

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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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: ☐ a multiemployer plan; ☒ a multiple-employer plan; or ☐ a single-employer plan; ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C	If the plan is a collectively-bargained plan, check here. ☐
D	Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan VENSURE EMPLOYER SERVICES, INC. 401(K) PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 333
		1c Effective date of plan 01/01/2004
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) VENSURE EMPLOYER SERVICES, INC. 4140 E. BASELINE ROAD, SUITE 201 MESA, AZ 85206	2b Employer Identification Number (EIN) 86-1039494
		2c Sponsor's telephone number 480-993-2650
		2d Business code (see instructions) 541990

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.	02/14/2011	MITCHELL GENS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") VENSURE EMPLOYER SERVICES, INC. 4140 E. BASELINE ROAD, SUITE 201 MESA, AZ 85206	3b Administrator's EIN 86-1039494 3c Administrator's telephone number 480-993-2650
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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	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	323
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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	273
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	23
d Subtotal. Add lines 6a , 6b , and 6c	6d	296
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	296
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	122
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	5

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2T

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 VENSURE EMPLOYER SERVICES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500. VENSURE EMPLOYER SERVICES, INC.	D Employer Identification Number (EIN) 86-1039494

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

LINCOLN NATIONAL LIFE INSURANCE CO.

(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
35-0472300	65676	VARIOUS	101	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
23923	5445

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

LINCOLN FINANCIAL ADVISORS
1300 S CLINTON ST STE 150
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18648			4

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

RAYMOND JAMES FINANCIAL SERVICE
100 CARILLON PKWY STE 140
ST PETERSBURG, FL 33716

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5275			4

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

PINNACLE FINANCIAL SERVICES INC

1177 HYPOLUXO RD
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3244	TPA AWARDS	5

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

RAYMOND JAMES FINANCIAL SERVICE

100 CARILLON PKWY STE 140
ST PETERSBURG, FL 33716

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	879	MARKETING ALLOWANCE	4

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

PINNACLE FINANCIAL SERVICES INC

1177 HYPOLUXO RD
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	762	MARKETING ALLOWANCE	4

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

RAYMOND JAMES FINANCIAL SERVICE

100 CARILLON PKWY STE 140
ST PETERSBURG, FL 33716

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	280	NON-MONETARY COMP TO SALES REP	4

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

LINCOLN FINANCIAL ADVISORS

1300 S CLINTON ST STE 150
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	280	NON-MONETARY COMP TO SALES REP	4

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	37914
5 Current value of plan's interest under this contract in separate accounts at year end	5	2201580

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 ▶ GUARANTEED FIXED

b Balance at the end of the previous year	7b	30120
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c Additions: (1) Contributions deposited during the year	7c(1)	6960	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	1298	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	8258
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d Total of balance and additions (add b and c(6))	7d	38378
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)	464	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	464
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f Balance at the end of the current year (subtract e(5) from d)	7f	37914
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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. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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.	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 VENSURE EMPLOYER SERVICES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 VENSURE EMPLOYER SERVICES, INC.	D Employer Identification Number (EIN) 86-1039494

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

(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)

LINCOLN NATIONAL CORPORATION

35-1140070

(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?
13	SERVICE PROVIDER	23186	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PINNACLE FINANCIAL SERVICES INC

59-2438373

(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	SERVICE PROVIDER	4379	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:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.	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 <u>VENSURE EMPLOYER SERVICES, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VENSURE EMPLOYER SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>86-1039494</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LVIP SSGA S & P 500 INDEX</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-127</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VALUE EQUITY</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-128</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>935</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LVIP T. ROWE PRICE GROWTH STOCK</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-129</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4525</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CONSERVATIVE BALANCED</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-130</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3724</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB GLOBAL THEMATIC</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-131</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>558</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFIS GLOBAL GROWTH</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-134</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30249</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY VIP CONTRAFUND</u>				
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>				
c EIN-PN <u>35-0472300-135</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14277</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SSGA SMALL CAP INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-136	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: NEUBERGER BERMAN AMT MID-CAP GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-137	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: ALIANCEBERNSTEIN VPS SM/MID CAP VAL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5120
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUNDS SMALL CAP WORLD		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-146	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62624
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUNDS GROWTH AMERICA		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-148	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94392
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUNDS INVEST CO AMERICA		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-149	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104183
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUNDS EUROPAC GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-154	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50319
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP COHEN & STEERS GLOBAL R/E		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10946
a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE VIP SMALL CAP VALUE SERIES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-156	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3795
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQUITY-INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-157	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14267

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-158	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29860
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP TEMPLETON GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-162	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28974
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS ASPEN ENTERPRISE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-164	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3805
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VIT EMERGING GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 511
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VIT UTILITIES SERIES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47518
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS ASPEN JANUS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-170	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1559
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK ENERGY & RESOURCES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-177	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73473
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LARGE CAP VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-180	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13656
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK CAPITAL APPRECIATION		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-181	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1010
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID-CAP VALUE EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-183	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4041

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP MID CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-184	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 967
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL INCOME SECURITIES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-186	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31741
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY VP INFLATION PROTE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-192	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29727
a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE VIP DIVERSIFIED INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-193	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14854
a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE VIP EMERGING MARKETS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53764
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DEL FNDTN CONSERVALL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-195	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: LVIP WILSHIRE 2030 PROFILE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-703	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6283
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP WILSHIRE 2040 PROFILE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-704	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 233503
a Name of MTIA, CCT, PSA, or 103-12 IE: ALLIANCE VPS GROWTH AND INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-119	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1276
a Name of MTIA, CCT, PSA, or 103-12 IE: AMEFUNDS BOND AMERICA		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-717	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22395

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK SMALL MID-CAP GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-176	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3300
a Name of MTIA, CCT, PSA, or 103-12 IE: CORE EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NAIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 471
a Name of MTIA, CCT, PSA, or 103-12 IE: DEL LTD-TERM DIV INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-187	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 471
a Name of MTIA, CCT, PSA, or 103-12 IE: GOV'T CORPORATE BOND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31069
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD BOND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-120	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17962
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-122	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 511
a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1088593
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-124	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 584
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSS LC VI IX NON-LN		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO		
c EIN-PN 35-0472300-711	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22833
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
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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 VENSURE EMPLOYER SERVICES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN)	333
C Plan sponsor's name as shown on line 2a of Form 5500 VENSURE EMPLOYER SERVICES, INC.	D Employer Identification Number (EIN) 86-1039494	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	47215	55616
(2) Participant contributions	1b(2)	31301	22381
(3) Other.....	1b(3)	1628	1615
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	46035	33396
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	1540314	2201580
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	30120	37914
(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	1696613	2352502

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	8635	20689
k Total liabilities (add all amounts in lines 1g through 1j)	1k	8635	20689

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1687978	2331813
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	135377	
(B) Participants	2a(1)(B)	266140	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		401517

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	2572	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2572

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		277320
(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)		
c Other income.....	2c		3675
d Total income. Add all income amounts in column (b) and enter total.....	2d		685084

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	169507	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	142	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		169649
f Corrective distributions (see instructions)	2f		20689
g Certain deemed distributions of participant loans (see instructions).....	2g		3789
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	23478	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4775	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		28253
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		222380

