

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 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>			
A This return/report is for:	☐ a multiemployer plan; ☐ a single-employer plan;	☒ a multiple-employer plan; or ☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report; ☐ an amended return/report;	☐ the final 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; ☐ special extension (enter description)	☐ automatic extension;	☐ the DFVC program;

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

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.	<u>10/17/2011</u>	<u>MITCHELL GENS</u>
	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

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

Form 5500 (2010)
v.092307.1

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	375
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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	389
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	25
d Subtotal. Add lines 6a , 6b , and 6c	6d	414
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	414
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	117
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	7

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) ☒ ¹ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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	117	01/01/2010	12/31/2010

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
23195	3051

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	
18449			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	
4746			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	
	1989	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	
	791	MARKETING ALLOWANCE	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	
	120	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

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	
	120	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

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	
	31	MARKETING ALLOWANCE	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	47883
5 Current value of plan's interest under this contract in separate accounts at year end	5	2811961

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	37914
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c Additions: (1) Contributions deposited during the year	7c(1)	9189	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	1368	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	10557
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d Total of balance and additions (add b and c(6))	7d	48471
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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)	588	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	588
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f Balance at the end of the current year (subtract e(5) from d)	7f	47883
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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
			2010
			This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

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)
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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 LINCOLN NATIONAL CORPORATION 35-1140070

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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	31240	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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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 2010 This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan VENSURE EMPLOYER SERVICES, INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 333
C Plan or DFE 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 on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: 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) 656
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) 53509
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) 1392156
a Name of MTIA, CCT, PSA, or 103-12 IE: MEDIUM CAP EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-117	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40
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) 3235
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) 20821
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) 688

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) 21298

a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE EQUITY			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-128	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1295

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP T. ROWE PRICE GROWTH STOCK			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-129	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4958

a Name of MTIA, CCT, PSA, or 103-12 IE: CONSERVATIVE BALANCED			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-130	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 181

a Name of MTIA, CCT, PSA, or 103-12 IE: AB GLOBAL THEMATIC			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-131	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 786

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUNDS NEW PERSPECTIVE			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-134	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59195

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-135	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16894

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) 8724

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) 100731

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) 127254

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)	121585

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)	57888

a Name of MTIA, CCT, PSA, or 103-12 IE: 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)	25921

a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE VIP SMALL CAP VALUE			
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)	12995

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)	14421

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)	36388

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)	30464

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANK SM-MD CAP GROWTH			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.			
c EIN-PN 35-0472300-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	389

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)	2461

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)	3221

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) 52536
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) 0
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) 3194
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) 69284
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) 25269
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) 1454
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) 11307
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) 21584
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) 41151
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) 424

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) 30478
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) 23032
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) 46151
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) 11191
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) 278296
a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP DEL SPECIAL OPP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-710	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 187
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) 29431
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERFUNDS AMER HIGH-INC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-716	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21982
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) 26856
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**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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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)	55616	55615
(2) Participant contributions	1b(2)	22381	39623
(3) Other.....	1b(3)	1615	12207
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)	33396	21112
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	2201580	2811961
(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)	37914	47883
(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	2352502	2988401

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	20689	21425
k Total liabilities (add all amounts in lines 1g through 1j)	1k	20689	21425

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2331813	2966976
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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)	134934	
(B) Participants	2a(1)(B)	258551	
(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)		393485

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)	1766	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1766

(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)		163111
(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		507
d Total income. Add all income amounts in column (b) and enter total.....	2d		558869

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	86764	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	1972	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		88736
f Corrective distributions (see instructions)	2f		21425
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	31594	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4263	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		35857
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		146018

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		412851
l Transfers of assets:			
(1) To this plan.....	2l(1)		222870
(2) From this plan	2l(2)		558

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: SCHMIDT WESTERGARD & CO PLLC

(2) EIN: 86-0271207

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.).....	☒	☐	208528
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)
HACIENDA HARLEY DAVIDSON INC 401(K) PLAN	86-0841205	001

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 2010 This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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	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): 35-0472300		
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) 2010 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
TOGETHER WITH
INDEPENDENT AUDITORS' REPORT
AND
SUPPLEMENTARY INFORMATION

December 31, 2010 and 2009

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

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Vensure Employer Services, Inc. 401(k) Profit Sharing Plan

We were engaged to audit the financial statements and supplemental schedules of Vensure Employer Services, Inc. 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2010, and for the year then ended, as listed in the accompanying table of contents. The financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2009 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Lincoln National Life Insurance Company, the custodian of the Plan. Their report, dated October 13, 2010, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 8, which was certified by Lincoln National Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the 2010 financial statements and supplemental schedule, Schedule H, line 4i – Schedule of assets (held at end of year). We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2010, that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the Plan's 2010 financial statements and supplement schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2010 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2010 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America as established by the American Institute of Certified Public Accountants' Auditing Standards Board and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.


Mesa, Arizona
October 12, 2011

VENSURE EMPLOYER SERVICES, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
Investments, at fair value	<u>\$ 2,861,759</u>	<u>\$ 2,239,494</u>
Receivables		
Participants' contributions	39,623	22,381
Employers' contributions	66,411	55,616
Notes receivable from participants	21,112	33,396
Other	<u>1,411</u>	<u>1,615</u>
Total receivables	<u>128,557</u>	<u>113,008</u>
	2,990,316	2,352,502
LIABILITIES		
Excess contributions payable	<u>21,425</u>	<u>20,689</u>
Net assets reflecting investments at fair value	2,968,891	2,331,813
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(1,915)</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 2,966,976</u></u>	<u><u>\$ 2,331,813</u></u>

The accompanying notes are an integral part of these financial statements.

VENSURE EMPLOYER SERVICES, INC. 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2010

ADDITIONS TO NET ASSETS

Participants' contributions	\$ 240,939
Employers' contributions	131,173
Net appreciation in fair value of investments	161,645
Interest and dividend income	2,273
Total additions	536,030

DEDUCTIONS FROM NET ASSETS

Benefits paid to participants	86,764
Administrative expenses	35,857
Other	558
Total deductions	123,179

Net increase in net assets available for benefits	412,851
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TRANSFERS TO PLAN	222,870
-------------------	---------

TRANSFERS FROM PLAN	(558)
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NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	2,331,813
End of year	\$ 2,966,976

The accompanying notes are an integral part of this financial statement.

