. It is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

Plan Amendments

On June 1, 2009, Endeavor Agency, LLC entered into a merger agreement with William Morris Agency, LLC resulting in the formation of a new entity, William Morris Endeavor Entertainment, LLC a Delaware limited liability company. As a result of the merger, effective January 1, 2009, the Plan agreement was amended and restated for the adoption of the Plan by the new entity, William Morris Endeavor Entertainment, LLC.

Contributions

401(k) portion of the Plan: Each year, participants may contribute up to 50 percent (up to 20% for highly compensated employees) of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Catch-up contributions are available for eligible employees. Employer matching contributions are not available under this Plan. Contributions are subject to certain limitations.

Profit sharing portion of the Plan: Each year, the Company may contribute such amounts as management determines in its sole discretion, provided, no contribution shall be made in excess of the maximum amount allowable by tax law. Employee voluntary contributions are not permitted under the Profit Sharing portion of the Plan. Management has elected to discontinue making profit sharing contributions to this Plan beginning in the 2009 Plan year.

Participant Accounts

401(k) portion of the Plan: Each participant’s account is credited with the participant’s contributions and allocations of the Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined.

ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Profit sharing portion of the Plan: Each participant is allocated the pro-rata share of the Company's contribution, based on an allotment formula, and a share of the Plan's earnings. Allocations are based on participants' total compensation, as defined. In accordance with the plan, forfeited balances of terminated participants' non-vested accounts ("forfeitures") totaling \$204,717 were applied to the Company's 2008 contribution. Since there was no Company contribution during the current year, it is management's intention to apply the forfeitures for 2009 totaling \$63,253 against future expenses of the profit sharing portion of the Plan.

Vesting

401(k) portion of the Plan: Participants are immediately vested in their 401(k) contributions plus actual earnings thereon.

Profit sharing portion of the Plan: Participants' vesting in the discretionary Profit Sharing contribution portion of their accounts plus actual earnings thereon are based on years of continuous service according to the following schedule:

<u>Years of Service</u>	<u>Percent Vested</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Participants become 100% vested in employer's contributions at Normal Retirement Age, or if they become disabled or die.

ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Investment Options

401(k) portion of the plan: Upon enrollment in the Plan, a participant may direct employee contributions to any of the following investment options:

- Lifecycle Fund – 2010 Portfolio (subadvised) – a pooled investment account, managed by MFC Global Investment (U.S.A.) Limited, seeking maximum real return, consistent with preservation of capital and prudent investment management.
- Lifecycle Fund – 2030 Portfolio (subadvised) – a pooled investment account, managed by MFC Global Investment (U.S.A.) Limited, which is a fund of funds seeking high total return for investors expected to retire in the designated retirement year.
- Lifecycle Fund – 2035 Portfolio (subadvised) – a pooled investment account, managed by MFC Global Investment (U.S.A.) Limited, which is a fund of funds seeking high total return for investors expected to retire in the designated retirement year.
- Lifecycle Fund – 2040 Portfolio (subadvised) – a pooled investment account, managed by MFC Global Investment (U.S.A.) Limited, which is a fund of funds seeking high total return for investors expected to retire in the designated retirement year.
- Lifecycle Fund – 2045 Portfolio (subadvised) – a pooled investment account, managed by MFC Global Investment (U.S.A.) Limited, which is a fund of funds seeking high total return for investors expected to retire in the designated retirement year.
- Lifestyle Fund – Conservative Portfolio (subadvised) – a pooled investment account, managed by MFC Global Investment (U.S.A.) Limited, which seeks to provide a high level of current income with some consideration also given to growth of capital by investing approximately 80% in fixed income securities and 20% in equity securities.
- Lifestyle Fund – Moderate Portfolio (subadvised) – a pooled investment account, managed by MFC Global Investment (U.S.A.) Limited, which seeks to provide a balance between a high level of current income and growth of capital with greater emphasis given to income by investing approximately 60% in fixed income securities and 40% in equity securities.
- Lifestyle Fund – Balanced Portfolio (subadvised) – a pooled investment account, managed by MFC Global Investment (U.S.A.) Limited, which seeks to provide a balance between a high level of current income and growth of capital with greater emphasis given to growth of capital by investing approximately 40% in fixed income securities and 60% in equity securities.
- Lifestyle Fund – Growth Portfolio (subadvised) – a pooled investment account, managed by MFC Global Investment (U.S.A.) Limited, which seeks to provide long-term growth of capital with consideration also given to current income by investing approximately 20% in fixed income securities and 80% in equity securities.

ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 – DESCRIPTION OF PLAN (Continued)

- Lifestyle Fund – Aggressive Portfolio (subadvised) – a pooled investment account, managed by MFC Global Investment (U.S.A.) Limited, which seeks to provide a long-term growth of capital by investing approximately 100% in equity securities.
- T. Rowe Price Spectrum Income Fund – a pooled investment account that seeks a high level of current income and preservation of capital. The fund invests primarily in fixed-income securities.
- PIMCO Total Return Fund – a pooled investment account that seeks to realize maximum total return, consistent with preservation of capital and prudent investment management by investing the majority of the portfolio's assets in a diversified portfolio of fixed-income securities of varying maturities.
- Short-Term Federal Fund – a pooled investment account that seeks to provide an attractive level of current income and moderate price volatility by investing solely in short-term U.S. government and agency securities and by maintaining an average maturity of two to three years.
- American Balanced Fund – a pooled investment account that seeks conservation of capital, current income and long-term growth of capital and income. The fund invests primarily in a broad range of securities, including stocks and bonds, as well as securities issued and guaranteed by the U.S. government.
- T. Rowe Price Equity Income Fund – a pooled investment account that seeks dividend income as well as long-term growth of capital through investments in common stocks of well-established companies.
- Davis New York Venture Fund – a pooled investment account that seeks growth of capital. The fund invests primarily in common stock of U.S. companies with market capitalization of at least \$5 billion.
- Mutual Discovery Fund – a pooled investment account that seeks long-term capital appreciation. The fund invests primarily in common and preferred stocks, as well as, debt securities and securities convertible into common stock that are trading at prices below their intrinsic value.
- The Growth Fund of America - pooled investment account that seeks to provide growth of capital by investing primarily in growth oriented common stocks which may involve large price swings and potential for loss.
- Growth Index Fund – a pooled investment account which seeks to track the performance of the MSCIUS Prime Market Growth Index, a benchmark index that measures the investment of large-capitalization growth stocks.

ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 – DESCRIPTION OF PLAN (Continued)

- Franklin Balance Sheet Investment Fund – a pooled investment account that seeks long-term total return, of which capital appreciation and income are components. The fund typically invests in the common and preferred stocks of companies whose assets may have been understated in conventional balance sheet calculations.
- Columbia Value and Restructuring Fund – a pooled investment account that seeks long-term capital appreciation by investing in companies which may benefit from restructuring or redeployment of assets and operations in order to become more competitive or profitable.
- Euro Pacific Growth Fund – a pooled investment account that seeks to provide long-term growth of capital. The fund invests primarily in stocks of issuers located in Europe and the Pacific Basin.
- Franklin Small-Mid Cap Growth Fund – a pooled investment account that seeks long-term growth of capital by investing a majority of its total assets in the equity securities of U.S. small capitalization companies.
- AIM Small Cap Growth Fund – a pooled investment account that seeks long-term growth of capital. The fund invests primarily in securities of small-capitalization companies.
- American Century Vista Fund – a pooled investment account that seeks long term growth of capital by investing in companies that the manager believes will increase in value over time.
- Small Cap Growth Index Fund – a pooled investment account that seeks to replicate the performance of a benchmark small cap growth index by investing substantially all or all of its assets in the same proportion as its weighting in that index.
- DFA International Value Fund – a pooled investment account that seeks long-term capital appreciation by investing in a well-diversified portfolio of securities.
- Oppenheimer Developing Markets Fund – a pooled investment account that seeks capital growth over the long-term. The fund invests mainly in the common stock of issuers in emerging and developing markets throughout the world.
- Money Market Fund – a pooled investment account that seeks to achieve maximum current income consistent with preservation of principal and liquidity by investing in money market instruments issued primarily by U.S. entities with maturity dates of one year or less.
- 500 Index Fund – a pooled investment account that seeks to achieve investment results that approximate the performance of the Standard & Poor's 500 Composite Stock Price Index.

ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 – DESCRIPTION OF PLAN (Continued)

- Total Stock Market Index Fund (subadvised) - a pooled investment account managed by MFC Global Investment Manager (U.S.A.) Limited, that seeks to approximate the aggregate total return of a broad U.S. domestic equity market index.
- T. Rowe Price Blue Chip Growth Fund – a pooled investment account that seeks long-term growth of capital with current income as a secondary objective. The fund normally invests in the common stocks of large and medium-sized blue chip growth companies.
- Mid Cap Index Fund (subadvised) – a pooled investment account, managed by MFC Global Investment (U.S.A.) Limited, which seeks to approximate the return of a mid cap U.S. domestic equity market index.
- Mid Value Fund (subadvised) - a pooled investment account, managed by MFC Global Investment (U.S.A.) Limited, which seeks capital appreciation by investing in a diversified mix of common stocks of mid size U.S. companies that are believed to be undervalued by various measures.
- International Equity Index Fund (subadvised) - a pooled investment account managed by MFC Global Investment Manager (U.S.A.) Limited, that seeks to approximate the aggregate total return of a foreign equity market index.
- Mid Cap Stock Fund (subadvised) - a pooled investment account managed by Wellington Management Company, LLP (Class I), that seeks long-term growth of capital by investing primarily in equity securities of companies with market capitalization's that approximate those of the Wilshire Mid Cap 750 Index.

Profit sharing portion of the Plan: Investments in the profit sharing portion of the Plan are made at the Trustee's discretion. The non-participant directed assets held by the profit sharing portion of the Plan include cash and cash equivalents, mutual funds, common stocks, and investments in limited partnerships ("LP's"). The LP's in turn invest in a wide range of asset classes including real estate, debt securities, funds of funds, and alternative investments. Each of these investments has certain restrictions with respect to rights of withdrawal by the Plan as specified in the respective agreements. These restrictions include notice requirements for withdrawals, and additional restrictions that limit withdrawals to specified times during the year. Generally, the Plan is required to provide notice of its intent to withdraw from a LP after the investment has been maintained for a certain period of time.

The Plan has a \$500,000 commitment with one of the LP's. This LP invests in privately-negotiated transactions and equity funds. The general partner has the right to make capital calls at any time during the investment period and generally does not permit withdrawals. As of December 31, 2009, the Plan had an unfunded commitment to the LP in the amount of \$337,851. Subsequent to year-end, the Plan contributed an additional \$70,178 to the LP.

ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 – DESCRIPTION OF PLAN (Continued)

The management agreements of the LP's provide for compensation to the LP's managers in the form of management fees as percentages of net assets and in some cases, performance incentive allocations or fees as percentages of net profits, if any.

Participant Notes Receivable

Participants may borrow from their 401(k) and Rollover accounts only, a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. Loan transactions are treated as a transfer to/(from) the applicable investment fund(s) from/(to) the Participant Notes funds. Loans must be adequately secured and bear a reasonable rate of interest which is commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her accounts, or annual installments over a period determined by the Plan custodian. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Effects of New Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board ("FASB") issued its final *SFAS No. 168, The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles, a replacement of FASB Statement No. 162*, which establishes the FASB Accounting Standards Codification as the single source of authoritative U.S. generally accepted accounting principles recognized by the FASB to be applied by nongovernmental entities. The adoption of the FASB Accounting Standards Codification did not have a material impact on the Plan's financial statements in 2009.

ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

In September 2009, the FASB issued guidance that permits as a practical expedient the use of net asset value per share (or its equivalent) of certain investments as an estimate of fair value for reporting purposes. If this practical expedient is used, certain attributes of the investments, such as restrictions on redemption and transaction prices from principal-to-principal or brokered transactions need not be considered in measuring the fair value of the investment. The guidance also provides additional criteria for how such investments are classified within the fair value hierarchy (Level 2 or Level 3). Finally, the guidance requires disclosures by major category of investment about the attributes of those investments, such as the nature of any restrictions on the investor's ability to redeem its investments at the measurement date, any unfunded commitments, and the investment strategies of the investees. The Plan adopted this guidance in 2009.

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 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash at banks, and highly liquid investments with maturities of three months or less at the date of purchase. All cash and cash equivalents are held with major U.S. financial institutions. At times, cash at banks may exceed federally insured limits and Management continuously monitors the Plan's exposure to such risk.

ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 3 – FAIR VALUE MEASUREMENTS

Valuation of Investments in Private Investment Companies

The Plan's investments are carried at fair value in accordance with the Fair Value Measurements Topic of the FASB Accounting Standards Codification. The Fair Value Measurements Topic of the FASB Accounting Standards Codification provides a framework for measuring the fair value of assets and liabilities and provides guidance regarding a fair value hierarchy, which prioritizes information used to measure fair value and the effect of fair value measurements on earnings.

The Fair Value Measurements Topic of the FASB Accounting Standards Codification defines fair value in terms of the price that would be received upon the sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value measurement also assumes that the transaction to sell an asset occurs in the principal market for the asset or, in the absence of a principal market, the most advantageous market for the asset. The principal market is the market in which the reporting entity would sell or transfer the asset with the greatest volume and level of activity for the asset.

The levels of fair value inputs used to measure the Partnership's investments are characterized in accordance with the fair value hierarchy. Where inputs for an asset or liability fall in more than one level in the fair value hierarchy, the investment is classified in its entirety based on the lowest level input that is significant to that investment's fair value measurement. Management uses judgment and considers factors specific to the investment in determining the significance of an input to a fair value measurement. The three levels of the fair value hierarchy and investments that fall into each of the levels are described below:

- **Level 1:** Level 1 inputs are unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities. The Plan uses Level 1 inputs for investments in publicly traded unrestricted securities for which it does not have a controlling interest. Such investments are valued at the closing price on the measurement date. Additionally, mutual funds held by the plan are valued using the net asset value of shares held by the Plan on the measurement date.
- **Level 2:** Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. The Plan did not value any of its investments using Level 2 inputs as of December 31, 2009.
- **Level 3:** Level 3 inputs are unobservable and cannot be corroborated by observable market data. Investments valued using Level 3 inputs include Participant Loans which are valued at amortized cost (which approximates fair value) and investments in LP's. The valuation of the investments in LP's represents the amount that the Plan would expect to receive if it were to liquidate its investments in the LP's subject to liquidity or withdrawal restrictions.

ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 level of input used for valuing securities is not necessarily indicative of the risks associated with investing in those securities.

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

Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 5,770,133	\$ -	\$ -	\$ 5,770,133
Pooled Separate Accounts	4,301,408	-	-	4,301,408
Common Stocks	328,413	-	-	328,413
Participant Loans	-	-	142,721	142,721
Investments in Limited Partnerships	<u> </u>	<u> </u>	<u>137,314</u>	<u>137,314</u>
Total	\$ <u>10,399,954</u>	\$ <u>-</u>	\$ <u>280,035</u>	\$ <u>10,679,989</u>

ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

Assets at Fair Value as of December 31, 2008

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled Separate Accounts	\$ 3,247,089	\$ -	\$ -	\$ 3,247,089
Common Stocks	411,536	-	-	411,536
Participant Loans	-	-	166,308	166,308
Investments in Limited Partnerships	<u>-</u>	<u>-</u>	<u>1,354,572</u>	<u>1,354,572</u>
Total	<u>\$ 3,658,625</u>	<u>\$ -</u>	<u>\$ 1,520,880</u>	<u>\$ 5,179,505</u>