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		462704
l Transfers of assets:			
(1) To this plan.....	2l(1)		181131
(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: WALLACE, PLESE, DREHER, LLP

(2) EIN: 86-0841383

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.).....	☒		266140
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.).....		☒	
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.)		☒	
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.).....		☒	
e Was this plan covered by a fidelity bond?.....	☒		150000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
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.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	☒		
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.
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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 <u>VENSURE EMPLOYER SERVICES, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VENSURE EMPLOYER SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>86-1039494</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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): <u>35-0472300</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

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): _____

**VENSURE EMPLOYER SERVICES, INC.
401(k)/PROFIT SHARING PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2009



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W A L L A C E
P L E S E
+ D R E H E R

Mark R. Dreher
Scott T. Wallace

Anthony J. Plese
Stephen J. Rodis

INDEPENDENT AUDITOR'S REPORT

To the Trustees
Vensure Employer Services, Inc. 401(k)/Profit Sharing Plan
Gilbert, Arizona

We were engaged to audit the financial statements and supplemental schedules of Vensure Employer Services, Inc. 401(k)/Profit Sharing Plan (formerly Ion Holdings, Inc. 401(k)/Profit Sharing Plan) as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in *Note 3*, which was certified or provided by Lincoln National Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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 certifications from the custodian regarding the completeness and accuracy of the investment information provided to the plan administrator by the custodian as of and for the year ended December 31, 2009, and as of December 31, 2008.

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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wallace, Plese + Dreher, X.X.P.

Tempe, Arizona
October 13, 2010

VENSURE EMPLOYER SERVICES, INC. 401(k)/PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Investments:		
Pooled separate accounts, at fair value	\$ 2,201,580	\$ 1,540,314
Guaranteed account	37,914	30,120
Participant loans	<u>33,396</u>	<u>46,035</u>
	<u>2,272,890</u>	<u>1,616,469</u>
Receivables:		
Participant contribution	22,381	31,301
Employer contribution	55,616	47,215
Other	<u>1,615</u>	<u>1,628</u>
	<u>79,612</u>	<u>80,144</u>
Total assets	2,352,502	1,696,613
LIABILITIES		
Excess participant contributions payable	<u>20,689</u>	<u>8,635</u>
NET ASSETS AVAILABLE FOR BENEFITS, AT FAIR VALUE	2,331,813	1,687,978
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 2,331,813</u></u>	<u><u>\$ 1,687,978</u></u>

See Notes to Financial Statements

VENSURE EMPLOYER SERVICES, INC. 401(k)/PROFIT SHARING PLAN

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

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Contributions:

Participant	\$ 266,140
Employer	135,377
	<u>401,517</u>

Investment income:

Net appreciation in fair value of investments, interest and dividends	277,320
Interest income - participant loans	2,572
	<u>279,892</u>

Other income	<u>3,675</u>
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TOTAL ADDITIONS TO NET ASSETS	<u>685,084</u>
-------------------------------	----------------

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	194,127
Administrative expenses	<u>28,253</u>

TOTAL DEDUCTIONS FROM NET ASSETS	<u>222,380</u>
----------------------------------	----------------

NET INCREASE	462,704
--------------	---------

TRANSFERS TO PLAN	181,131
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NET ASSETS AVAILABLE FOR BENEFITS:

BEGINNING OF YEAR	<u>1,687,978</u>
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END OF YEAR	<u>\$ 2,331,813</u>
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See Notes to Financial Statements

VENSURE EMPLOYER SERVICES, INC. 401(k)/PROFIT SHARING PLAN
Notes to Financial Statements
December 31, 2009

NOTE 1.
PLAN DESCRIPTION

The following description of the Vensure Employer Services, Inc. 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 provision.

General:

The Plan is a multiple-employer defined contribution plan sponsored by Vensure Employer Services, Inc. There are fourteen employers participating in the Plan of which three transferred into the Plan during the year ended December 31, 2009. Eligibility requirements vary amongst the Employers. The Plan is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA). The effective date of the Plan is January 1, 2004.

Effective January 9, 2008, the name of the Plan was changed from Ion Holdings, Inc. 401(k)/Profit Sharing Plan to Vensure Employer Services, Inc. 401(k)/Profit Sharing Plan.

Contributions:

The Plan provides that participants may contribute up to 40% of compensation up to limits prescribed in the Internal Revenue Code. Participants direct the investment of their contributions into various investment options offered by the Plan. Each Employer may contribute a discretionary matching and/or profit sharing contribution. Participants should refer to the Adoption Agreement of their Employer for the amount of the discretionary matching contribution. Contributions are subject to limitations.

Participant accounts:

Each participant's account is credited with the participant's contribution and the Employer's matching contribution. Gains, losses, interest, and dividend income are adjusted based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in Employer contributions are based on years of continuous service and vary amongst the Companies. Participants should refer to the adoption agreement of their Employer for the vesting schedule.

Investment options:

Upon enrollment in the Plan, participants may direct the investments in their accounts among alternative investment funds provided by the Plan.

Participants may change their investment options at any time.

VENSURE EMPLOYER SERVICES, INC. 401(k)/PROFIT SHARING PLAN
Notes to Financial Statements
December 31, 2009

NOTE 1. (Continued)
PLAN DESCRIPTION

Participant loans:

Participants may borrow from their fund accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate ranging from 6.00% to 9.25%. The loan must be repaid over a period not to exceed 5 years.

Payment of benefits:

Benefits begin at retirement age, termination of employment, total and permanent disability or death of the participant. Distribution of benefits may be made in one lump sum. If a participant terminates employment other than by retirement, disability or death, the vested portion of the participant's account may be distributed upon termination and anytime thereafter.

Forfeited accounts:

Forfeitures of non-vested accounts may be applied by the Plan first to pay Plan expenses, then to reduce any employer matching contributions and then to reduce any profit sharing contributions. During the year ended December 31, 2009, forfeitures totaled \$4,907. At December 31, 2009, there was \$10,833 of unallocated forfeitures.

Tax status:

The Plan obtained its determination letter on December 18, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator and the Plan's trustees believe that the Plan is being operated in compliance with the applicable requirements of the Internal Revenue Code.

Currently, the tax returns open and subject to examination are the 2006, 2007, and 2008 tax years by the Internal Revenue Service. However, the Plan is not currently under audit nor has the Plan been contacted by this jurisdiction. The plan administrator and sponsor believe the Plan's tax position would be upheld under examination. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 2.
SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the Plan's significant accounting policies follows:

Basis of accounting:

The accounting records of the Plan are maintained on the accrual basis. Revenue is recognized when earned, and expenditures are recognized when incurred.

VENSURE EMPLOYER SERVICES, INC. 401(k)/PROFIT SHARING PLAN Notes to Financial Statements December 31, 2009
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NOTE 2. (Continued)
SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Valuation of investments and income recognition:

The investments of the Plan are in pooled separate accounts and a guaranteed investment contract with Lincoln National Life Insurance Company (Lincoln) and participant loans. Investments are stated at fair value, except for participant loans, which are valued at amortized cost, which represents fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See *Note 4* for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The custodian nets interest and dividend income with the appreciation/depreciation of investments. This net appreciation/depreciation is determined by the custodian and certified (*Note 3*).

