Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AURORA BEHAVIORAL HEALTH SAVINGS & RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/2000

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
SIGNATURE HEALTHCARE SERVICES, LLC

29433 SOUTHFIELD ROAD SUITE 201
SOUTHFIELD, MI 48076

2b Employer Identification Number (EIN)
38-3544748

2c Sponsor's telephone number
248-905-5091

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	NANCY HITCHCOCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
SIGNATURE HEALTHCARE SERVICES, LLC

29433 SOUTHFIELD ROAD SUITE 201
SOUTHFIELD, MI 48076

3b Administrator's EIN
38-3544748

3c Administrator's telephone number
248-905-5091

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1398
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**	1443
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	129
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1573
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1573
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	715
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	128
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
3D 2E 2J 3H 2K 2F 2G 2S 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)	X	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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)		Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
AURORA BEHAVIORAL HEALTH SAVINGS & RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
SIGNATURE HEALTHCARE SERVICES, LLC

D Employer Identification Number (EIN)
38-3544748

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.

1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(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
84-0467907	68322	938891-01	715	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
15718	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ASSOCIATED PLANNERS SECUR CORP
5933 W. CENTURY BLVD
9TH FLOOR
LOS ANGELES, CA 90045

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
7859			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
GENEOS WEALTH MANAGEMENT INC,
9055 E MINERAL CIRCLE
STE 200
CENTENNIAL, CO 80112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
7859			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1290378
5	Current value of plan's interest under this contract in separate accounts at year end	5	4564574

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.	6d	

Specify nature of costs ▶

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	1055631
c	Additions: (1) Contributions deposited during the year	7c(1)	217513		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	36921		
	(4) Transferred from separate account	7c(4)	136763		
	(5) Other (specify below)	7c(5)	25102		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	416299
d	Total of balance and additions (add **b** and **c(6)**).			7d	1471930
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	180810		
	(2) Administration charge made by carrier	7e(2)	742		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	181552
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1290378

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

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

A Name of plan
AURORA BEHAVIORAL HEALTH SAVINGS & RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SIGNATURE HEALTHCARE SERVICES, LLC

D Employer Identification Number (EIN)
38-3544748

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	1	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

GREAT-WEST LIFE AND ANNUITY COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	5288	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
AURORA BEHAVIORAL HEALTH SAVINGS & RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SIGNATURE HEALTHCARE SERVICES, LLC

D Employer Identification Number (EIN)
38-3544748

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: FUTUREFUNDS SERIES ACCOUNT II

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

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)
84-0467907-001	P	4564574

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
AURORA BEHAVIORAL HEALTH SAVINGS & RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SIGNATURE HEALTHCARE SERVICES, LLC

D Employer Identification Number (EIN)
38-3544748

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	197379	158989
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	3438388	4564574
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1055631	1290378
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	4691398	6013941
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4691398	6013941

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	35780	
(B) Participants	2a(1)(B)	834740	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		870520
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	7545	
(F) Other	2b(1)(F)	36921	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		44466
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1075466
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1990452
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	521671	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		521671
f Corrective distributions (see instructions)	2f		87147
g Certain deemed distributions of participant loans (see instructions)	2g		54943
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	5289	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5289
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		669050
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1321402
l Transfers of assets:			
(1) To this plan	2l(1)		1141
(2) From this plan	2l(2)		0

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) [X] 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 [X] No

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

(1) Name: WALTER, BOESKY AND ASSOCIATES, P. (2) EIN: 38-3629743

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		179086
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		320000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
AURORA BEHAVIORAL HEALTH SAVINGS & RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SIGNATURE HEALTHCARE SERVICES, LLC