VENSURE EMPLOYER SERVICES, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

(1) DESCRIPTION OF PLAN

The following brief description of the Vensure Employer Services, Inc. (the “Company” and “Administrator”) 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiple-employer defined contribution plan sponsored by the Company. There are sixteen employers participating in the Plan of which two transferred into the Plan and one transferred from the Plan during the year ended December 31, 2010. Eligibility requirements vary amongst the employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions

Each year, participants may contribute up to 40% of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various pooled separate accounts and a guaranteed account as investment options for participants. Employers participating in the Plan may make safe harbor matching, discretionary matching and/or profit sharing contributions each year to the Plan. Participants should refer to the adoption agreement of their employer for the amount of safe harbor or discretionary matching contributions. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the employer's contributions and (b) Plan earnings and losses and charged with an allocation of administrative expenses, as applicable. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their voluntary contributions and employer safe harbor matching contributions plus actual earnings thereon. Allocations of the employer's discretionary matching and profit sharing contributions to individual participants are based on years of continuous service and vary amongst employers. Participants should refer to the adoption agreement of their employer for the vesting schedule.

VENSURE EMPLOYER SERVICES, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

(1) DESCRIPTION OF PLAN (continued)

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$500, up to a maximum not to exceed 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 the prime rate plus 1%. During 2010, loans had fixed rates ranging from 6.00% to 9.25% for the term of the loan, not to exceed 5 years or 10 years if used for the purchase of a principal residence. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service, participants who have a vested account balance of more than \$5,000 may elect to receive a distribution at any time or leave their account balance in the Plan. Participants with a vested account balance of less than \$5,000 will either receive a lump sum amount equal to the value of the participant's vested interest in his or her account or the value of the participant's vested interest in his or her account will be rolled over to an individual retirement arrangement, as defined.

Forfeiture Accounts

At December 31, 2010 and 2009, forfeited non-vested accounts each totaled approximately \$10,000. Forfeited accounts are used first to pay administrative expenses of the Plan, then used to reduce future employer matching contributions, and then to reduce any employer profit sharing contributions. Approximately \$1,000 of forfeited non-vested accounts were used to reduce employer matching contributions during the year ended December 31, 2010.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The financial statements of the Plan are prepared on the accrual basis of accounting.

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 for a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

VENSURE EMPLOYER SERVICES, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Notes Receivable From Participants

In September 2010, the Plan adopted Financial Accounting Standards Board ("FASB") Accounting Standard Update 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*, which is effective for plan years ending after December 15, 2010. The new standard requires that participant loans be classified as notes receivable instead of investments and be measured at unpaid principal balance plus accrued but unpaid interest. Adopting this new standard eliminated the need to calculate fair value and to make certain disclosures with regards to participant loans. In the accompanying 2009 statement of net assets available for benefits, approximately \$33,000 of participant loans have been reclassified from investments to notes receivable from participants. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Use of 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 the reported amount of net assets and the reported amounts of additions to and deductions from net assets. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net change in fair value of investments includes realized and unrealized gains and losses on investments.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan permits the payment of administrative expenses to be made from the Plan's assets and for them to be allocated either proportionately based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. Certain Plan expenses are paid by the Company. Expenses relating to specific participant transactions (i.e. loan setup, distribution request, etc.) may be charged directly against the appropriate participant's account.

VENSURE EMPLOYER SERVICES, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent Events

The Plan Administrator has evaluated subsequent events through October 12, 2011, the date the financial statements were available to be issued.

(3) INVESTMENTS

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

	<u>2010</u>
Short Term SA14	\$ 1,392,156
LVIP 2040 Profile SAL4	278,296
	<u>2009</u>
Short Term SA14	\$ 1,120,139
LVIP 2040 Profile SAL4	233,503

During 2010, the Plan's investments in pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by approximately \$162,000.

(4) FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the 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 FASB ASC 820 are described as follows:

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.

VENSURE EMPLOYER SERVICES, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

(4) FAIR VALUE MEASUREMENTS (continued)

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.

Following is a description of the valuation methodologies used for assets measured at fair value.

Pooled Separate Accounts

Pooled separate accounts are made up of underlying investments traded in an active market. Units held in pooled separate accounts are valued based on the net asset value of the shares of the underlying investments in the funds at year end.

Guaranteed Account

The guaranteed account is issued by Lincoln National Life Insurance Company ("Lincoln") and is backed by their general account. Investments in the guaranteed account are stated at fair value, as determined by the applicable interest rate, as defined, compared to the market rate.

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

VENSURE EMPLOYER SERVICES, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

(4) FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value:

2010				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Value funds	\$ -	\$ 1,495,558	\$ -	\$ 1,495,558
Growth funds	-	517,481	-	517,481
Target date funds	-	289,487	-	289,487
Fixed income funds	-	217,829	-	217,829
Blend funds	-	147,506	-	147,506
International funds	-	104,727	-	104,727
Other	-	39,373	-	39,373
Total pooled separate accounts	-	2,811,961	-	2,811,961
Guaranteed account	-	-	49,798	49,798
Total investments at fair value	<u>\$ -</u>	<u>\$ 2,811,961</u>	<u>\$ 49,798</u>	<u>\$ 2,861,759</u>
2009				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Value funds	\$ -	\$ 1,190,084	\$ -	\$ 1,190,084
Growth funds	-	362,759	-	362,759
Target date funds	-	239,786	-	239,786
Fixed income funds	-	147,748	-	147,748
Blend funds	-	115,129	-	115,129
International funds	-	104,594	-	104,594
Other	-	41,480	-	41,480
Total pooled separate accounts	-	2,201,580	-	2,201,580
Guaranteed account	-	-	37,914	37,914
Total investments at fair value	<u>\$ -</u>	<u>\$ 2,201,580</u>	<u>\$ 37,914</u>	<u>\$ 2,239,494</u>

VENSURE EMPLOYER SERVICES, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

(4) FAIR VALUE MEASUREMENTS (continued)

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 investments for the year ended December 31, 2010.