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits should present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis. The contract fair value was not provided by Lincoln at December 31, 2009 and 2008; therefore, contract value is deemed to approximate fair value (*Note 5*).

Payment of benefits:

Benefits are recorded when paid.

Plan administration:

Participant and employer contributions are remitted to Lincoln who invests the cash received as directed by the participant. Lincoln accounts for contributions, interest and dividend earnings, termination benefits and unrealized gains and losses daily.

Certain administrative functions are performed by employees of the Employers. No such employee received compensation from the Plan. All reasonable expenses relating to the administration of the Plan shall be an expense of the Plan and shall be paid out of the trust fund, to the extent the same are not paid by the Plan Sponsor or Employers. Manager and fund fees are paid by participants through their account balances.

VENSURE EMPLOYER SERVICES, INC. 401(k)/PROFIT SHARING PLAN
Notes to Financial Statements
December 31, 2009

NOTE 2. (Continued)
SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Subsequent events:

Subsequent events have been evaluated through October 13, 2010, which is the date the financial statements were available to be issued.

NOTE 3.
INVESTMENTS

The fair values of individual investments that represent 5% or more of the Plan's net assets are as follows at December 31:

	<u>2009</u>	<u>2007</u>
Lincoln National Life Insurance Company pooled separate accounts:		
Short Term	\$ 1,120,139	\$ 791,966
LVIP Wilshire 2040 Profile	\$ 233,503	\$ 168,820

Information Certified by Lincoln National Life Insurance Company:

The following is a summary of the investment information as of December 31, 2009 and 2008, and for the year ended December 31, 2009, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that the information provided to the Plan Administrator by the custodian related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following investments:

	<u>2009</u>	<u>2008</u>
Pooled separate accounts	\$ 2,201,580	\$ 1,540,314
Guaranteed account	\$ 37,914	\$ 30,120
Participant loans	\$ 33,396	\$ 46,035

Lincoln also certified to the completeness and accuracy of \$279,892 of net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2009. This net appreciation includes gains and losses on investments bought and sold as well as held during the year, interest and dividends.

VENSURE EMPLOYER SERVICES, INC. 401(k)/PROFIT SHARING PLAN
Notes to Financial Statements
December 31, 2009

NOTE 4.
FAIR VALUE MEASUREMENT

Financial Accounting Standards Board ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009.

Pooled separate accounts: Pooled separate accounts whose sole asset is an underlying mutual fund are reported at fair value based on the quoted market prices of the underlying mutual funds. Pooled separate accounts that consist of investment funds made up of a variety of different investment assets are valued based on the aggregate fair value of the underlying assets. The units of these pooled separate accounts are not actively traded. Accordingly, each individual underlying asset is evaluated to determine where its fair value measurement falls within the fair value hierarchy. The entire pooled separate account fund is then included within the fair value hierarchy based on the lowest level of any asset, or group of assets, that is significant to the overall fair value measurement.

Guaranteed account: Guaranteed investment contract valued at contract value in light of the credit-worthiness of the issuer, Lincoln, and the frequent adjustment in the crediting interest rate (*Note 5*).

Participant loans: Valued at amortized cost, which represents fair value.

VENSURE EMPLOYER SERVICES, INC. 401(k)/PROFIT SHARING PLAN
Notes to Financial Statements
December 31, 2009

NOTE 4. (Continued)
FAIR VALUE MEASUREMENT

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

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

	<u>Assets at fair value as of December 31, 2009</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$ -	\$ 2,201,580	\$ -	\$ 2,201,580
Guaranteed account	-	-	37,914	37,914
Participant loans	-	-	33,396	33,396
Total assets at fair value	<u>\$ -</u>	<u>\$ 2,201,580</u>	<u>\$ 71,310</u>	<u>\$ 2,272,890</u>

	<u>Assets at fair value as of December 31, 2008</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$ -	\$ 1,540,314	\$ -	\$ 1,540,314
Guaranteed account	-	-	30,120	30,120
Participant loans	-	-	46,035	46,035
Total assets at fair value	<u>\$ -</u>	<u>\$ 1,540,314</u>	<u>\$ 76,155</u>	<u>\$ 1,616,469</u>

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

	<u>Guaranteed account</u>	<u>Participant loans</u>
Balance, beginning of year	\$ 30,120	\$ 46,035
Issuances, repayments and settlements, (net)	<u>7,794</u>	<u>(12,639)</u>
Balance, end of year	<u>\$ 37,914</u>	<u>\$ 33,396</u>

VENSURE EMPLOYER SERVICES, INC. 401(k)/PROFIT SHARING PLAN Notes to Financial Statements December 31, 2009
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NOTE 5.
GUARANTEED ACCOUNT

The guaranteed account contract value is estimated by Lincoln. Contract value represents contributions made, plus interest at the contract rate, less funds used to pay participants' benefits. The aggregate average yield of the investment contract for the years ended December 31, 2009 and 2008 was 3.96% and 3.82%, respectively. The crediting interest rate for the investment contract as of December 31, 2009 and 2008 was 4.00%. There are no limitations on guarantees of the contract.

NOTE 6.
PLAN TERMINATION

Although it has not expressed any intent to do so, each Employer has the right under the Plan to discontinue its contributions at any time and to terminate from the Plan subject to the provisions of ERISA. In the event of complete or partial termination from the Plan, participants will become 100% vested in their accounts.

NOTE 7.
PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Lincoln. Lincoln is the custodian and record keeper as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

NOTE 8.
CONCENTRATION OF RISK

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

NOTE 9.
PROHIBITED TRANSACTIONS

During 2009, the plan sponsor inadvertently failed to deposit participant deferrals within the required timeframe as stated by the United States Department of Labor (DOL). The DOL considers late deposits to be prohibited transactions. The plan sponsor has attached Form 5330 to the Form 5500 and will pay applicable excise tax. The excise tax payments will be made from the Plan Sponsor's assets not from the assets of the Plan.

SUPPLEMENTARY INFORMATION

VENSURE EMPLOYER SERVICES, INC. 401(k)/PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER 37-1508469
PLAN NUMBER 333

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Form 5500, Schedule H, Item 4i