D Employer Identification Number (EIN)
38-3544748

Part I Distributions

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

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

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

EIN(s): 20-3691708

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

AURORA BEHAVIORAL
HEALTH SAVINGS & RETIREMENT PLAN

FINANCIAL STATEMENTS
and
SUPPLEMENTARY INFORMATION
with
REPORT OF INDEPENDENT CERTIFIED
PUBLIC ACCOUNTANT

December 31, 2009 AND 2008

AURORA BEHAVIORAL
HEALTH SAVINGS & RETIREMENT

AUDITED FINANCIAL STATEMENTS
For the Year Ended December 31, 2009 and 2008

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Walter, Boesky & Associates, P.C.
Certified Public Accountants
17320 12 Mile Rd., Suite 200, Southfield, Michigan 48076-2105
248-559-4750
Fax 248-559-8008

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT

Board of Trustees
Aurora Behavioral
Health Savings & Retirement Plan

We have audited the statements of net assets available for plan benefits of Aurora Behavioral Health Savings & Retirement Plan as of December 31, 2009 and 2008 and the related statement of changes in net assets available for plan benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based upon our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of Aurora Behavioral Health Savings & Retirement Plan as of December 31, 2009 and 2008, and the changes in net assets available for plan benefits for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Walter, Boesky
& Associates, P.C.

Southfield, Michigan
October 5, 2010

Aurora Behavioral
Health Savings & Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE
FOR PLAN BENEFITS

December 31,

	2009	2008
ASSETS		
Investments, at fair value:		
Pooled Separate Accounts	$ 4,564,574	$ 3,438,388
Guaranteed Investment Contracts	1,290,332	1,055,586
Total Investments	5,854,906	4,493,974
Receivables:		
Loan Receivables	158,989	197,379
Other Assets:		
Forfeiture	46	45
Total Assets	$ 6,013,941	$ 4,691,398
Net Assets Available For Benefits	$ 6,013,941	$ 4,691,398

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

Aurora Behavioral
Health Savings & Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS

Year Ended December 31,

	2009	2008
Additions to net assets attributed to		
Contributions		
Rollover	$ -	$ 182,840
Employee Contributions	834,740	967,078
Employer Contributions	35,780	-
Total Contributions	870,520	1,149,918
Investment Income		
Net Appreciation in Fair Value of Investments	1,075,465	-
Participant Loan Interest	7,545	13,666
Interest and Dividends	36,921	22,834
Total Investment Income	1,119,931	36,500
Total additions	1,990,451	1,186,418
Deductions from net assets attributed to		
Net realized and unrealized depreciation	-	1,780,602
Benefits	521,671	429,893
Corrective distributions	87,147	35,780
Deemed distributions	54,943	30,604
Administrative expenses	5,288	5,050
Total deductions	669,049	2,281,929
Net increase (decrease) in net assets available for benefits	1,321,402	(1,095,511)
Transfers to plan	1,141	-
Net assets at beginning of year	4,691,398	5,786,909
Net assets at end of year	$ 6,013,941	$ 4,691,398

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

Aurora Behavioral
Health Savings & Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE A - DESCRIPTION OF THE BENEFIT PLAN

The following description of the Aurora Behavioral Health Savings & Retirement Plan provides only general trust information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan covering all full-time employees of the Signature Healthcare Services, LLC who have 90 days of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA).

2. Contributions

Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the Plan as long as it does not exceed the maximum deferral limits for the calendar year established by the Internal Revenue Service. 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 also provides for Aurora Behavioral to make discretionary matching contributions on pretax contributions in an amount to be determined by Aurora Behavioral Health Savings & Retirement Plan on an annual basis.

3. Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (a) the Aurora Behavioral Health Savings & Retirement Plan contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled to the benefit that can be provided from the participant's vested account.

4. Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Aurora Behavioral Health Savings & Retirement Plan contributions portion of their accounts is based on years of continuous service. A participant is 100 percent vested on a four year cliff schedule.

NOTE A - DESCRIPTION OF THE BENEFIT PLAN (Continued)

5. Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates that are prime rate plus 1 percent. Principal and interest is paid ratably through payroll deductions.

6. Investment Options

Upon enrollment in the Plan, a participant may direct contributions and account in 5 % increments in any of the following investment options. Participants may change their investment options daily.

