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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014****B** Check if applicable:

- ☒ Address change
☒ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**ASPIRE HEALTH PARTNERS, INC.
F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

5151 ADANSON STREET

Room/suite

201

City or town, state or province, country, and ZIP or foreign postal code

ORLANDO, FL 32804**F** Name and address of principal officer: **JOHN G. KASSAB
SAME AS C ABOVE****D** Employer identification number**59-2301233****E** Telephone number**407-875-3700****G** Gross receipts \$ **47,251,050.****H(a)** Is this a group return

for subordinates?

☐ Yes☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.LAKESIDECARES.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1983** **M** State of legal domicile: **FL****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 30	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 30	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 962	
	6 Total number of volunteers (estimate if necessary)	6 30	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,171.	Current Year 45,979.
	9 Program service revenue (Part VIII, line 2g)	46,238,174.	45,487,748.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	792,325.	710,104.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	645,720.	992,339.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,679,390.	47,236,170.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,138.	5,225.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,083,707.	29,405,064.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,979,030.	17,386,934.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	46,074,875.	46,797,223.
	19 Revenue less expenses. Subtract line 18 from line 12	1,604,515.	438,947.
	20 Total assets (Part X, line 16)	Beginning of Current Year 46,251,978.	End of Year 47,261,943.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	19,447,044.	19,105,170.
	22 Net assets or fund balances. Subtract line 21 from line 20	26,804,934.	28,156,773.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer *Carla Caponi* Date **5-15-15**
 ▶ **CARLA CAPONI, CHIEF FINANCIAL OFFICER**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name **HARRY E. HARP, CPA** Preparer's signature *Harry E. Harp, CPA* Date **5/13/2015** Check if self-employed ☐ PTIN **P00176471**
 Firm's name ▶ **MOORE STEPHENS LOVELACE, P.A.** Firm's EIN ▶ **59-3070669**
 Firm's address ▶ **255 S. ORANGE AVENUE, SUITE 600**
ORLANDO, FL 32801 Phone no. (407) **740-5400**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED JUN 15 2015

4-H 9-17

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ASPIRE HEALTH PARTNERS, INC.

Form 990 (2013)

F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC

59-2301233

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ X

1 Briefly describe the organization's mission.

THE ORGANIZATION'S MISSION IS TO PROVIDE THE PEOPLE OF CENTRAL FLORIDA COMPASSIONATE, COMPREHENSIVE, AND COST EFFECTIVE BEHAVIORAL HEALTH CARE SERVICES THAT FOCUS ON INDIVIDUALIZED RECOVERY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ **19,967,829.** including grants of \$ **5,225.**) (Revenue \$ **23,520,215.**)

INPATIENT PSYCHIATRIC SERVICES - 196 BEDS FOR ADULTS AND CHILDREN PROVIDING SHORT-TERM INPATIENT CRISIS. THE ADULT CRISIS STABILIZATION UNITS SEEK TO REDUCE THE NEED FOR PSYCHIATRIC HOSPITALIZATION AMONG THOSE PEOPLE EXHIBITING ACUTE MENTAL HEALTH DISORDERS BY PROVIDING INTENSIVE CHEMOTHERAPEUTIC STABILIZATION WITH ONGOING MEDICAL ASSESSMENT AND CARE, EDUCATION, TRAINING AND SOCIAL INTERACTIONS FOR MORE THAN 8,000 CLIENTS.

4b (Code) (Expenses \$ **4,181,776.** including grants of \$) (Revenue \$ **3,556,486.**)

CRISIS SUPPORT / EMERGENCY - VOLUNTARY WALK-IN ASSESSMENT CENTER AND A CENTRAL INVOLUNTARY BAKER ACT RECEIVING FACILITY FOR ORANGE COUNTY. THE CENTER ASSISTED 13,000 CLIENTS.

4c (Code) (Expenses \$ **15,554,808.** including grants of \$) (Revenue \$ **16,995,940.**)

OUTPATIENT SERVICES - SERVING BOTH ADULTS AND CHILDREN THROUGH CASE MANAGEMENT, MEDICATION CLINICS, INTERVENTION AND OUTREACH THERAPY, AND TWO COMMUNITY PHARMACIES.

4d Other program services (Describe in Schedule O)

(Expenses \$ **2,851,683.** including grants of \$) (Revenue \$ **2,213,182.**)

4e Total program service expenses **42,556,096.**

Form 990 (2013)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

Form 990 (2013)

ASPIRE HEALTH PARTNERS, INC.