December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
* Lincoln National Life Insurance Co.	PSA - Core Equity	**	\$ 471
* Lincoln National Life Insurance Co.	PSA - Government/Corporate Bond	**	\$ 31,069
* Lincoln National Life Insurance Co.	PSA - Short Term	**	\$ 1,120,139
* Lincoln National Life Insurance Co.	PSA - AllianceBernstein VPS Growth and Income	**	\$ 1,276
* Lincoln National Life Insurance Co.	PSA - High Yield Bond	**	\$ 17,962
* Lincoln National Life Insurance Co.	PSA - International Equity	**	\$ 511
* Lincoln National Life Insurance Co.	PSA - Small Capitalization Equity	**	\$ 584
* Lincoln National Life Insurance Co.	PSA - Value Equity	**	\$ 935
* Lincoln National Life Insurance Co.	PSA - LVIP T. Rowe Price Growth Stock	**	\$ 4,525
* Lincoln National Life Insurance Co.	PSA - Conservative Balanced	**	\$ 3,724
* Lincoln National Life Insurance Co.	PSA - AllianceBernstein VPS Global Thematic	**	\$ 558
* Lincoln National Life Insurance Co.	PSA - American Funds New Perspective	**	\$ 30,249
* Lincoln National Life Insurance Co.	PSA - Fidelity VIP ContraFund	**	\$ 14,277
* Lincoln National Life Insurance Co.	PSA - AllianceBernstein VPS Small/Mid Cap Value	**	\$ 5,120
* Lincoln National Life Insurance Co.	PSA - American Funds SmallCap World	**	\$ 62,624
* Lincoln National Life Insurance Co.	PSA - American Funds Growth Fund of America	**	\$ 94,392
* Lincoln National Life Insurance Co.	PSA - American Funds Investment Company of America	**	\$ 104,183
* Lincoln National Life Insurance Co.	PSA - American Funds EuroPacific Growth	**	\$ 50,319
* Lincoln National Life Insurance Co.	PSA - LVIP Cohen & Steers Global Real Estate	**	\$ 10,946
* Lincoln National Life Insurance Co.	PSA - Delaware VIP Small Cap Value Series	**	\$ 3,795
* Lincoln National Life Insurance Co.	PSA - Fidelity VIP Equity-Income	**	\$ 14,267
* Lincoln National Life Insurance Co.	PSA - Fidelity VIP Growth	**	\$ 29,860
* Lincoln National Life Insurance Co.	PSA - LVIP Templeton Growth	**	\$ 28,974
* Lincoln National Life Insurance Co.	PSA - Janus Aspen Enterprise	**	\$ 3,805
* Lincoln National Life Insurance Co.	PSA - MFS VIT Emerging Growth Series	**	\$ 511
* Lincoln National Life Insurance Co.	PSA - MFS VIT Utilities	**	\$ 47,518
* Lincoln National Life Insurance Co.	PSA - Janus Aspen Janus	**	\$ 1,559
* Lincoln National Life Insurance Co.	PSA - BlackRock Aurora	**	\$ 5,409
* Lincoln National Life Insurance Co.	PSA - BlackRock Small/Mid-Cap Growth	**	\$ 3,300
* Lincoln National Life Insurance Co.	PSA - BlackRock Energy & Resources	**	\$ 73,473
* Lincoln National Life Insurance Co.	PSA - BlackRock Large Cap Value	**	\$ 13,656
* Lincoln National Life Insurance Co.	PSA - BlackRock Capital Appreciation	**	\$ 1,010
* Lincoln National Life Insurance Co.	PSA - BlackRock Mid-Cap Value Equity	**	\$ 4,041
* Lincoln National Life Insurance Co.	PSA - Fidelity VIP Mid Cap	**	\$ 967
* Lincoln National Life Insurance Co.	PSA - FTVIPT Templeton Global Bond	**	\$ 31,741
* Lincoln National Life Insurance Co.	PSA - Delaware VIP Limited Term Diversified Income	**	\$ 471
* Lincoln National Life Insurance Co.	PSA - American Century VP Inflation Protection	**	\$ 29,727
* Lincoln National Life Insurance Co.	PSA - Delaware VIP Diversified Income	**	\$ 14,854
* Lincoln National Life Insurance Co.	PSA - Delaware VIP Emerging Markets	**	\$ 53,764
* Lincoln National Life Insurance Co.	PSA - LVIP Wilshire 2030 Profile	**	\$ 6,283
* Lincoln National Life Insurance Co.	PSA - LVIP Wilshire 2040 Profile	**	\$ 233,503
* Lincoln National Life Insurance Co.	PSA - SSgA Russell 10000 Value Index	**	\$ 22,833
* Lincoln National Life Insurance Co.	PSA - American Funds Bond Fund of America	**	\$ 22,395
* Lincoln National Life Insurance Co.	Guaranteed Account	**	\$ 37,914
Participant Loans	6.00% - 9.25%	\$ -	\$ 33,396

* A party-in-interest as defined by ERISA.

** Cost information is not required for participant directed investments and, therefore, is not included.

VENSURE EMPLOYER SERVICES, INC. 401(k)/PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER 37-1508469
PLAN NUMBER 333

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Form, 5500, Schedule H, Line 4a

December 31, 2009

Participant Contribution Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 266,140	\$ -	\$ 266,140	\$ -	\$ -

PLANS INCLUDED:

PLAN NAME	PLAN CODE	CONTRACT NUMBER
VEN/PEARSON EYE CARE GP 401K	F80B	89456
VEN/NSC FIN INC 401K PSP	F80I	89717
VEN/UNITED MED CENTERS 401K	F8K0	34331
VEN/FOREVER YOUNG FOUNDATION	F8T3	38928
VEN/RUSSEL BOBB ENTER INC	F8V3	64402
VEN/RIESGO 401(K) PSP	F8Y7	67840
VEN/KENDHAMMER & PTNRS 401K	FG0D	69247
VEN/LONGO ART GLASS 401(K) PSP	FG0E	69248
VEN/NATIONAL GTY HLDG CO 401K	FG50	69447
VEN/ONE WORLD MORT CORP 401K	FG51	69448
VEN/PC GEN AGCY 401(K) PSP	FG52	69449
VEN/ARIZONA RPRDCTV MED SPEC	FHN2	69742
VEN/FIGUEROA PHYS THRPY ASSC	FHN3	69743
VEN/SPECIALTY COS GRP 401K PSP	FIN6	76364
VEN/HACIENDA HARLEY DAVID 401K	FIV8	76438
VEN/CONTACT PHYSICAL THER 401K	FIW1	76441
VEN/COMET MOUNTAIN ENTERPRISES	FJ0L	77104
VEN/FLOORWORKS INC 401(K) PSP	FKU6	77655
VEN/VENSURE EMPLR SVCS 401K	VENP	67839

VEN/PEARSON EYE CARE GP 401K
Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN	86 1039494	IRS Plan #	001
As of Plan Year End	12/31/2009		
Contract #:	89456		

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	International Equity SA22	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	Gov't/Corporate Bond SA12	11,410.68	15,257.15
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	257,072.98	269,147.77
	LINCOLN NAT'L LIFE - DIRECTOR	High Yield Bond SA20	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds SMALLCAP World SA46	24,581.12	31,085.04
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	18,858.58	15,475.41
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds EuroPac Growth SA54	36,978.56	30,187.21
	LINCOLN NAT'L LIFE - DIRECTOR	Delaware VIP REIT SA55	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP Growth SA58	45,168.77	29,642.13
	LINCOLN NAT'L LIFE - DIRECTOR	MFS VIT Utilities Series SA67	38,311.06	42,804.35
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Aurora SA75	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Enrgy&Resources SA77	15,093.28	28,125.10
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Mid-Cap Value SA83	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Large Cap Value SA80	14,045.19	13,656.26
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP Templeton Growth SA62	36,796.83	28,485.42
	LINCOLN NAT'L LIFE - DIRECTOR	Temp Gblal Bnd Securities SA86	18,750.52	23,202.81
	LINCOLN NAT'L LIFE - DIRECTOR	Del VIP Emerging Markets SA94	21,885.67	18,483.35
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP SSgA Bond Index SAL6	0.00	0.00
	Total		538,953.24	545,552.00