American Funds Capital World Bond Fund seeks to provide, over the long term, a high level of total return as is consistent with prudent investment management. The Fund invests primarily in debt securities of governmental, supranational and corporate issuers denominated in various currencies, including U.S. dollars.

American Funds Capital World Fund seeks to provide long-term growth of capital while providing current income. The Fund invests, on a global basis, in common stock that are denominated in U.S. dollars or other countries.

American Funds Europacific Growth Fund seeks to provide long-term growth of capital. The Fund invests at least 80% of its assets in securities of issuers located in Europe and the Pacific Basin.

American Funds Growth Fund of America Fund seeks to provide growth capital. The Fund invests primarily in common stocks. The Fund may invest up to 15% of its assets in securities of issuers domiciled outside the U.S. and Canada, and not included in the Standard & Poor's 500 Composite Index. The Fund may invest up to 10% of its assets in lower quality nonconvertible debt securities (rated BB or below by S&P or unrated but determined to be equivalent quality).

Ariel Appreciation Fund seeks to provide long-term capital appreciation by investing in undervalued companies that are widely misunderstood, ignored or under followed by institutional investors, Wall Street analysts and the media. The Fund invests in stocks of medium-sized companies with market capitalizations generally between $2.5 billion and $20 billion at the time of initial purchase.

Baron Small Cap Fund seeks capital appreciation through investments primarily in securities of small companies. At least 80% of the Fund's total assets are invested in the securities of smaller companies based on the market size of the investment at the time of purchase. A small sized company is defined as having a market value of under $2.5 billion.

NOTE A - DESCRIPTION OF THE BENEFIT PLAN (Continued)

6. Investment Options (Continued)

Columbia Mid Cap Value Fund seeks to provide long-term growth of capital. The Fund invests a majority of its assets in equity securities of U.S. companies whose market capitalizations are within the range of the companies within Russell Mid Cap Value Index and that are believed to have the potential for long-term growth of capital.

Davis New York Venture Fund seeks long-term growth of capital. The Fund invests a majority of its assets in equity securities issued by companies with market capitalizations of at least $10 billion that the Advisor believes are of high quality and whose shares are selling at attractive prices. Stocks are selected with the intention of holding them for the long term.

Dreyfus Premier Technology Growth Fund seeks to provide capital appreciation. The Fund invests at least 80% of its assets in the stocks of growth companies of any size that the Advisor believes to be leading procedures or beneficiaries of technological innovation. The Fund may invest up to 25% in foreign securities.

Guaranteed Portfolio Fund seeks to provide a guarantee of principal and a guaranteed quarterly interest rate. The entire general account assets of Great-West Life & Annuity Insurance Company back these guarantees, which as of December 31, 2009 was 22.9 billion. Of this amount, $1.35 billion is shareholder equity and accumulated surplus of 5.9% of the total general account.

Hotchkis and Wiley Large Cap Value Fund seek current income and long-term growth of income, as well as capital appreciation. The Fund normally invests in 80% of its net assets plus borrowings for investment purposes in common stocks of large capitalization U.S. companies.

Lord Abbett Mid-Cap Value Fund seeks capital appreciation through investments, primarily in equity securities, which the Advisor believes to be undervalued in the marketplace. The Fund invests at least 80% of its net assets, plus the amount of any borrowings for investment purposes, in equity securities of mid-sized companies, those with a market capitalization of roughly $500 million to $10 billion, at the time of purchase.

Lord Abbett Small Cap Value Fund seeks long-term capital appreciation. The Fund invests at least 80% of its net assets, plus the amount of any borrowings for investment purposes, in equity securities of companies with market capitalizations of less than $2 billion at the time of purchase.

Maxim Aggressive Profile Fund seeks to achieve a high total return on investment through long-term capital appreciation by investing in underlying portfolios, with an emphasis on equity investments.

NOTE A - DESCRIPTION OF THE BENEFIT PLAN (Continued)

Maxim Ariel Small-Cap Value Fund seeks long-term capital appreciation. The Fund invests in small cap common stocks that are believed to be undervalued.