	Guaranteed Account
Balance, beginning of year	\$ 37,914
Interest	1,368
Issuances and payments, net	10,516
Balance, end of year	<u>\$ 49,798</u>

(5) GUARANTEED ACCOUNT

The fair value of the guaranteed account contract 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, 2010 and 2009 was 3.12% and 3.96%, respectively. The crediting interest rate for the investment contract as of December 31, 2010 and 2009 was 2.75% and 4.00%, respectively. There are no limitations on guarantees of the contract. The crediting interest rate is declared on a quarterly basis.

Because the guaranteed account is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed account. The guaranteed account is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include market value adjustments and amendments to the Plan documents to completely or partially terminate the Plan or merge with another Plan. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

(6) RELATED-PARTY TRANSACTIONS

Certain Plan investments are pooled separate accounts and a guaranteed account managed by Lincoln. Lincoln is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Lincoln for services rendered were approximately \$32,000 for the year ended December 31, 2010. Additionally, expenses paid by the Plan for other professional fees were approximately \$4,000 for the year ended December 31, 2010.

VENSURE EMPLOYER SERVICES, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

(7) PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

(8) INFORMATION CERTIFIED BY CUSTODIAN

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Lincoln, the custodian of the Plan assets, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2010 and 2009 and the supplemental schedule, Schedule H, line 4i – Schedule of assets (held at end of year), as of December 31, 2010, and related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2010.

(9) RISKS AND UNCERTAINTIES

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

(10) TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated December 18, 2008, that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and had no income subject to unrelated business income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements.

VENSURE EMPLOYER SERVICES, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

(10) TAX STATUS (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

(11) EXCESS CONTRIBUTIONS

The Plan failed the ADP and the ACP discrimination tests for the year ended December 31, 2010. Excess contributions totaling approximately \$21,000 are recorded as a liability in the accompanying 2010 statement of net assets available for benefits and as a reduction of participants' contributions for the year ended December 31, 2010. The Plan reimbursed these excess contributions to its participants during 2011.

(12) PROHIBITED TRANSACTIONS

During the years ended December 31, 2010 and 2009, the Company inadvertently failed to remit to the Plan's custodian certain participants' voluntary contributions and loan repayments, totaling approximately \$209,000 and \$266,000, respectively, within the period prescribed by Department of Labor regulations. The Company remitted these amounts to the affected participants' accounts and will compensate those participants for potential lost income due to the remittance delays.

SUPPLEMENTARY INFORMATION

VENSURE EMPLOYER SERVICES, INC. 401(k) PROFIT SHARING PLAN
EIN: 86-1039494 PLAN: 333
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2010

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Value
*	Lincoln National Life Insurance Company	Short Term SA14	**	\$ 1,392,156
*	Lincoln National Life Insurance Company	LVIP 2040 Profile SAL4	**	278,296
*	Lincoln National Life Insurance Company	AmerFunds Growth America SA48	**	127,254
*	Lincoln National Life Insurance Company	AmerFunds Invest Co Amer SA49	**	121,585
*	Lincoln National Life Insurance Company	AmerFunds SmallCap World SA46	**	100,731
*	Lincoln National Life Insurance Company	BlackRock Energy&Resources SA77	**	69,284
*	Lincoln National Life Insurance Company	AmerFunds New Perspective SA34	**	59,195
*	Lincoln National Life Insurance Company	AmerFunds EuroPac Growth SA54	**	57,888
*	Lincoln National Life Insurance Company	Gov't/Corporate Bond SA12	**	53,509
*	Lincoln National Life Insurance Company	MFS VIT Utilities Series SA67	**	52,536
*	Lincoln National Life Insurance Company	Guaranteed Account	**	49,798
*	Lincoln National Life Insurance Company	Del VIP Emerging Markets SA94	**	46,151
*	Lincoln National Life Insurance Company	Temp Gbl Bnd Securities SA86	**	41,151
*	Lincoln National Life Insurance Company	Fidelity VIP Growth SA58	**	36,388
*	Lincoln National Life Insurance Company	AC VP Inflation Protect SA92	**	30,478
*	Lincoln National Life Insurance Company	LVIP Templeton Growth SA62	**	30,464
*	Lincoln National Life Insurance Company	SSgA Russ LC VI Ix Non-Ln SAL8	**	29,431
*	Lincoln National Life Insurance Company	AmerFunds Bond America SA1E	**	26,856
*	Lincoln National Life Insurance Company	Cohen & Steers Gbl REIT SA55	**	25,921
*	Lincoln National Life Insurance Company	BlackRock Large Cap Value SA80	**	25,269
*	Lincoln National Life Insurance Company	Del VIP DiversifiedIncome SA93	**	23,032
*	Lincoln National Life Insurance Company	AmerFunds Amer High-Inc SA1C	**	21,982

VENSURE EMPLOYER SERVICES, INC. 401(k) PROFIT SHARING PLAN
EIN: 86-1039494 PLAN: 333
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2010

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Value
*	Lincoln National Life Insurance Company	Fidelity VIP Mid Cap SA84	**	21,584
*	Lincoln National Life Insurance Company	Small Cap Equity SA24	**	21,298
*	Lincoln National Life Insurance Company	High yield Bond SA20	**	20,821
*	Lincoln National Life Insurance Company	Fidelity VIP ContraFund SA35	**	16,894
*	Lincoln National Life Insurance Company	Fidelity VIP EquityIncome SA57	**	14,421
*	Lincoln National Life Insurance Company	Delaware VIP SmCap Value SA56	**	12,995
*	Lincoln National Life Insurance Company	BlackRock Mid-Cap Value SA83	**	11,307
*	Lincoln National Life Insurance Company	LVIP 2030 Profile SAL3	**	11,191
*	Lincoln National Life Insurance Company	AB Small Mid Cap Value SA39	**	8,724
*	Lincoln National Life Insurance Company	LVIP T.Rowe Growth Stock SA29	**	4,958
*	Lincoln National Life Insurance Company	LVIP Vanguard Domestic Equity SA19	**	3,235
*	Lincoln National Life Insurance Company	MFS VIT Emerging Growth SA65	**	3,221
*	Lincoln National Life Insurance Company	BlackRock Sm Mid-Cap Grth SA76	**	3,194
*	Lincoln National Life Insurance Company	Janus Aspen Enterprise SA64	**	2,461
*	Lincoln National Life Insurance Company	BlackRock Capital App SA81	**	1,454
*	Lincoln National Life Insurance Company	Value Equity SA28	**	1,295
*	Lincoln National Life Insurance Company	AB Global Thematic SA31	**	786
*	Lincoln National Life Insurance Company	International Equity SA22	**	688
*	Lincoln National Life Insurance Company	Core Equity SA11	**	656
*	Lincoln National Life Insurance Company	Del Ltd-Term Div Income SA87	**	424
*	Lincoln National Life Insurance Company	WF Advantage Discovery SA63	**	389