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

VEN/PEARSON EYE CARE GP 401K
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 001
As of Plan Year End 12/31/2009
Contract #: 89456

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Short Term SA14	67,558.04	0.00	N/A	N/A	67,558.04	67,558.04	0.00
LNL-DIRECTOR	Short Term SA14	1,937.49	0.00	N/A	N/A	1,937.49	1,937.49	0.00

VEN/NSC FIN INC 401K PSP
Schedule of Assets Held for Investment Purposes Schedule H Item 4i
EIN 86 1039494 **IRS Plan #** 333

As of Plan Year End 12/31/2009

Contract #: 89717

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	Gov't/Corporate Bond SA12	10,974.20	13,276.53
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	8,610.42	9,021.91
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds SMALLCAP World SA46	10,349.46	12,875.03
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Growth America SA48	11,090.38	12,230.67
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	10,446.41	11,218.88
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds EuroPac Growth SA54	10,829.20	13,417.62
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP EquityIncome SA57	11,223.20	11,584.38
	Total		73,523.27	83,625.02

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Identity of party involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain Or Loss
LNL-DIRECTOR	Gov't/Corporate Bond SA12	0.00	11,336.10	N/A	N/A	9,794.83	0.00	1,541.27
LNL-DIRECTOR	Gov't/Corporate Bond SA12	497.41	0.00	N/A	N/A	497.41	497.41	0.00
LNL-DIRECTOR	Short Term SA14	0.00	13,151.57	N/A	N/A	12,141.09	0.00	1,010.48
LNL-DIRECTOR	Short Term SA14	497.30	0.00	N/A	N/A	497.30	497.30	0.00
LNL-DIRECTOR	AmerFunds SMALLCAP World SA46	0.00	18,738.91	N/A	N/A	18,567.64	0.00	171.27
LNL-DIRECTOR	AmerFunds SMALLCAP World SA46	795.91	0.00	N/A	N/A	795.91	795.91	0.00
LNL-DIRECTOR	AmerFunds Growth America SA48	0.00	16,188.39	N/A	N/A	17,934.61	0.00	-1,746.22
LNL-DIRECTOR	AmerFunds Growth America SA48	795.91	0.00	N/A	N/A	795.91	795.91	0.00
LNL-DIRECTOR	AmerFunds Invest Co Amer SA49	0.00	16,102.57	N/A	N/A	18,689.05	0.00	-2,586.48
LNL-DIRECTOR	AmerFunds Invest Co Amer SA49	795.91	0.00	N/A	N/A	795.91	795.91	0.00
LNL-DIRECTOR	AmerFunds EuroPac Growth SA54	0.00	19,595.69	N/A	N/A	18,486.90	0.00	1,108.79
LNL-DIRECTOR	AmerFunds EuroPac Growth SA54	795.91	0.00	N/A	N/A	795.91	795.91	0.00
LNL-DIRECTOR	Fidelity VIP EquityIncome SA57	0.00	14,754.16	N/A	N/A	19,013.48	0.00	-4,259.32
LNL-DIRECTOR	Fidelity VIP EquityIncome SA57	795.91	0.00	N/A	N/A	795.91	795.91	0.00

VEN/UNITED MED CENTERS 401K**Schedule of Assets Held for Investment Purposes Schedule H Item 4i**

EIN 86 1039494 IRS Plan # 333

As of Plan Year End 12/31/2009

Contract #: 34331

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds New Perspective SA34	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Growth America SA48	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	Delaware VIP REIT SA55	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	MFS VIT Utilities Series SA67	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Enrgy&Resources SA77	0.00	0.00
	Total		0.00	0.00

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

VEN/UNITED MED CENTERS 401K
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2009
Contract #: 34331

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	AmerFunds New Perspective SA34	0.00	701.05	N/A	N/A	1,239.03	0.00	-537.98
LNL-DIRECTOR	AmerFunds Growth America SA48	0.00	1,271.45	N/A	N/A	2,477.93	0.00	-1,206.48
LNL-DIRECTOR	AmerFunds Invest Co Amer SA49	0.00	1,418.63	N/A	N/A	2,477.92	0.00	-1,059.29
LNL-DIRECTOR	BlackRock Enrgy&Resources SA77	0.00	3,134.56	N/A	N/A	8,436.80	0.00	-5,302.24

VEN/FOREVER YOUNG FOUNDATION**Schedule of Assets Held for Investment Purposes Schedule H Item 4i**

EIN 86 1039494 IRS Plan # 333

As of Plan Year End 12/31/2009

Contract #: 38928

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	58,130.03	59,018.89
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds New Perspective SA34	24,040.40	22,924.98
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds SMALLCAP World SA46	15,971.17	13,884.15
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Growth America SA48	61,406.54	52,171.14
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	59,957.03	52,965.56
	Total		219,505.17	200,964.72

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

VEN/FOREVER YOUNG FOUNDATION
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2009
Contract #: 38928

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Short Term SA14	16,969.77	0.00	N/A	N/A	16,969.77	16,969.77	0.00
LNL-DIRECTOR	AmerFunds Growth America SA48	8,776.73	0.00	N/A	N/A	8,776.73	8,776.73	0.00
LNL-DIRECTOR	AmerFunds Invest Co Amer SA49	8,573.51	0.00	N/A	N/A	8,573.51	8,573.51	0.00

VEN/RUSSEL BOBB ENTER INC**Schedule of Assets Held for Investment Purposes Schedule H Item 4i**

EIN 86 1039494 IRS Plan # 333

As of Plan Year End 12/31/2009

Contract #: 64402

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	NeubergerBerman MidCap Gr SA37	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	7,586.29	8,123.54
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds SMALLCAP World SA46	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Growth America SA48	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds EuroPac Growth SA54	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP SSgA S&P 500 Index SA27	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP Templeton Growth SA62	0.00	0.00
	Total		7,586.29	8,123.54

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

VEN/RUSSEL BOBB ENTER INC
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2009
Contract #: 64402

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Short Term SA14	1,805.22	0.00	N/A	N/A	1,805.22	1,805.22	0.00
LNL-DIRECTOR	Short Term SA14	0.00	15,303.42	N/A	N/A	14,259.32	0.00	1,044.10
LNL-DIRECTOR	AmerFunds Growth America SA48	0.00	2,480.41	N/A	N/A	3,767.77	0.00	-1,287.36
LNL-DIRECTOR	AmerFunds Invest Co Amer SA49	0.00	2,270.24	N/A	N/A	3,296.71	0.00	-1,026.47
LNL-DIRECTOR	AmerFunds EuroPac Growth SA54	0.00	2,340.62	N/A	N/A	3,252.84	0.00	-912.22
LNL-DIRECTOR	LVIP SSgA S&P 500 Index SA27	0.00	4,081.32	N/A	N/A	6,442.45	0.00	-2,361.13

VEN/RIESGO 401(K) PSP**Schedule of Assets Held for Investment Purposes Schedule H Item 4i****EIN** 86 1039494 **IRS Plan #** 333**As of Plan Year End** 12/31/2009**Contract #:** 67840