Maxim Conservative Profile Fund seeks to achieve total return consistent with preservation of capital by investing in underlying portfolios, with an emphasis on fixed income investments.

Maxim Index 600 Fund Portfolio seeks investment results, before fees, that track the total return of the common stocks that comprise the S&P Small-Cap 600 Stock index.

Maxim Lifetime 2015, 2025 & 2035 Portfolios seek to achieve their objectives by investing in a professionally selected mix of mutual funds ("Underlying Portfolios") that are tailored for investors planning to retire in (or otherwise begin using the invested funds on), or close to, 2015, 2025 or 2035 (which is assumed to be at age 65). The Portfolios are designed for investors who plan to withdraw the value of their account in the Portfolio gradually after retirement. Depending on its risk profile and proximity to 2015, 2025 or 2035, the Portfolios employ a combination of investments among Underlying Portfolios in order to emphasize, as appropriate, growth, income and/or preservation of capital. The Portfolios currently expect (as of the date of this Prospectus) to invest 40-60% of its net assets in Underlying Portfolios that invest primarily in equity securities and 40-60% of its net assets in Underlying Portfolios that invest primarily in fixed income securities. Over time, the Portfolio's asset allocation strategy will generally become more conservative, with greater emphasis on investments that provide for income and preservation of capital, and less on those offering the potential for growth. The Portfolio II series are generally expected to pursue a more moderate allocation strategy relative to the Portfolio I or Portfolio III series.

Maxim Loomis Sayles Bond Portfolio seeks high total return through current income and capital appreciation. The Fund invests primarily in corporate debt securities of any maturity. It may invest up to 20% of assets in preferred stock and up to 20% of assets in foreign securities. The Fund may also invest up to 35% of assets in securities below investment grade quality.

Maxim Moderate Profile Fund seeks to achieve a high total return on investment through long-term capital appreciation by investing in underlying portfolios, with relatively equal emphasis on equity and fixed income investments.

Maxim S&P 500 Index Fund seeks investment results that track as closely as possible the total return of the common stocks that comprise its Benchmark Index, the S&P 500 Composite Stock Price Index. The Fund invests at least 80% of its assets in common stock of its Benchmark Index, the S&P 500 Composite Stock Price Index.

NOTE A - DESCRIPTION OF THE BENEFIT PLAN - (Continued)

Maxim T. Rowe Price Mid-Cap Growth Fund seeks long-term capital appreciation. The Fund invests in mid-cap stocks that have potential for above average earnings growth.

Maxim U.S. Government Mortgage Securities Fund seeks a high level of return consistent with preservation of capital. The Fund invests primarily in mortgage related securities that have been issued or guaranteed by the U.S. Government. The Fund may also invest in private mortgage pass-through securities and collateralized mortgage obligations. This Fund is non-diversified.

MFS Utilities Fund seeks to provide capital growth and current income (income above that available from a portfolio invested entirely in equity securities). The Fund invests at least 80% of its net assets in equity and debt securities of domestic and foreign (including emerging markets) companies in the utilities industry.

Oakmark International Fund seeks long-term capital appreciation. The Fund invests primarily in common stocks of non-U.S. companies. The Fund may invest in mature markets and in less developed markets.

Oppenheimer Developing Market Fund seeks to provide capital appreciation. The Fund invests mainly in common stocks of issuers in emerging and developing markets throughout the world. The Fund will invest 80% of its net assets plus borrowings for investment purposes, in equity securities of issuers whose principal activities are in at least three developing markets. The Fund can (but is not required to) invest up to 100% of its total assets in foreign securities.

PIMCO Real Return Fund seeks maximum real return, consistent with preservation of real capital and prudent investment management. The Fund seeks its investment objective by investing under normal circumstances at least 80% of its net assets in inflation-indexed bonds of varying maturities issued by the U.S. governments, their agencies or instrumentalities, and corporations.