VENSURE EMPLOYER SERVICES, INC. 401(k) PROFIT SHARING PLAN
EIN: 86-1039494 PLAN: 333
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2010

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost	(e) Current Value
*	Lincoln National Life Insurance Company	LVIP Delaware Special Opp SAL7	**	187
*	Lincoln National Life Insurance Company	Conservative Balanced SA30	**	181
*	Lincoln National Life Insurance Company	Medium Cap Equity SA17	**	40
	Total investments, at fair value			2,861,759
	Adjustment from fair value to contract value for fully benefit-responsive investment contract			(1,915)
	Total investments, as adjusted			\$ 2,859,844
*	Notes receivable from participants	Interest ranging from 6.00% to 9.25%	**	\$ 21,112

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

** Cost omitted for participant directed investments

VENSURE EMPLOYER SERVICES, INC. 401(k) PROFIT SHARING PLAN
 EIN: 86-1039494 PLAN: 333
 SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 For the year ended December 31, 2010

Participant Contributions 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	
2009	\$ 266,140	\$ -	\$ -	\$ -
2010	208,528	-	-	-

Check here if Late
 Participant Loan
 Repayments are
 included:

☒

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/TIME DEFINITE SVC INC 401K	FK1H	77756
VEN/FLOORWORKS INC 401(K) PSP	FKU6	77655
VEN/VENSURE FEDERAL CU 401K PS	FL0N	16386
VEN/TECHNICAL ENGINEERING 401K	FL3D	16493
VEN/BATTON TECHNICAL INC 401K	FL3T	16509
VEN/FIRST FLORIDA EQUITY 401K	FLI6	16206
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 12/31/2010
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	11,260.31	16,339.76
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	305,131.95	316,050.08
	LINCOLN NAT'L LIFE - DIRECTOR	High Yield Bond SA20	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds SMALLCAP World SA46	24,257.01	38,277.64
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	18,609.91	16,899.23
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds EuroPac Growth SA54	36,490.88	32,538.29
	LINCOLN NAT'L LIFE - DIRECTOR	Delaware VIP REIT SA55	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP Growth SA58	44,573.14	36,122.42
	LINCOLN NAT'L LIFE - DIRECTOR	MFS VIT Utilities Series SA67	37,805.92	47,927.78
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Aurora SA75	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Enrgy&Resources SA77	14,894.29	34,554.81
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Mid-Cap Value SA83	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Large Cap Value SA80	13,860.04	14,868.44
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP Templeton Growth SA62	36,311.54	29,821.72
	LINCOLN NAT'L LIFE - DIRECTOR	Temp Gblal Bnd Securities SA86	18,503.25	26,120.34
	LINCOLN NAT'L LIFE - DIRECTOR	Del VIP Emerging Markets SA94	21,596.97	21,547.56
	Total		583,295.21	631,068.07

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 12/31/2010
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	52,981.42	0.00	N/A	N/A	52,981.42	52,981.42	0.00
LNL-DIRECTOR	Short Term SA14	1,779.44	0.00	N/A	N/A	1,779.44	1,779.44	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 12/31/2010
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	9,720.24	12,065.11
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	7,527.62	7,755.58
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds SMALLCAP World SA46	9,879.34	13,767.36
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Growth America SA48	10,357.23	12,253.75
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	9,957.74	11,425.59
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds EuroPac Growth SA54	10,208.80	12,817.59
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP EquityIncome SA57	9,919.10	11,398.62
	Total		67,570.07	81,483.60

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/NSC FIN INC 401K PSP
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2010
Contract #: 89717

(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	Gov't/Corporate Bond SA12	0.00	4,668.13	N/A	N/A	3,797.14	0.00	870.99
LNL-DIRECTOR	Gov't/Corporate Bond SA12	417.18	0.00	N/A	N/A	417.18	417.18	0.00
LNL-DIRECTOR	AmerFunds SMALLCAP World SA46	0.00	5,610.77	N/A	N/A	4,539.26	0.00	1,071.51
LNL-DIRECTOR	AmerFunds SMALLCAP World SA46	667.54	0.00	N/A	N/A	667.54	667.54	0.00
LNL-DIRECTOR	AmerFunds Growth America SA48	0.00	5,239.98	N/A	N/A	4,802.29	0.00	437.69
LNL-DIRECTOR	AmerFunds Growth America SA48	667.54	0.00	N/A	N/A	667.54	667.54	0.00
LNL-DIRECTOR	AmerFunds Invest Co Amer SA49	0.00	4,827.87	N/A	N/A	4,557.81	0.00	270.06
LNL-DIRECTOR	AmerFunds Invest Co Amer SA49	667.54	0.00	N/A	N/A	667.54	667.54	0.00
LNL-DIRECTOR	AmerFunds EuroPac Growth SA54	0.00	5,469.32	N/A	N/A	4,689.54	0.00	779.78
LNL-DIRECTOR	AmerFunds EuroPac Growth SA54	667.54	0.00	N/A	N/A	667.54	667.54	0.00
LNL-DIRECTOR	Fidelity VIP EquityIncome SA57	0.00	5,552.51	N/A	N/A	5,373.24	0.00	179.27
LNL-DIRECTOR	Fidelity VIP EquityIncome SA57	667.54	0.00	N/A	N/A	667.54	667.54	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 12/31/2010

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	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.

Schedule of Assets/5% Rptbl

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable) report From 01/01/2010 - 12/31/2010

There are no transactions to be reported for Plan ID - F8K0.