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	0.00	0.00
	Total		0.00	0.00

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

VEN/RIESGO 401(K) PSP
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2009
Contract #: 67840

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Short Term SA14	0.00	153.86	N/A	N/A	134.69	0.00	19.17

VEN/KENDHAMMER & PTNRS 401K**Schedule of Assets Held for Investment Purposes Schedule H Item 4i****EIN** 86 1039494 **IRS Plan #** 333**As of Plan Year End** 12/31/2009**Contract #:** 69247

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	109,271.89	109,340.55
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds New Perspective SA34	1,639.50	2,060.97
	LINCOLN NAT'L LIFE - DIRECTOR	AB Small Mid Cap Value SA39	819.85	1,061.86
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	1,639.56	1,933.56
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP Wlsh 2030 SAL3	5,315.19	6,283.41
	Total		118,685.99	120,680.35

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

VEN/KENDHAMMER & PTNRS 401K
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2009
Contract #: 69247

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Short Term SA14	65,905.44	0.00	N/A	N/A	65,905.44	65,905.44	0.00
LNL-DIRECTOR	LVIP Wlsh 2030 SAL3	3,116.05	0.00	N/A	N/A	3,116.05	3,116.05	0.00

VEN/LONGO ART GLASS 401(K) PSP
Schedule of Assets Held for Investment Purposes Schedule H Item 4i
EIN 86 1039494 **IRS Plan #** 333

As of Plan Year End 12/31/2009

Contract #: 69248

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	Alliance VPS Growth&Inc SA19	1,053.64	1,276.00
	LINCOLN NAT'L LIFE - DIRECTOR	Gov't/Corporate Bond SA12	2,107.09	2,535.71
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	12,972.92	12,983.63
	LINCOLN NAT'L LIFE - DIRECTOR	Conservative Balanced SA30	3,049.83	3,724.29
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds New Perspective SA34	906.94	1,213.66
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Growth America SA48	5,917.06	7,810.39
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	1,813.83	2,228.57
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP EquityIncome SA57	2,107.05	2,682.32
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Enrgy&Resources SA77	6,543.03	10,355.88
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP SSgA Small-Cap Index SA36	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP Mid Cap SA84	702.39	966.69
	LINCOLN NAT'L LIFE - DIRECTOR	Temp Gblal Bnd Securities SA86	6,577.42	7,974.74
	LINCOLN NAT'L LIFE - DIRECTOR	AC VP Inflation Protect SA92	6,572.36	7,244.88
	LINCOLN NAT'L LIFE - DIRECTOR	Del VIP DiversifiedIncome SA93	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	Del VIP Emerging Markets SA94	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP Del Fndtn ConservAll SA95	0.00	0.00
	Total		50,323.56	60,996.76

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

VEN/LONGO ART GLASS 401(K) PSP
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2009
Contract #: 69248

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Short Term SA14	3,036.73	0.00	N/A	N/A	3,036.73	3,036.73	0.00
LNL-DIRECTOR	Short Term SA14	0.00	6,766.56	N/A	N/A	772.05	0.00	5,994.51

VEN/NATIONAL GTY HLDG CO 401K
Schedule of Assets Held for Investment Purposes Schedule H Item 4i
EIN 86 1039494 **IRS Plan #** 333

As of Plan Year End 12/31/2009

Contract #: 69447

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	9,792.49	9,795.76
	LINCOLN NAT'L LIFE - DIRECTOR	High Yield Bond SA20	64.27	75.32
	LINCOLN NAT'L LIFE - DIRECTOR	Temp Gblal Bnd Securities SA86	513.67	563.74
	LINCOLN NAT'L LIFE - DIRECTOR	Del Ltd-Term Div Income SA87	449.46	470.84
	LINCOLN NAT'L LIFE - DIRECTOR	Del VIP DiversifiedIncome SA93	256.83	291.08
	Total		11,076.72	11,196.74

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

VEN/NATIONAL GTY HLDG CO 401K
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2009
Contract #: 69447

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Short Term SA14	8,541.74	0.00	N/A	N/A	8,541.74	8,541.74	0.00
LNL-DIRECTOR	Short Term SA14	0.00	1,495.64	N/A	N/A	935.57	0.00	560.07
LNL-DIRECTOR	Temp Glbal Bnd Securities SA86	521.59	0.00	N/A	N/A	521.59	521.59	0.00
LNL-DIRECTOR	Del Ltd-Term Div Income SA87	456.39	0.00	N/A	N/A	456.39	456.39	0.00
LNL-DIRECTOR	Del VIP DiversifiedIncome SA93	260.80	0.00	N/A	N/A	260.80	260.80	0.00

Schedule of Assets/5% Rptbl

Schedule of Assets Held for Investment Purposes Schedule H Item 4i report From 01/01/2009 - 12/31/2009

There are no transactions to be reported for Plan ID - FG51.

Schedule of Assets/5% Rptbl

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable) report From 01/01/2009 - 12/31/2009

There are no transactions to be reported for Plan ID - FG51.

Schedule of Assets/5% Rptbl

Schedule of Assets Held for Investment Purposes Schedule H Item 4i report From 01/01/2009 - 12/31/2009

There are no transactions to be reported for Plan ID - FG52.

Schedule of Assets/5% Rptbl

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable) report From 01/01/2009 - 12/31/2009

There are no transactions to be reported for Plan ID - FG52.

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 86 1039494 IRS Plan # 333

As of Plan Year End 12/31/2009

Contract #: 69742

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	Alliance VPS Growth&Inc SA19	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	390,379.13	390,604.06
	LINCOLN NAT'L LIFE - DIRECTOR	Large Cap Equity SA23	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP EquityIncome SA57	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	Janus Aspen Enterprise SA64	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP Wilshire Agrv Prfl SA98	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP Wlsh 2040 SAL4	175,181.85	233,503.35
	Total		565,560.98	624,107.41

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

VEN/ARIZONA RPRDCTV MED SPEC
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2009
Contract #: 69742

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Short Term SA14	101,455.18	0.00	N/A	N/A	101,455.18	101,455.18	0.00
LNL-DIRECTOR	Short Term SA14	3,290.28	0.00	N/A	N/A	3,290.28	3,290.28	0.00

VEN/FIGUEROA PHYS THRPY ASSC
Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 86 1039494 **IRS Plan #** 333
As of Plan Year End 12/31/2009
Contract #: 69743