PIMCO Total Return Administrative Fund seeks maximum total return, consistent with preservation of capital and prudent investment management. The Fund invests primarily in investment grade debt securities, but may invest up to 10% of its assets in high yield securities rated B or higher by Moody's or S&P or, in unrated, determined by the advisor to be of comparable quality. The Fund may invest up to 20% of its assets in securities denominated in foreign currencies, and may invest beyond this limit in U.S. dollar-denominated securities of foreign issuers.

Pioneer High Yield Fund seeks to maximize total return through a combination of income and capital appreciation. The Fund invests at least 80% of its total assets in below investment grade (high yield) debt securities and preferred stock.

NOTE A - DESCRIPTION OF THE BENEFIT PLAN - (Continued)

Riversource Diversified Equity Income Fund portfolio seeks good long-term investment ideas among companies that are disliked, forgotten or misunderstood.

STI Small Classic Small Cap Growth Fund seeks long-term capital appreciation. The Fund Invests at least 80% of its net assets in small U.S. companies with market capitalizations between $50 million and $3 billion in size.

Thornburg International Value Fund portfolio seeks to invest in a limited number of foreign common stocks selected on a value basis using fundamental research.

7. Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or an annuity can be purchased. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

8. Forfeited Accounts

At December 31, 2009 and 2008 forfeited non-vested accounts totaled $46 and $45, respectively. These accounts will be used to reduce future employer contributions.

NOTE B – SUMMARY OF ACCOUNTING POLICIES

The financial statements of the Plan have been prepared in conformity with generally accepted accounting principles as applied to Employee Benefit Plans.

A summary of the Plan's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

1. Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

2. Estimates

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

NOTE B – SUMMARY OF ACCOUNTING POLICIES (Continued)

3. Investment Valuation and Income Recognition

The Plan's investments in pooled separate accounts are stated at fair value based on quoted market prices. The fair value of the guaranteed investment contracts is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations. Participant loans are valued at their outstanding balances, which approximates fair value.

Purchases and sales of securities are recorded on a traded-date basis. Interest income is recorded on an accrual basis.

4. Payment of Benefits

Benefits are recorded when paid.

5. Operating Expenses

All expenses of maintaining the Plan are paid by Aurora Behavioral Health Savings & Retirement Plan

6. Subsequent Events

The fund has evaluated subsequent events through October 5, 2010, the date the financial statements were available to be issued.

Note C – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurement 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 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

- Quote prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;

Note C – FAIR VALUE MEASUREMENTS (Continued)

- 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 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. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Fixed Annuities: The reported values for fixed annuity options are reported daily based on the valuation disclosed in the annuity contract, as calculated by the provider.

Variable Annuities: Prices/unit values for Variable Annuity investment options are calculated daily by the annuity provider according the methods described in the annuity contract.

Participant Loans: The stated value of participant loans represents the outstanding principal balance of the loan, taking into account the applicable interest rate, amortization schedule and repayments made for each loan.

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 Fund believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Fund investment assets and investment liabilities at fair value, as of August 31, 2009 and 2008.

Note C – FAIR VALUE MEASUREMENTS (Continued)

Investments Assets at Fair Value
as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Managed Accounts				
Fixed Annuities	$ -	$ 1,290,332	$ -	$ 1,290,332
Variable Annuities		4,564,574	-	4,564,574
Participant Loans	-	-	158,989	158,989
Total Investments at Fair Value:	$ -	$ 5,854,906	$ 158,989	$ 6,013,895

Investments Assets at Fair Value
as of December 31, 2008

	Level 1	Level 2	Level 3	Total
Managed Accounts				
Fixed Annuities	$ -	$ 1,055,586	$ -	$ 1,055,586
Variable Annuities	-	3,438,388	-	3,438,388
Participant Loans	-	-	197,379	197,379
Total Investments at Fair Value:	$ -	$ 4,493,974	$ 197,379	$ 4,691,353

Level 3 Gains and Losses

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

Level 3 Assets Year Ended December 31, 2009	Participant Loans
Beginning Balance	$ 197,379
Purchases, sales, issuance and settlement (net)	(38,390)
Ending Balance	$ 158,989

NOTE D - INVESTMENTS

The following presents investments that represent 5 percent or more of the plan's net assets.