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 12/31/2010

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	68,113.82	68,801.31
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds New Perspective SA34	26,916.81	28,987.21
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds SMALLCAP World SA46	17,889.59	19,524.23
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Growth America SA48	68,686.44	66,562.58
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	67,043.19	66,365.44
	Total		248,649.85	250,240.77

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/FOREVER YOUNG FOUNDATION
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2010
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	10,870.52	0.00	N/A	N/A	10,870.52	10,870.52	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 12/31/2010

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	7,458.94	7,963.46
	LINCOLN NAT'L LIFE - DIRECTOR	DWS Equity 500 Index VIP SA27	0.00	0.00
	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	Templeton Growth Secur. SA62	0.00	0.00
	Total		7,458.94	7,963.46

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.

Schedule of Assets/5% Rptbl

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable) report From 01/01/2010 - 12/31/2010

There are no transactions to be reported for Plan ID - F8V3.

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** 12/31/2010**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.

Schedule of Assets/5% Rptbl

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable) report From 01/01/2010 - 12/31/2010

There are no transactions to be reported for Plan ID - F8Y7.

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 12/31/2010

Contract #: 69247

(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	22,812.82	22,397.58
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	99,567.85	99,361.81
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds New Perspective SA34	2,303.67	3,042.13
	LINCOLN NAT'L LIFE - DIRECTOR	AB Small Mid Cap Value SA39	1,151.98	1,712.90
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Growth America SA48	9,776.90	10,407.37
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	2,303.67	2,850.99
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds EuroPac Growth SA54	3,258.94	3,311.84
	LINCOLN NAT'L LIFE - DIRECTOR	Delaware VIP SmCap Value SA56	6,517.97	7,182.28
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Large Cap Value SA80	9,776.89	10,400.68
	LINCOLN NAT'L LIFE - DIRECTOR	Temp Gblal Bnd Securities SA86	9,776.83	9,721.92
	LINCOLN NAT'L LIFE - DIRECTOR	Del VIP Emerging Markets SA94	3,259.00	3,423.17
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP 2030 Profile SAL3	8,091.05	10,023.05
	Total		178,597.57	183,835.72

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/KENDHAMMER & PTNRS 401K
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2010
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	Gov't/Corporate Bond SA12	22,864.46	0.00	N/A	N/A	22,864.46	22,864.46	0.00
LNL-DIRECTOR	Short Term SA14	52,221.27	0.00	N/A	N/A	52,221.27	52,221.27	0.00
LNL-DIRECTOR	Short Term SA14	0.00	61,836.17	N/A	N/A	17,940.38	0.00	43,895.79
LNL-DIRECTOR	AmerFunds Growth America SA48	9,799.05	0.00	N/A	N/A	9,799.05	9,799.05	0.00
LNL-DIRECTOR	Delaware VIP SmCap Value SA56	6,532.71	0.00	N/A	N/A	6,532.71	6,532.71	0.00
LNL-DIRECTOR	BlackRock Large Cap Value SA80	9,799.05	0.00	N/A	N/A	9,799.05	9,799.05	0.00
LNL-DIRECTOR	Temp Glbal Bnd Securities SA86	9,799.06	0.00	N/A	N/A	9,799.06	9,799.06	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
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As of Plan Year End	12/31/2010
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Contract #:	69248
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(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP Vanguard Domestic Eq SA19	1,036.26	1,414.83
	LINCOLN NAT'L LIFE - DIRECTOR	Gov't/Corporate Bond SA12	2,072.18	2,706.15
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	6,966.86	6,951.94
	LINCOLN NAT'L LIFE - DIRECTOR	Conservative Balanced SA30	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	1,039.63	1,538.56
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP EquityIncome SA57	2,072.05	3,021.95
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Enrgy&Resources SA77	6,447.11	12,704.17
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP Mid Cap SA84	690.82	1,217.98
	LINCOLN NAT'L LIFE - DIRECTOR	Temp Gblal Bnd Securities SA86	3,460.87	4,786.75
	LINCOLN NAT'L LIFE - DIRECTOR	AC VP Inflation Protect SA92	3,463.58	4,008.64
	Total		27,249.36	38,350.97

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 12/31/2010
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	0.00	5,996.45	N/A	N/A	0.00	0.00	5,996.45
LNL-DIRECTOR	Conservative Balanced SA30	0.00	3,882.21	N/A	N/A	0.00	0.00	3,882.21
LNL-DIRECTOR	AmerFunds Growth America SA48	0.00	6,512.49	N/A	N/A	0.00	0.00	6,512.49
Trades Pend	Trades Pending Settlement	5,989.18	0.00	N/A	N/A	5,989.18	5,989.18	0.00
LNL-DIRECTOR	Temp Gblal Bnd Securities SA86	0.00	4,111.92	N/A	N/A	0.00	0.00	4,111.92
LNL-DIRECTOR	AC VP Inflation Protect SA92	0.00	3,545.41	N/A	N/A	0.00	0.00	3,545.41

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 12/31/2010

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	11,134.21	11,109.10
	LINCOLN NAT'L LIFE - DIRECTOR	Medium Cap Equity SA17	40.00	40.22
	LINCOLN NAT'L LIFE - DIRECTOR	High Yield Bond SA20	32.04	42.67
	LINCOLN NAT'L LIFE - DIRECTOR	Small Cap Equity SA24	248.18	245.00
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP Mid Cap SA84	100.00	99.80
	LINCOLN NAT'L LIFE - DIRECTOR	Temp Gblal Bnd Securities SA86	417.04	521.95
	LINCOLN NAT'L LIFE - DIRECTOR	Del Ltd-Term Div Income SA87	389.55	423.73
	LINCOLN NAT'L LIFE - DIRECTOR	Del VIP DiversifiedIncome SA93	248.89	303.67
	Total		12,609.91	12,786.14

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 12/31/2010
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	4,377.46	0.00	N/A	N/A	4,377.46	4,377.46	0.00
LNL-DIRECTOR	Short Term SA14	0.00	3,030.78	N/A	N/A	769.70	0.00	2,261.08

Schedule of Assets/5% Rptbl

Schedule of Assets Held for Investment Purposes Schedule H Item 4i report From 01/01/2010 - 12/31/2010