Form 990 (2013)

F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	74		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	962		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b If "Yes," enter the name of the foreign country <input type="checkbox"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

Form 990 (2013)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	30	
b Enter the number of voting members included in line 1a, above, who are independent	30	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/>	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CARLA CAPONI, CFO - 4078225037**
1800 MERCY DRIVE, SUITE 302, ORLANDO, FL 32808

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL F. BRYAN CHAIR-ELECT	1.00 2.00	X		X				0.	0.	0.
(2) DAVID R. HEFFERNAN CHAIR-ELECT	1.00 2.00	X		X				0.	0.	0.
(3) KAREN FLORIO SECRETARY	1.00 2.00	X		X				0.	0.	0.
(4) TOM GRANT TREASURER	1.00 2.00	X		X				0.	0.	0.
(5) BETH SMITH PAST CHAIR	1.00 2.00	X		X				0.	0.	0.
(6) LYNN W. CAPRAUN DIRECTOR	1.00 2.00	X						0.	0.	0.
(7) DAVID CHRISTNER DIRECTOR	1.00 2.00	X						0.	0.	0.
(8) ANDREW DAVIS DIRECTOR	1.00 3.00	X						0.	0.	0.
(9) JOE GOLDSTEIN DIRECTOR	1.00 2.00	X						0.	0.	0.
(10) DR. MIMI HULL DIRECTOR	1.00 2.00	X						0.	0.	0.
(11) HORTENSE C. JONES DIRECTOR	1.00 3.00	X						0.	0.	0.
(12) MARY PEREZ DIRECTOR	1.00 2.00	X						0.	0.	0.
(13) MICHELLE WARD DIRECTOR	1.00 2.00	X						0.	0.	0.
(14) LIN WILENSKY DIRECTOR	1.00 3.00	X						0.	0.	0.
(15) CARLOS MORELL DIRECTOR	1.00 2.00	X						0.	0.	0.
(16) BARBARA ABRAMSON DIRECTOR	1.00 2.00	X						0.	0.	0.
(17) PRESTON ADAMS, D.P.TH DIRECTOR	1.00 2.00	X						0.	0.	0.

ASPIRE HEALTH PARTNERS, INC.

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F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC
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 Page **8**
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KIP BEACHAM DIRECTOR	1.00 2.00	X						0.	0.	0.
(19) CARLOS BURRUEZO DIRECTOR	1.00 2.00	X						0.	0.	0.
(20) GARY EHRlich DIRECTOR	1.00 2.00	X						0.	0.	0.
(21) AMY ENVALL DIRECTOR	1.00 2.00	X						0.	0.	0.
(22) CAROL E. FELSING DIRECTOR	1.00 2.00	X						0.	0.	0.
(23) LINDA GREGORY DIRECTOR	1.00 2.00	X						0.	0.	0.
(24) ROBERT HOLBORN DIRECTOR	1.00 2.00	X						0.	0.	0.
(25) FORBES JOHNSON DIRECTOR	1.00 2.00	X						0.	0.	0.
(26) DENNIS LEMMA DIRECTOR	1.00 2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,952,562.	909,137.	182,527.
d Total (add lines 1b and 1c)								1,952,562.	909,137.	182,527.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MMI DINING SYSTEMS, LLC 1000 RED FERN PLACE, FLOWOOD, FL 39232	FOOD SERVICES	853,719.
SANJEEV SINGH, MD, 7512 DR. PHILLIPS BLVD., SUITE 50, ORLANDO, FL 32819	PHYSICIAN	463,455.
MOHAMMAD Y. BHAGHANI, 8936 SOUTHERN BREEZE DRIVE, ORLANDO, FL 32836	PHYSICIAN	457,050.
CENTER FOR DRUG FREE LIVING, INC. 5029 NORTH LANE, ORLANDO, FL 32808	SUBSTANCE ABUSE ASSESSMENT TEAM	340,200.
CENTRAL FLORIDA GERIATRIC P.O. BOX 940578, MAITLAND, FL 32794	PHYSICIANS GROUP	224,070.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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SEE PART VII, SECTION A CONTINUATION SHEETS

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 332008
10-29-13

ASPIRE HEALTH PARTNERS, INC.