	2009	2008
Maxim Moderate Profile Fund	$ 460,578	$ 407,354
Maxim Aggressive Profile Fund	300,078	181,775
American Funds Europacific Growth Fund	327,506	252,946
MFS Utilities A	249,144	150,000
Maxim T. Rowe Price Mid-Cap Growth Fund	347,497	248,255
American Funds Growth Fund of America Fund	438,152	317,625
PIMCO Total Return Administrative Fund	279,821	294,441
Guaranteed Portfolio Fund	1,290,332	1,055,586

During 2009 and 2008, 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 (depreciated) in value by $1,075,465 and ($1,780,602) as follows:

Net Appreciation in Fair Value	2009	2008
Pooled separate accounts	$ 1,075,465	($ 1,780,602)

NOTE E – INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2006, the Plan entered into a benefit-responsive investment contract with Great-West Life & Annuity Insurance Company (Great West). Great West maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Great West. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan.

As described in Note B, because the guaranteed investment contract 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 investment contract. Contract value, as reported to the plan by Great West, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2009 and 2008 was $1,290,332 and $1,055,586, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 0 percent. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or depletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants of occurring.

NOTE E – INVESTMENT CONTRACT WITH INSURANCE COMPANY – (Continued)

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Average yields:	2009	2008
Based on actual earnings	2.96%	3.33%
Based on interest rate credited to participants	2.94%	3.33%

NOTE F – 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 secure in the near term and those such changes could materially affect the amounts reported in the statement of net assets available for benefits.

NOTE G – RELEATED PARTY TRANSACTIONS

Certain plan investments managed by Great-West Retirement Services (a division of Great-West Life & Annuity Insurance Company), the custodian and record-keeper of the Plan. Great-West Retirement Services is a trustee as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees paid by the Plan for the investment management and record keeping services amounted to $5,288 and $5,050 for the year ended December 31, 2009 and 2008.

NOTE H – PLAN TERMINATION

Although it is not expressed any intent to do so, Aurora Behavioral Health Savings & Retirement Plan 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 percent vested in their employer contributions.

NOTE I – TAX STATUS

The Internal Revenue Service has determined and informed Aurora Behavioral Health Savings & Retirement Plan, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Service Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

SUPPLEMENTAL INFORMATION

Walter, Boesky & Associates, P.C.
Certified Public Accountants
17320 12 Mile Rd., Suite 200, Southfield, Michigan 48076-2105
248-559-4750
Fax 248-559-8008

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT
ON SUPPLEMENTAL INFORMATION

Board of Trustees
Aurora Behavioral
Health Savings & Retirement Plan

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole of Aurora Behavioral Health Savings & Retirement Plan as of and for the years ended December 31, 2009 and 2008, which is presented in the preceding section of this report. The supplemental schedules of portfolio of investments held and schedule of delinquent participant contributions for the years ended December 31, 2009 and 2008 are presented for purposes of complying with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules of administrative expenses for the years ended December 31, 2009 and 2008 are presented for purposes of additional analysis. The supplemental information is not a required part of basic financial statements. Such information has been subjected to the audit procedures applied in the audit of the basic financial statements and, in our opinion is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Walter, Boesky
& Associates, P.C.

Southfield, Michigan
October 5, 2010

Aurora Behavioral Aurora Behavioral
Health Savings & Retirement Plan

PORTFOLIO OF INVESTMENTS HELD

December 31, 2009

Investments	Value
American Funds Capital World Bond Fund	$ 74,996
American Funds Capital World Fund	41,792
American Funds Europacific Growth Fund	327,506
American Funds Growth Fund of America Fund	438,152
Ariel Appreciation Fund	208,338
Baron Small Cap Fund	69,268
Columbia Mid Cap Value Fund	12,335
Davis New York Venture Fund	200,956
Dreyfus Premier Technology Growth Fund	185,936
Guaranteed Portfolio Fund	1,290,332
Hotchicks and Wiley Large Cap Value Fund	17,868
Lord Abbett Small Cap Value Fund	49,839
Lord Abbett Value Opportunities	10,035
Maxim Aggressive Profile Fund	300,078
Maxim Conservative Profile Fund	209,541
Maxim Index 600 Fund	30,729
Maxim Lifetime 2015 Portfolio	262
Maxim Lifetime 2025 Portfolio	86
Maxim Lifetime 2035 Portfolio	146
Maxim Loomis Sayles Bond Portfolio	40,391
Maxim Moderate Profile Fund	460,578