The following table sets forth a summary of changes in the fair value of investments measured using Level 3 inputs for the year ended December 31, 2009:

	<u>Beginning Balance January 1, 2009</u>	<u>Realized and Unrealized Gains (Losses)</u>	<u>Purchases, Sales, and Settlements, Net</u>	<u>Net Transfers In & Out of Level 3</u>	<u>Ending Balance December 31, 2009</u>
Investments in Limited Partnerships	\$ 1,354,572	\$ (568,639)	\$ (730,903)	\$ 82,284	\$ 137,314
Participant Loans	<u>166,308</u>	<u>-</u>	<u>(23,587)</u>	<u>-</u>	<u>142,721</u>
Total	<u>\$ 1,520,880</u>	<u>\$ (568,639)</u>	<u>\$ (754,490)</u>	<u>\$ 82,284</u>	<u>\$ 280,035</u>

Realized and unrealized gains and losses are included in net appreciation in fair value of investments on investments in the statement of changes in net assets available for benefits.

ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$874,935 as follows:

Mutual Funds	\$	194,629
Pooled Separate Accounts		1,129,081
Common Stocks		119,864
Investments in Limited Partnerships		<u>(568,639)</u>
Total	\$	<u>874,935</u>

NOTE 4 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

There are no material differences between the net assets available for benefits per the accompanying financial statements and *Form 5500* filed with the Internal Revenue Service.

NOTE 5 – RELATED PARTY TRANSACTIONS

There are no nonexempt party-in-interest transactions on the assets held by the custodians of the Plan.

NOTE 6 – TAX STATUS

The Plan has been amended since receiving the initial determination letter. The Internal Revenue Service has expressed their opinion relating to the amendment of the form of the Plan in a letter dated May 9, 2005, that the amendment does not adversely affect the plan's acceptability under section 401 of the Internal Revenue Code. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 7 – CERTIFICATION BY PLAN CUSTODIAN

The custodian of the Plan, John Hancock Life Insurance Company, holds a portion of the Plan's investment assets, including the unallocated contracts account and certain amounts included in investments at fair value (Pooled separate accounts and Participant loans receivable) and executes investment transactions. The custodian has certified that the investment assets, transactions, and income held by the custodian and submitted to the Plan administrator are both complete and accurate. Accordingly, and 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*, we did not perform any auditing procedures with respect to the above information.

NOTE 8 – RISKS AND UNCERTAINTIES

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

NOTE 9 – SUBSEQUENT EVENTS

The Plan adopted FASB guidance regarding the disclosure of events that occur after the financial statement date but before the financial statements are issued or available to be issued. The adoption of this guidance did not materially impact the Plan's financial statements.

The Plan has evaluated subsequent events through October 5, 2010, the date which the financial statements were available to be issued, and has determined that the following subsequent event required disclosure in the financial statements:

As a result of the merger of Endeavor Agency, LLC with William Morris Agency, LLC (see Note 1), the Company terminated the 401(k) portion of the Plan, effective March 31, 2010 and transferred all participant account balances totaling \$ 4,253,421 to the WMEE, LLC Employees' Profit Sharing Plan.