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 01/01/2010 - 12/31/2010

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 01/01/2010 - 12/31/2010

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 01/01/2010 - 12/31/2010

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 12/31/2010

Contract #: 69742

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	383,790.37	382,952.56
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds New Perspective SA34	19,170.88	21,195.85
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds SMALLCAP World SA46	19,493.43	22,827.83
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Growth America SA48	9,908.31	10,487.61
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Amer High-Inc SA1C	19,862.39	21,982.07
	LINCOLN NAT'L LIFE - DIRECTOR	Cohen & Steers Gbl REIT SA55	9,930.89	11,816.35
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP 2040 Profile SAL4	187,018.73	276,827.33
	Total		649,175.00	748,089.60

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 12/31/2010
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	89,492.08	0.00	N/A	N/A	89,492.08	89,492.08	0.00
LNL-DIRECTOR	Short Term SA14	0.00	100,760.94	N/A	N/A	6,671.03	0.00	94,089.91
LNL-DIRECTOR	Short Term SA14	4,696.66	0.00	N/A	N/A	4,696.66	4,696.66	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 12/31/2010

Contract #: 69743

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP Vanguard Domestic Eq SA19	1,553.52	1,820.59
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP T.Rowe Growth Stock SA29	3,435.27	4,958.39
	LINCOLN NAT'L LIFE - DIRECTOR	AB Global Thematic SA31	492.68	785.49
	LINCOLN NAT'L LIFE - DIRECTOR	Core Equity SA11	492.61	656.40
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	96,818.19	96,605.60
	LINCOLN NAT'L LIFE - DIRECTOR	International Equity SA22	492.73	688.42
	LINCOLN NAT'L LIFE - DIRECTOR	Small Cap Equity SA24	492.67	914.85
	LINCOLN NAT'L LIFE - DIRECTOR	Value Equity SA28	985.16	1,294.63
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds New Perspective SA34	4,654.37	5,969.33
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP ContraFund SA35	7,113.81	9,603.69
	LINCOLN NAT'L LIFE - DIRECTOR	AB Small Mid Cap Value SA39	300.90	388.97
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds SMALLCAP World SA46	4,080.68	6,148.55
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Growth America SA48	11,696.42	14,942.77
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	13,663.93	17,362.09
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds EuroPac Growth SA54	492.55	703.88
	LINCOLN NAT'L LIFE - DIRECTOR	Delaware VIP SmCap Value SA56	286.34	388.03
	LINCOLN NAT'L LIFE - DIRECTOR	WF Advantage Discovery SA63	293.46	388.94
	LINCOLN NAT'L LIFE - DIRECTOR	Janus Aspen Enterprise SA64	1,038.19	1,619.82
	LINCOLN NAT'L LIFE - DIRECTOR	Janus Aspen Janus SA70	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	MFS VIT Emerging Growth SA65	2,000.89	2,531.05
	LINCOLN NAT'L LIFE - DIRECTOR	MFS VIT Utilities Series SA67	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Sm Mid-Cap Grth SA76	2,336.83	3,194.21
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Enrgy&Resources SA77	2,054.25	3,391.54
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Capital App SA81	985.17	1,454.45
	LINCOLN NAT'L LIFE - DIRECTOR	Cohen & Steers Gbl REIT SA55	1,592.91	2,349.22
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP Templeton Growth SA62	492.74	641.91
	LINCOLN NAT'L LIFE - DIRECTOR	Del VIP DiversifiedIncome SA93	6,177.32	6,532.74
	LINCOLN NAT'L LIFE - DIRECTOR	Del VIP Emerging Markets SA94	2,052.63	3,325.04
	Total		166,076.22	188,660.60

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 12/31/2010
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	12,706.70	0.00	N/A	N/A	12,706.70	12,706.70	0.00
LNL-DIRECTOR	Short Term SA14	1,544.00	0.00	N/A	N/A	1,544.00	1,544.00	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 12/31/2010

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	124,357.84	123,976.74
	LINCOLN NAT'L LIFE - DIRECTOR	AB Small Mid Cap Value SA39	1,409.67	1,558.49
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Enrgy&Resources SA77	0.00	0.00
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Bond America SA1E	25,008.71	26,855.96
	LINCOLN NAT'L LIFE - DIRECTOR	AC VP Inflation Protect SA92	25,008.70	26,468.90
	LINCOLN NAT'L LIFE - DIRECTOR	SSgA Russ LC VI Ix Non-Ln SAL8	25,766.49	29,431.38
	Total		201,551.41	208,291.47

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 12/31/2010
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	0.00	13,745.22	N/A	N/A	372.71	0.00	13,372.51

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 12/31/2010
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	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/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 12/31/2010
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	0.00	587.10	N/A	N/A	0.00	0.00	587.10

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 12/31/2010

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	2,665.95	2,660.45
	Total		2,665.95	2,660.45

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 12/31/2010
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	2,259.67	0.00	N/A	N/A	2,259.67	2,259.67	0.00
LNL-DIRECTOR	Short Term SA14	0.00	52.78	N/A	N/A	37.62	0.00	15.16

VEN/COMET MOUNTAIN ENTERPRISES**Schedule of Assets Held for Investment Purposes Schedule H Item 4i**

EIN 86 1039494 IRS Plan # 333

As of Plan Year End 12/31/2010

Contract #: 77104

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	6,541.78	6,533.72
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds EuroPac Growth SA54	1,095.35	1,178.80
	LINCOLN NAT'L LIFE - DIRECTOR	Janus Aspen Enterprise SA64	736.61	840.93
	LINCOLN NAT'L LIFE - DIRECTOR	MFS VIT Emerging Growth SA65	623.32	690.35
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP 2030 Profile SAL3	1,095.27	1,167.91
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP 2040 Profile SAL4	1,359.59	1,468.24
	Total		11,451.92	11,879.95

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/COMET MOUNTAIN ENTERPRISES
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2010
Contract #: 77104