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP T.Rowe Growth Stock SA29	3,349.15	4,525.47
	LINCOLN NAT'L LIFE - DIRECTOR	AB Global Thematic SA31	368.55	557.49
	LINCOLN NAT'L LIFE - DIRECTOR	Core Equity SA11	368.53	471.21
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	84,127.24	84,180.64
	LINCOLN NAT'L LIFE - DIRECTOR	International Equity SA22	368.58	511.43
	LINCOLN NAT'L LIFE - DIRECTOR	Small Cap Equity SA24	368.56	583.64
	LINCOLN NAT'L LIFE - DIRECTOR	Value Equity SA28	736.95	934.88
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds New Perspective SA34	3,379.23	4,049.72
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP ContraFund SA35	7,160.19	8,558.94
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds SMALLCAP World SA46	3,747.70	4,779.46
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Growth America SA48	10,874.13	12,790.21
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	12,528.19	14,854.85
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds EuroPac Growth SA54	368.47	532.08
	LINCOLN NAT'L LIFE - DIRECTOR	Janus Aspen Enterprise SA64	2,745.70	3,804.55
	LINCOLN NAT'L LIFE - DIRECTOR	Janus Aspen Janus SA70	1,205.61	1,559.41
	LINCOLN NAT'L LIFE - DIRECTOR	MFS VIT Emerging Growth SA65	368.55	510.52
	LINCOLN NAT'L LIFE - DIRECTOR	MFS VIT Utilities Series SA67	803.65	1,006.85
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Sm Mid-Cap Grth SA76	2,639.40	3,299.87
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Enrgy&Resources SA77	2,237.55	3,329.85
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Capital App SA81	736.99	1,009.60
	LINCOLN NAT'L LIFE - DIRECTOR	Cohen & Steers Gbl REIT SA55	1,279.40	1,715.07
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP Templeton Growth SA62	368.60	488.14
	LINCOLN NAT'L LIFE - DIRECTOR	Del VIP Emerging Markets SA94	2,237.62	3,508.01
	Total		142,368.54	157,561.89

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

VEN/FIGUEROA PHYS THRPY ASSC
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2009
Contract #: 69743

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Short Term SA14	18,747.18	0.00	N/A	N/A	18,747.18	18,747.18	0.00
LNL-DIRECTOR	Short Term SA14	0.00	59,264.64	N/A	N/A	3,576.64	0.00	55,688.00
LNL-DIRECTOR	Short Term SA14	1,105.01	0.00	N/A	N/A	1,105.01	1,105.01	0.00
LNL-DIRECTOR	Fidelity VIP ContraFund SA35	7,203.53	0.00	N/A	N/A	7,203.53	7,203.53	0.00
LNL-DIRECTOR	AmerFunds Growth America SA48	10,426.45	0.00	N/A	N/A	10,426.45	10,426.45	0.00
LNL-DIRECTOR	AmerFunds Invest Co Amer SA49	12,103.44	0.00	N/A	N/A	12,103.44	12,103.44	0.00

VEN/SPECIALTY COS GRP 401K PSP
Schedule of Assets Held for Investment Purposes Schedule H Item 4i
EIN 86 1039494 **IRS Plan #** 333

As of Plan Year End 12/31/2009

Contract #: 76364

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	130,848.19	130,826.94
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Bond America SA1E	22,167.64	22,394.82
	LINCOLN NAT'L LIFE - DIRECTOR	AC VP Inflation Protect SA92	22,167.67	22,482.20
	LINCOLN NAT'L LIFE - DIRECTOR	SSgA Russ LC VI Ix Non-Ln SAL8	22,839.41	22,832.81
	Total		198,022.91	198,536.77

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

VEN/SPECIALTY COS GRP 401K PSP
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2009
Contract #: 76364

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Short Term SA14	380,223.26	0.00	N/A	N/A	380,223.26	380,223.26	0.00
LNL-DIRECTOR	Short Term SA14	0.00	249,373.66	N/A	N/A	249,375.07	0.00	-1.41
LNL-DIRECTOR	AmerFunds Bond America SA1E	22,218.74	0.00	N/A	N/A	22,218.74	22,218.74	0.00
LNL-DIRECTOR	AmerFunds Bond America SA1E	0.00	51.81	N/A	N/A	51.10	0.00	0.71
LNL-DIRECTOR	AC VP Inflation Protect SA92	22,218.74	0.00	N/A	N/A	22,218.74	22,218.74	0.00
LNL-DIRECTOR	AC VP Inflation Protect SA92	0.00	51.98	N/A	N/A	51.07	0.00	0.91
LNL-DIRECTOR	SSgA Russ LC VI Ix Non-Ln SAL8	22,892.04	0.00	N/A	N/A	22,892.04	22,892.04	0.00
LNL-DIRECTOR	SSgA Russ LC VI Ix Non-Ln SAL8	0.00	50.83	N/A	N/A	52.63	0.00	-1.80

VEN/HACIENDA HARLEY DAVID 401K**Schedule of Assets Held for Investment Purposes Schedule H Item 4i**

EIN 86 1039494 IRS Plan # 333

As of Plan Year End 12/31/2009

Contract #: 76438

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	588.51	588.35
	Total		588.51	588.35

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

VEN/HACIENDA HARLEY DAVID 401K
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2009
Contract #: 76438

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Short Term SA14	600.00	0.00	N/A	N/A	600.00	600.00	0.00
LNL-DIRECTOR	Short Term SA14	0.00	11.56	N/A	N/A	11.49	0.00	0.07

VEN/CONTACT PHYSICAL THER 401K**Schedule of Assets Held for Investment Purposes Schedule H Item 4i**

EIN 86 1039494 IRS Plan # 333

As of Plan Year End 12/31/2009

Contract #: 76441

(A)	(B)	(C)	(D)	(E)
Identity of Issue		Description of Investment	Historical Cost ¹	Current Value
LINCOLN NAT'L LIFE - DIRECTOR		Short Term SA14	459.03	459.01
Total			459.03	459.01

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

VEN/CONTACT PHYSICAL THER 401K
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2009
Contract #: 76441

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Short Term SA14	461.52	0.00	N/A	N/A	461.52	461.52	0.00
LNL-DIRECTOR	Short Term SA14	0.00	2.50	N/A	N/A	2.49	0.00	0.01

Schedule of Assets/5% Rptbl

Schedule of Assets Held for Investment Purposes Schedule H Item 4i report From 01/01/2009 - 12/31/2009

There are no transactions to be reported for Plan ID - FJ0L.

Schedule of Assets/5% Rptbl

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable) report From 01/01/2009 - 12/31/2009

There are no transactions to be reported for Plan ID - FJ0L.

Schedule of Assets/5% Rptbl

Schedule of Assets Held for Investment Purposes Schedule H Item 4i report From 01/01/2009 - 12/31/2009

There are no transactions to be reported for Plan ID - FKU6.

Schedule of Assets/5% Rptbl

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable) report From 01/01/2009 - 12/31/2009

There are no transactions to be reported for Plan ID - FKU6.