Although it has not expressed any intent 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 of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

SUPPLEMENTAL SCHEDULE

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN****EIN: 95-4523426****CONTRACT NO: 74554****PLAN YEAR: 01/01/09 TO 12/31/09**

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Lifecycle Fund - 2010 Portfolio (subadvised)	\$ -	\$ 21,185
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Lifecycle Fund - 2030 Portfolio (subadvised)	\$ -	\$ 46,943
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Lifecycle Fund - 2035 Portfolio (subadvised)	\$ -	\$ 23,514
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Lifecycle Fund - 2040 Portfolio (subadvised)	\$ -	\$ 26,503
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Lifecycle Fund - 2045 Portfolio (subadvised)	\$ -	\$ 58,023
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Lifestyle Fund - Conservative Portfolio (subadvised)	\$ -	\$ 15,878
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Lifestyle Fund - Moderate Portfolio (subadvised)	\$ -	\$ 74,778
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Lifestyle Fund - Balanced Portfolio (subadvised)	\$ -	\$ 375,220
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Lifestyle Fund - Growth Portfolio (subadvised)	\$ -	\$ 988,729
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Lifestyle Fund - Aggressive Portfolio (subadvised)	\$ -	\$ 383,853
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts T. Rowe Price Spectrum Income Fund	\$ -	\$ 50,448
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts PIMCO Total Return Fund	\$ -	\$ 183,432
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Short -Term Federal Fund	\$ -	\$ 12,956
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts American Balanced Fund	\$ -	\$ 71,670
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts T. Rowe Price Equity Income Fund	\$ -	\$ 183,111
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Davis New York Venture Fund	\$ -	\$ 84,313
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Mutual Discovery Fund	\$ -	\$ 62,025
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts The Growth Fund of America	\$ -	\$ 214,590
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Growth Index Fund	\$ -	\$ 23,867
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Franklin Balance Sheet Investment Fund	\$ -	\$ 127,653
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Columbia Value and Restructuring Fund	\$ -	\$ 154,849
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Euro Pacific Growth Fund	\$ -	\$ 50,119
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Franklin Small-Mid Cap Growth Fund	\$ -	\$ 47,302

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL regulations 2520.103-6(d)(2).

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN****EIN: 95-4523426****CONTRACT NO: 74554****PLAN YEAR: 01/01/09 TO 12/31/09**

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts AIM Small Cap Growth Fund	\$ -	\$ 20,206
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts American Century Vista Fund	\$ -	\$ 40,269
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Small Cap Growth Index Fund	\$ -	\$ 411
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts DFA International Value Fund	\$ -	\$ 53,343
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Oppenheimer Developing Markets Fund	\$ -	\$ 297,743
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Money Market Fund	\$ -	\$ 205,168
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts 500 Index Fund	\$ -	\$ 155,856
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Total Stock Market Index Fund	\$ -	\$ 125,777
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts T. Rowe Price Blue Chip Growth Fund	\$ -	\$ 118,120
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Mid Cap Index Fund (subadvised)	\$ -	\$ 873
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Mid Value Fund (subadvised)	\$ -	\$ 282
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts International Equity Index Fund (subadvised)	\$ -	\$ 1,240
*	The Manufacturers Life Insurance Co.	Pooled Separate Accounts Mid Cap Stock Fund (subadvised)	\$ -	\$ 1,160
*	JP Morgan Clearing Corp	3M Company	\$ 13,652	\$ 14,467
*	JP Morgan Clearing Corp	Abbot Laboratories	\$ 21,408	\$ 21,596
*	JP Morgan Clearing Corp	Adobe Systems Inc	\$ 11,000	\$ 11,034
*	JP Morgan Clearing Corp	AECOM Technology Corporation	\$ 14,492	\$ 14,438
*	JP Morgan Clearing Corp	Apple Inc	\$ 15,385	\$ 15,815
*	JP Morgan Clearing Corp	Barclays BK PLC IPATH Dow Jones - UBS Commod	\$ 74,962	\$ 82,830
*	JP Morgan Clearing Corp	Canadian Natural Resources Ltd	\$ 5,164	\$ 5,396
*	JP Morgan Clearing Corp	Cisco Systems, Inc. Cmn	\$ 14,362	\$ 14,364
*	JP Morgan Clearing Corp	ConocoPhillips	\$ 6,705	\$ 6,384
*	JP Morgan Clearing Corp	Illumina Inc	\$ 14,607	\$ 16,858