Aurora Behavioral Aurora Behavioral
Health Savings & Retirement Plan

PORTFOLIO OF INVESTMENTS HELD

December 31, 2009

Investments	Value
Maxim S&P 500 Index Fund	$ 212,834
Maxim T. Rowe Price Mid-Cap Growth Fund	347,496
Maxim U.S. Government Mortgage Securities Fund	84,298
MFS Utilities Fund	249,144
Oakmark International Fund	24,350
Oppenheimer Developing Market Fund	229,312
PIMCO Real Return Fund	19,746
PIMCO Total Return Administrative Fund	279,821
Pioneer High Yield Fund	145,203
Riversource Diversified Equity Income Fund	245,381
STI Classic Small Cap Growth Fund	1,136
Thornburg International Value Fund	47,021
	$ 5,854,906

Aurora Behavioral
Health Savings & Retirement Plan

PORTFOLIO OF INVESTMENTS HELD

December 31, 2008

Investments	Value
American Funds Capital World Bond Fund	$ 81,738
American Funds Capital World Fund	34,449
American Funds Europacific Growth Fund	252,946
American Funds Growth Fund of America Fund	317,625
Ariel Appreciation Fund	123,307
Baron Small Cap Fund	54,505
Columbia Mid Cap Value Fund	10,464
Davis New York Venture Fund	166,670
Dreyfus Premier Technology Growth Fund	99,111
Guaranteed Portfolio Fund	1,055,586
Hotchicks and Wiley Large Cap Value Fund	6,427
Lord Abbett Small Cap Value Fund	82,545
Maxim Aggressive Profile Fund	181,775
Maxim Ariel Small-Cap Value Fund	4,082
Maxim Conservative Profile Fund	97,649
Maxim Index 600 Fund	10,068
Maxim Loomis Sayles Bond Portfolio	37,613
Maxim Moderate Profile Fund	407,354
Maxim S&P 500 Index Fund	187,275
Maxim T. Rowe Price Mid-Cap Growth Fund	248,255
Maxim U.S. Government Mortgage Securities Fund	120,880

Aurora Behavioral
Health Savings & Retirement Plan

PORTFOLIO OF INVESTMENTS HELD

December 31, 2008

Investments	Value
MFS Utilities Fund	$ 150,000
Oakmark International Fund	13,320
Oppenheimer Developing Market Fund	107,475
PIMCO Real Return Fund	37,050
PIMCO Total Return Administrative Fund	294,441
Pioneer High Yield Fund	98,417
Riversource Diversified Equity Income Fund	174,825
STI Classic Small Cap Growth Fund	1,057
Thornburg International Value Fund	37,065
	$ 4,493,974

Aurora Behavioral
Health Savings & Retirement Plan

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2009

Description of Transaction	Participant contributions transferred late to the Plan	Total late remittances that constitute nonexempt prohibited transactions
Late remittance of employee deferrals and loan repayments made during the year ended December 31, 2009.	$179,086	$179,086
Late remittance of employee deferrals and loan repayments made during the year ended December 31, 2008.	$152,444	$152,444
Late remittance of employee deferrals and loan repayments made during the year ended December 31, 2007.	$141,151	$141,151
Late remittance of employee deferrals and loan repayments made during the year ended December 31, 2006.	$195,871	$195,871
Late remittance of employee deferrals and loan repayments made during the year ended December 31, 2005.	$229,023	$229,023
Late remittance of employee deferrals and loan repayments made during the year ended December 31, 2004.	$105,800	$105,800