(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	9,431.42	0.00	N/A	N/A	9,431.42	9,431.42	0.00
LNL-DIRECTOR	Short Term SA14	0.00	2,887.80	N/A	N/A	2,889.64	0.00	-1.84
LNL-DIRECTOR	AmerFunds EuroPac Growth SA54	1,184.20	0.00	N/A	N/A	1,184.20	1,184.20	0.00
LNL-DIRECTOR	AmerFunds EuroPac Growth SA54	0.00	93.36	N/A	N/A	88.85	0.00	4.51
LNL-DIRECTOR	Janus Aspen Enterprise SA64	795.94	0.00	N/A	N/A	795.94	795.94	0.00
LNL-DIRECTOR	Janus Aspen Enterprise SA64	0.00	61.81	N/A	N/A	59.33	0.00	2.48
LNL-DIRECTOR	MFS VIT Emerging Growth SA65	673.22	0.00	N/A	N/A	673.22	673.22	0.00
LNL-DIRECTOR	MFS VIT Emerging Growth SA65	0.00	50.34	N/A	N/A	49.90	0.00	0.44
LNL-DIRECTOR	LVIP 2030 Profile SAL3	1,177.68	0.00	N/A	N/A	1,177.68	1,177.68	0.00
LNL-DIRECTOR	LVIP 2030 Profile SAL3	0.00	84.49	N/A	N/A	82.41	0.00	2.08
LNL-DIRECTOR	LVIP 2040 Profile SAL4	1,475.74	0.00	N/A	N/A	1,475.74	1,475.74	0.00
LNL-DIRECTOR	LVIP 2040 Profile SAL4	0.00	118.94	N/A	N/A	116.15	0.00	2.79

VEN/TIME DEFINITE SVC INC 401K**Schedule of Assets Held for Investment Purposes Schedule H Item 4i**

EIN 86 1039494 IRS Plan # 333

As of Plan Year End 12/31/2010

Contract #: 77756

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	146,989.28	146,975.33
	Total		146,989.28	146,975.33

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/TIME DEFINITE SVC INC 401K
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2010
Contract #: 77756

(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	146,989.28	0.00	N/A	N/A	146,989.28	146,989.28	0.00
LNL-DIRECTOR	Short Term SA14	0.00	0.00	N/A	N/A	0.00	0.00	0.00

VEN/FLOORWORKS INC 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 12/31/2010

Contract #: 77655

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost ¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	Short Term SA14	76,348.54	76,306.96
	Total		76,348.54	76,306.96

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/FLOORWORKS INC 401(K) PSP
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2010
Contract #: 77655

(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	76,594.96	0.00	N/A	N/A	76,594.96	76,594.96	0.00
LNL-DIRECTOR	Short Term SA14	0.00	246.39	N/A	N/A	246.42	0.00	-0.03

Schedule of Assets/5% Rptbl

Schedule of Assets Held for Investment Purposes Schedule H Item 4i report From 01/01/2010 - 12/31/2010

There are no transactions to be reported for Plan ID - FL0N.

Schedule of Assets/5% Rptbl

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable) report From 01/01/2010 - 12/31/2010

There are no transactions to be reported for Plan ID - FL0N.

Schedule of Assets/5% Rptbl

Schedule of Assets Held for Investment Purposes Schedule H Item 4i report From 01/01/2010 - 12/31/2010

There are no transactions to be reported for Plan ID - FL3D.

Schedule of Assets/5% Rptbl

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable) report From 01/01/2010 - 12/31/2010

There are no transactions to be reported for Plan ID - FL3D.

Schedule of Assets/5% Rptbl

Schedule of Assets Held for Investment Purposes Schedule H Item 4i report From 01/01/2010 - 12/31/2010

There are no transactions to be reported for Plan ID - FL3T.

Schedule of Assets/5% Rptbl

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable) report From 01/01/2010 - 12/31/2010

There are no transactions to be reported for Plan ID - FL3T.

VEN/FIRST FLORIDA EQUITY 401K**Schedule of Assets Held for Investment Purposes Schedule H Item 4i****EIN** 86 1039494 **IRS Plan #** 333**As of Plan Year End** 12/31/2010**Contract #:** 16206

(A)	(B)	(C)	(D)	(E)
	Identity of Issue	Description of Investment	Historical Cost¹	Current Value
	LINCOLN NAT'L LIFE - DIRECTOR	Small Cap Equity SA24	20,359.78	20,138.23
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP Mid Cap SA84	20,359.81	20,266.17
	Total		40,719.59	40,404.40

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/FIRST FLORIDA EQUITY 401K
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 86 1039494 IRS Plan # 333
As of Plan Year End 12/31/2010
Contract #: 16206

(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	Small Cap Equity SA24	20,359.78	0.00	N/A	N/A	20,359.78	20,359.78	0.00
LNL-DIRECTOR	Small Cap Equity SA24	0.00	0.00	N/A	N/A	0.00	0.00	0.00
LNL-DIRECTOR	Fidelity VIP Mid Cap SA84	20,359.81	0.00	N/A	N/A	20,359.81	20,359.81	0.00
LNL-DIRECTOR	Fidelity VIP Mid Cap SA84	0.00	0.00	N/A	N/A	0.00	0.00	0.00

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 12/31/2010

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	7,204.81	7,518.73
	LINCOLN NAT'L LIFE - DIRECTOR	High Yield Bond SA20	6,549.19	20,778.37
	LINCOLN NAT'L LIFE - DIRECTOR	Conservative Balanced SA30	179.54	181.46
	LINCOLN NAT'L LIFE - DIRECTOR	Guaranteed Account	44,119.90	47,883.07
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP ContraFund SA35	4,776.32	7,290.57
	LINCOLN NAT'L LIFE - DIRECTOR	AB Small Mid Cap Value SA39	0.00	5,063.72
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds SMALLCAP World SA46	179.55	185.04
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Growth America SA48	4,381.00	11,061.43
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Invest Co Amer SA49	4,753.97	6,681.26
	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds EuroPac Growth SA54	4,777.25	7,337.81
	LINCOLN NAT'L LIFE - DIRECTOR	Delaware VIP SmCap Value SA56	3,185.60	5,424.98
	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity VIP Growth SA58	269.67	265.84
	LINCOLN NAT'L LIFE - DIRECTOR	MFS VIT Utilities Series SA67	3,183.87	4,608.40
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Enrgy&Resources SA77	8,779.30	18,633.10
	LINCOLN NAT'L LIFE - DIRECTOR	BlackRock Mid-Cap Value SA83	0.00	4,802.68
	LINCOLN NAT'L LIFE - DIRECTOR	Cohen & Steers Gbl REIT SA55	11,750.47	11,755.69
	LINCOLN NAT'L LIFE - DIRECTOR	Del VIP DiversifiedIncome SA93	7,725.24	16,195.06
	LINCOLN NAT'L LIFE - DIRECTOR	Del VIP Emerging Markets SA94	6,955.65	17,854.90
	LINCOLN NAT'L LIFE - DIRECTOR	LVIP Delaware Special Opp SAL7	179.52	187.29
	Total		118,950.85	193,709.40