VEN/ENSURE EMPLR SVCS 401K

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 86 1039494 IRS Plan # 001

As of Plan Year End 12/31/2009

Contract #: 67839

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	4,168.60	4,501.86
	LINCOLN NAT'L LIFE - DIRECTOR	High Yield Bond SA20	5,794.43	17,886.73
	LINCOLN NAT'L LIFE - DIRECTOR	Guaranteed Account	34,150.98	37,914.15
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP ContraFund SA35	4,208.64	5,718.06
	LINCOLN NAT'L LIFE - DIRECTOR	AB Small Mid Cap Value SA39	0.00	4,058.47
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Growth America SA48	3,871.24	9,389.36
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	4,199.48	5,506.36
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds EuroPac Growth SA54	4,208.57	6,181.92
	LINCOLN NAT'L LIFE - DIRECTOR	Delaware VIP SmCap Value SA56	2,805.84	3,794.62
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP Growth SA58	273.35	218.30
	LINCOLN NAT'L LIFE - DIRECTOR	MFS VIT Utilities Series SA67	2,805.75	3,707.15
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Enrgy&Resources SA77	23,766.25	31,661.86
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Mid-Cap Value SA83	0.00	4,040.91
	LINCOLN NAT'L LIFE - DIRECTOR	Cohen & Steers Gbl REIT SA55	11,146.45	9,231.30
	LINCOLN NAT'L LIFE - DIRECTOR	Del VIP DiversifiedIncome SA93	6,758.37	14,562.91
	LINCOLN NAT'L LIFE - DIRECTOR	Del VIP Emerging Markets SA94	18,668.51	31,772.60
	Total		126,826.46	190,146.56

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

VEN/VENSURE EMPLR SVCS 401K
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 001
As of Plan Year End 12/31/2009
Contract #: 67839

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Guaranteed Account	8,257.77	0.00	N/A	N/A	8,257.77	8,257.77	0.00

SUMMARY FOR LINKED PLANS:**Schedule of Assets Held for Investment Purposes Schedule H Item 4i**

EIN 861039494 IRS Plan # 001
 As of Plan Year End 12/31/2009
 Contract #: 67839

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
*	LNL-DIRECTOR	NeubergerBerman MidCap Gr SA37	0.00	0.00
*	LNL-DIRECTOR	Alliance VPS Growth&Inc SA19	1,053.64	1,276.00
*	LNL-DIRECTOR	LVIP T.Rowe Growth Stock SA29	3,349.15	4,525.47
*	LNL-DIRECTOR	AB Global Thematic SA31	368.55	557.49
*	LNL-DIRECTOR	Core Equity SA11	368.53	471.21
*	LNL-DIRECTOR	Gov't/Corporate Bond SA12	24,491.97	31,069.39
*	LNL-DIRECTOR	Short Term SA14	1,074,007.72	1,088,592.91
*	LNL-DIRECTOR	High Yield Bond SA20	5,858.70	17,962.05
*	LNL-DIRECTOR	International Equity SA22	368.58	511.43
*	LNL-DIRECTOR	Large Cap Equity SA23	0.00	0.00
*	LNL-DIRECTOR	Small Cap Equity SA24	368.56	583.64
*	LNL-DIRECTOR	Value Equity SA28	736.95	934.88
*	LNL-DIRECTOR	Conservative Balanced SA30	3,049.83	3,724.29
*	LNL-DIRECTOR	Guaranteed Account	34,150.98	37,914.15
*	LNL-DIRECTOR	AmerFunds New Perspective SA34	29,966.07	30,249.33
*	LNL-DIRECTOR	Fidelity VIP ContraFund SA35	11,368.83	14,277.00
*	LNL-DIRECTOR	AB Small Mid Cap Value SA39	819.85	5,120.33
*	LNL-DIRECTOR	AmerFunds SMALLCAP World SA46	54,649.45	62,623.68
*	LNL-DIRECTOR	AmerFunds Growth America SA48	93,159.35	94,391.77
*	LNL-DIRECTOR	AmerFunds Invest Co Amer SA49	109,443.08	104,183.19
*	LNL-DIRECTOR	AmerFunds EuroPac Growth SA54	52,384.80	50,318.83
*	LNL-DIRECTOR	Delaware VIP SmCap Value SA56	2,805.84	3,794.62
*	LNL-DIRECTOR	Fidelity VIP EquityIncome SA57	13,330.25	14,266.70
*	LNL-DIRECTOR	Fidelity VIP Growth SA58	45,442.12	29,860.43
*	LNL-DIRECTOR	Janus Aspen Enterprise SA64	2,745.70	3,804.55
*	LNL-DIRECTOR	Janus Aspen Janus SA70	1,205.61	1,559.41
*	LNL-DIRECTOR	MFS VIT Emerging Growth SA65	368.55	510.52
*	LNL-DIRECTOR	MFS VIT Utilities Series SA67	41,920.46	47,518.35
*	LNL-DIRECTOR	BlackRock Aurora SA75	0.00	0.00
*	LNL-DIRECTOR	BlackRock Sm Mid-Cap Grth SA76	2,639.40	3,299.87
*	LNL-DIRECTOR	BlackRock Enrgy&Resources SA77	47,640.11	73,472.69
*	LNL-DIRECTOR	BlackRock Mid-Cap Value SA83	0.00	4,040.91
*	LNL-DIRECTOR	BlackRock Large Cap Value SA80	14,045.19	13,656.26
*	LNL-DIRECTOR	BlackRock Capital App SA81	736.99	1,009.60

*	LNL-DIRECTOR	AmerFunds Bond America SA1E	22,167.64	22,394.82
*	LNL-DIRECTOR	LVIP SSgA S&P 500 Index SA27	0.00	0.00
*	LNL-DIRECTOR	LVIP SSgA Small-Cap Index SA36	0.00	0.00
*	LNL-DIRECTOR	Cohen & Steers Gbl REIT SA55	12,425.85	10,946.37
*	LNL-DIRECTOR	LVIP Templeton Growth SA62	37,165.43	28,973.56
*	LNL-DIRECTOR	Fidelity VIP Mid Cap SA84	702.39	966.69
*	LNL-DIRECTOR	Temp Gblal Bnd Securities SA86	25,841.61	31,741.29
*	LNL-DIRECTOR	Del Ltd-Term Div Income SA87	449.46	470.84
*	LNL-DIRECTOR	AC VP Inflation Protect SA92	28,740.03	29,727.08
*	LNL-DIRECTOR	Del VIP DiversifiedIncome SA93	7,015.20	14,853.99
*	LNL-DIRECTOR	Del VIP Emerging Markets SA94	42,791.80	53,763.96
*	LNL-DIRECTOR	LVIP Del Fndtn ConservAll SA95	0.00	0.00
*	LNL-DIRECTOR	LVIP Wilshire Agrv Prfl SA98	0.00	0.00
*	LNL-DIRECTOR	LVIP Wlsh 2030 SAL3	5,315.19	6,283.41
*	LNL-DIRECTOR	LVIP Wlsh 2040 SAL4	175,181.85	233,503.35
*	LNL-DIRECTOR	LVIP SSgA Bond Index SAL6	0.00	0.00
*	LNL-DIRECTOR	SSgA Russ LC VI lx Non-Ln SAL8	22,839.41	22,832.81
Total			2,053,480.67	2,202,539.12

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

SUMMARY FOR LINKED PLANS:
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 861039494 IRS Plan # 001
As of Plan Year End 12/31/2009
Contract #: 67839

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Short Term SA14	672,784.60	0.00	N/A	N/A	672,784.60	672,784.60	0.00
LNL-DIRECTOR	Short Term SA14	0.00	381,890.99	N/A	N/A	293,143.17	0.00	88,747.82
LNL-DIRECTOR	Short Term SA14	6,830.08	0.00	N/A	N/A	6,830.08	6,830.08	0.00

Attachment to 2009 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name VENSURE EMPLOYER SERVICES, INC. 401(K) PROFIT SHARING PLAN **EIN:** 86-1039494
Plan Sponsor's Name VENSURE EMPLOYER SERVICES, INC. **PN:** 333

Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒		266,140		