Aurora Behavioral
Health Savings & Retirement Plan

ADMINISTRATIVE EXPENSES

Years Ended December 31,

	2009	2008
Professional Fees	$ 5,288	$ 5,050

ASSETS HELD FOR INVESTMENT PURPOSES

Aurora Behavioral Health Savings & Retirement Plan
01-JAN-09 to 31-DEC-09

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
12015M1			260.64	261.61
12025M1			85.72	86.41
12035M1			144.54	146.31
1PBAXCP			187,447.88	209,540.64
1PBAXMP			416,460.83	460,578.45
1PBAXAP			284,208.04	300,077.95
197AFCW			39,826.40	41,791.78
192AFEP			289,465.70	327,506.22
1IFSOI2			20,830.09	24,350.28
171ODM			188,216.16	229,311.57
1150TI			47,985.03	47,020.82
1XTKDTG			171,982.78	185,936.23
1XUTMUT			210,646.38	249,143.86
1126BS			68,346.49	69,267.82
1108LV			47,499.02	49,838.61
193MX6			31,524.49	30,728.50
1125SS			1,318.95	1,136.00
175AA			191,160.69	208,338.24
1239CVR			11,881.82	12,334.68
1284LVP			9,529.02	10,034.97
1MGRXTM			328,294.98	347,496.55
195AFGF			442,581.70	438,151.89
1109DV			207,947.97	200,956.40
1127HL			17,974.16	17,868.37
194MX5			216,622.57	212,833.94
1227RD			285,429.16	245,380.99
1119AW			68,928.66	74,996.24
1BMSXLC			34,810.99	40,390.86
1BIMXUS			74,424.43	84,298.59
1122PR			17,580.89	19,745.81
1BIMPTR			231,565.06	279,820.95
1120PH			128,077.15	145,202.73
1PORT		2.800	1,231,384.04	1,290,331.80
			5,504,442.43	**5,854,906.07**
PARTICIPANT LOANS	VARIOUS	4.250-9.250	156,389.47	158,988.89
FORFEITURES			42.44	46.31

ASSETS HELD FOR INVESTMENT PURPOSES

Aurora Behavioral Health Savings & Retirement Plan
01-JAN-09 to 31-DEC-09

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

12015M1	Maxim Lifetime 2015 Portfolio II T1
12035M1	Maxim Lifetime 2035 Portfolio II T1
1PBAXMP	Maxim Moderate Profile II
197AFCW	American Funds Capital World G/I R3
1IFSOI2	Oakmark International II
1150TI	Thornburg International Value Fund R3
1XUTMUT	MFS Utilities A
1108LV	Lord Abbett Small Cap Value A
1125SS	RidgeWorth Small Cap Growth Fund I
1239CVR	Columbia Mid Cap Value R
1MGRXTM	Maxim T. Rowe Price Mid-Cap Growth
1109DV	Davis NY Venture A
194MX5	Maxim S & P 500 Index
1119AW	American Funds Capital World Bond R3
1BIMXUS	Maxim US Government Securities Fund
1BIMPTR	PIMCO Total Return Admin
1PORT	Guaranteed Portfolio Fund
12025M1	Maxim Lifetime 2025 Portfolio II T1
1PBAXCP	Maxim Conservative Profile II
1PBAXAP	Maxim Aggressive Profile II
192AFEP	American Funds EuroPacific Growth R3
171ODM	Oppenheimer Developing Market A
1XTKDTG	Dreyfus Technology Growth A
1126BS	Baron Small Cap Fund
193MX6	Maxim Index 600
175AA	Ariel Appreciation
1284LVP	Lord Abbett Value Opportunities A
195AFGF	American Funds Growth Fund of Amer R3
1127HL	Hotchkis and Wiley Large Cap Value - A
1227RD	RiverSource Diversified Equity Income R3
1BMSXLC	Maxim Loomis Sayles Bond Portfolio
1122PR	PIMCO Real Return A
1120PH	Pioneer High Yield A

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year