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN****EIN: 95-4523426****CONTRACT NO: 74554****PLAN YEAR: 01/01/09 TO 12/31/09**

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	JP Morgan Clearing Corp	Kraft Foods Inc Cl A	\$ 6,860	\$ 6,795
*	JP Morgan Clearing Corp	Medtronic Inc	\$ 5,066	\$ 5,498
*	JP Morgan Clearing Corp	Microsoft Corp Com	\$ 17,999	\$ 18,294
*	JP Morgan Clearing Corp	Nuvasive Inc Common Stock	\$ 8,508	\$ 7,995
*	JP Morgan Clearing Corp	Qualcomm Inc	\$ 13,766	\$ 13,878
*	JP Morgan Clearing Corp	Schlumberger Ltd. Com Stk	\$ 11,544	\$ 11,391
*	JP Morgan Clearing Corp	Southwestern Energy Co	\$ 18,209	\$ 20,485
*	JP Morgan Clearing Corp	Sybase Inc	\$ 5,099	\$ 5,425
*	JP Morgan Clearing Corp	Teva Pharmaceutical Industries Ltd - Adr	\$ 10,717	\$ 11,236
*	JP Morgan Clearing Corp	Thermo Fisher Scientific Inc	\$ 9,500	\$ 9,538
*	JP Morgan Clearing Corp	Wal-Mart Stores Inc	\$ 15,058	\$ 14,699
*	JP Morgan Clearing Corp	Advisors Edgewood Growth Fd Instl Cl	\$ 100,006	\$ 102,127
*	JP Morgan Clearing Corp	Aston Fds Riv Rd Select Value Fund Cl 1	\$ 15,041	\$ 15,270
*	JP Morgan Clearing Corp	Blackrock Fds All-Cap Energy & Res Port Ins	\$ 241,958	\$ 260,636
*	JP Morgan Clearing Corp	Dodge & Cox Funds International Stock Fund	\$ 101,328	\$ 99,369
*	JP Morgan Clearing Corp	Harbor Large Cap Value Fd Institutional	\$ 100,736	\$ 100,591
*	JP Morgan Clearing Corp	Lazard Emerging Markets Portfolio - Instl Sh	\$ 51,275	\$ 50,607
*	JP Morgan Clearing Corp	Matthews Pacific Tiger Fund	\$ 20,165	\$ 20,405
*	JP Morgan Clearing Corp	Pimco Total Return Fund Instl Cl	\$ 4,677,270	\$ 4,818,877
*	JP Morgan Clearing Corp	Templeton Global Bond Fund Advisor Cl	\$ 302,264	\$ 302,251
*	Mosaique Multi-strategy Fund, LLC	Investment Limited Partnership	\$ -	\$ 12,402
*	Brentwood Capital Partners I, L.P.	Real Estate Limited Partnership	\$ 450,000	\$ 30,251
*	Rosemont Solebury Co., Investment Fund, L.P.	Investment Limited Partnership	\$ 162,149	\$ 94,660

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN

EIN: 95-4523426

CONTRACT NO: 74554

PLAN YEAR: 01/01/09 TO 12/31/09

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Participant Loans	8%-10%	\$ -	\$ 142,721

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN****EIN: 95-4523426****CONTRACT NO: 74554****PLAN YEAR: 01/01/09 TO 12/31/09**

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*	Mosaique Multi-strategy Fund, LLC	Investment Limited Partnership	\$ -	\$ 12,402
*	Brentwood Capital Partners I, L.P.	Real Estate Limited Partnership	\$ 450,000	\$ 30,251
*	Rosemont Solebury Co., Investment Fund, L.P.	Investment Limited Partnership	\$ 162,149	\$ 94,660

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ENDEAVOR AGENCY, LLC 401(K) PROFIT SHARING PLAN

EIN: 95-4523426

CONTRACT NO: 74554

PLAN YEAR: 01/01/09 TO 12/31/09

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Participant Loans	8%-10%	\$ -	\$ 142,721