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 12/31/2010
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	10,556.88	0.00	N/A	N/A	10,556.88	10,556.88	0.00
LNL-DIRECTOR	BlackRock Enrgy&Resources SA77	0.00	23,436.94	N/A	N/A	1,496.86	0.00	21,940.08
LNL-DIRECTOR	Del VIP Emerging Markets SA94	0.00	21,924.53	N/A	N/A	1,451.26	0.00	20,473.27

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 12/31/2010
 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	LVIP Vanguard Domestic Eq SA19	2,589.78	3,235.42
*	LNL-DIRECTOR	LVIP T.Rowe Growth Stock SA29	3,435.27	4,958.39
*	LNL-DIRECTOR	AB Global Thematic SA31	492.68	785.49
*	LNL-DIRECTOR	Core Equity SA11	492.61	656.40
*	LNL-DIRECTOR	Gov't/Corporate Bond SA12	45,865.55	53,508.60
*	LNL-DIRECTOR	Short Term SA14	1,350,618.01	1,361,523.37
*	LNL-DIRECTOR	Medium Cap Equity SA17	40.00	40.22
*	LNL-DIRECTOR	High Yield Bond SA20	6,581.23	20,821.04
*	LNL-DIRECTOR	International Equity SA22	492.73	688.42
*	LNL-DIRECTOR	Small Cap Equity SA24	21,100.63	21,298.08
*	LNL-DIRECTOR	Value Equity SA28	985.16	1,294.63
*	LNL-DIRECTOR	Conservative Balanced SA30	179.54	181.46
*	LNL-DIRECTOR	Guaranteed Account	44,119.90	47,883.07
*	LNL-DIRECTOR	DWS Equity 500 Index VIP SA27	0.00	0.00
*	LNL-DIRECTOR	AmerFunds New Perspective SA34	53,045.73	59,194.52
*	LNL-DIRECTOR	Fidelity VIP ContraFund SA35	11,890.13	16,894.26
*	LNL-DIRECTOR	AB Small Mid Cap Value SA39	2,862.55	8,724.08
*	LNL-DIRECTOR	AmerFunds SMALLCAP World SA46	75,779.60	100,730.65
*	LNL-DIRECTOR	AmerFunds Growth America SA48	115,845.93	127,254.07
*	LNL-DIRECTOR	AmerFunds Invest Co Amer SA49	116,332.41	121,584.60
*	LNL-DIRECTOR	AmerFunds EuroPac Growth SA54	56,323.77	57,888.21
*	LNL-DIRECTOR	Delaware VIP SmCap Value SA56	9,989.91	12,995.29
*	LNL-DIRECTOR	Fidelity VIP EquityIncome SA57	11,991.15	14,420.57
*	LNL-DIRECTOR	Fidelity VIP Growth SA58	44,842.81	36,388.26
*	LNL-DIRECTOR	WF Advantage Discovery SA63	293.46	388.94
*	LNL-DIRECTOR	Janus Aspen Enterprise SA64	1,774.80	2,460.75
*	LNL-DIRECTOR	Janus Aspen Janus SA70	0.00	0.00
*	LNL-DIRECTOR	MFS VIT Emerging Growth SA65	2,624.21	3,221.40
*	LNL-DIRECTOR	MFS VIT Utilities Series SA67	40,989.79	52,536.18
*	LNL-DIRECTOR	BlackRock Aurora SA75	0.00	0.00
*	LNL-DIRECTOR	BlackRock Sm Mid-Cap Grth SA76	2,336.83	3,194.21
*	LNL-DIRECTOR	BlackRock Enrgy&Resources SA77	32,174.95	69,283.62
*	LNL-DIRECTOR	BlackRock Mid-Cap Value SA83	0.00	4,802.68

*	LNL-DIRECTOR	BlackRock Large Cap Value SA80	23,636.93	25,269.12
*	LNL-DIRECTOR	BlackRock Capital App SA81	985.17	1,454.45
*	LNL-DIRECTOR	AmerFunds Amer High-Inc SA1C	19,862.39	21,982.07
*	LNL-DIRECTOR	AmerFunds Bond America SA1E	25,008.71	26,855.96
*	LNL-DIRECTOR	Cohen & Steers Gbl REIT SA55	23,274.27	25,921.26
*	LNL-DIRECTOR	LVIP Templeton Growth SA62	36,804.28	30,463.63
*	LNL-DIRECTOR	Fidelity VIP Mid Cap SA84	21,150.63	21,583.95
*	LNL-DIRECTOR	Temp Gblal Bnd Securities SA86	32,157.99	41,150.96
*	LNL-DIRECTOR	Del Ltd-Term Div Income SA87	389.55	423.73
*	LNL-DIRECTOR	AC VP Inflation Protect SA92	28,472.28	30,477.54
*	LNL-DIRECTOR	Del VIP DiversifiedIncome SA93	14,151.45	23,031.47
*	LNL-DIRECTOR	Del VIP Emerging Markets SA94	33,864.25	46,150.67
*	LNL-DIRECTOR	LVIP 2030 Profile SAL3	9,186.32	11,190.96
*	LNL-DIRECTOR	LVIP 2040 Profile SAL4	188,378.32	278,295.57
*	LNL-DIRECTOR	LVIP Delaware Special Opp SAL7	179.52	187.29
*	LNL-DIRECTOR	SSgA Russ LC VI Ix Non-Ln SAL8	25,766.49	29,431.38
Total			2,539,359.67	2,822,706.89

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.

SUMMARY FOR LINKED PLANS:
Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)
EIN 861039494 IRS Plan # 001
As of Plan Year End 12/31/2010
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	471,533.31	0.00	N/A	N/A	471,533.31	471,533.31	0.00
LNL-DIRECTOR	Short Term SA14	0.00	203,675.15	N/A	N/A	39,842.49	0.00	163,832.66
LNL-DIRECTOR	Short Term SA14	8,437.18	0.00	N/A	N/A	8,437.18	8,437.18	0.00

Attachment to 2010 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: ☒	0	208,528	0	0