F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC

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Form 990

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SAM LUPFER DIRECTOR	1.00 2.00	X						0.	0.	0.
(28) IDA MAZAR DIRECTOR	1.00 2.00	X						0.	0.	0.
(29) REGINALD B. MCGILL DIRECTOR	1.00 2.00	X						0.	0.	0.
(30) JEFFERSON R. VOSS DIRECTOR	1.00 2.00	X						0.	0.	0.
(31) JESSE TAN PHYSICIAN	40.00 0.00				X			354,645.	0.	10,400.
(32) SANTIAGO DE LOS ANGELES PHYSICIAN	40.00 0.00				X			282,748.	0.	10,400.
(33) FLORO PORCIUNCULA PHYSICIAN	40.00 0.00				X			271,356.	0.	10,400.
(34) BAO DUONG PHYSICIAN	40.00 0.00				X			247,475.	0.	9,899.
(35) RIFFAT QURESHI PHYSICIAN	40.00 0.00				X			239,843.	0.	9,594.
(36) VICKI GARNER EXECUTIVE VP/OPERATIONS	36.00 4.00			X				171,248.	0.	27,682.
(37) CARLA CAPONI EXECUTIVE VP / CFO	36.00 4.00			X				160,590.	0.	27,256.
(38) JOHN G. KASSAB PRESIDENT/CEO	36.00 4.00			X				224,657.	0.	24,152.
(40) RICHARD C. JACOBS CHIEF EXECUTIVE OFFICER	0.00 40.00			X				0.	201,743.	17,306.
(41) BABETTE HANKEY CDO	0.00 40.00			X				0.	155,467.	15,577.
(42) ERIC HORST CHIEF FINANCIAL OFFICER	0.00 40.00			X				0.	147,843.	6,025.
(43) DEBBIE R. DRISKELL CHIEF OPERATING OFFICER	0.00 40.00			X				0.	237,702.	8,363.
(44) SCOTT GRIFFITHS CAO	0.00 40.00			X				0.	166,382.	5,473.
Total to Part VII, Section A, line 1c								1,952,562.	909,137.	182,527.

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	1,247.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	44,732.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			45,979.			
Program Service Revenue	Business Code						
	2 a CLIENT SERVICE FEES	621400		42,965,845.	42,965,845.		
	b HOSPITAL BED FEES	621400		2,168,550.	2,168,550.		
	c TRANSPORTATION	621400		353,353.	353,353.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			45,487,748.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			421,751.			421,751.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses	466,218.					
	c Rental income or (loss)	0.					
	d Net rental income or (loss)	466,218.					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses	290,200.					
	c Gain or (loss)	0.	1,847.				
	d Net gain or (loss)	290,200.	<1,847.>				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	b Less: direct expenses	a	29,432.				
	c Net income or (loss) from fundraising events	b	13,033.				
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses	a					
	c Net income or (loss) from gaming activities	b					
	10 a Gross sales of inventory, less returns and allowances						
	b Less: cost of goods sold	a					
	c Net income or (loss) from sales of inventory	b					
Miscellaneous Revenue			Business Code				
11 a CAFETERIA SALES	900099		283,048.	283,048.			
b MISCELLEANOUS	900099		109,778.	109,778.			
c AFFILIATE PASS-THROUGH INCOME	900099		96,149.	96,149.			
d All other revenue	900099		20,747.	20,747.			
e Total. Add lines 11a-11d			509,722.				
12 Total revenue. See instructions.			47,236,170.	46,285,823.	0.	904,368.	

ASPIRE HEALTH PARTNERS, INC.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	5,225.	5,225.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	740,092.		715,215.	24,877.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,115,008.	22,087,395.	975,781.	51,832.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	668,184.	589,966.	75,626.	2,592.
9 Other employee benefits	3,147,235.	2,968,697.	172,837.	5,701.
10 Payroll taxes	1,734,545.	1,612,976.	117,941.	3,628.
11 Fees for services (non-employees).				
a Management				
b Legal	980,546.	23,604.	956,942.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,559,042.	2,527,677.	31,365.	
12 Advertising and promotion	12,026.		12,026.	
13 Office expenses	1,051,253.	681,775.	369,478.	
14 Information technology				
15 Royalties				
16 Occupancy	2,231,469.	2,133,096.	98,373.	
17 Travel	130,459.	122,792.	7,667.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	53,098.	39,977.	13,121.	
20 Interest	495,819.	463,199.	32,620.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,285,406.	1,200,840.	84,566.	
23 Insurance	707,448.	646,545.	60,903.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>MEDICAL & PHARMACY EXP</u>	5,190,522.	5,190,451.	71.	
b <u>FOOD SERVICES</u>	1,498,618.	1,488,627.	9,991.	
c <u>EQUIP RENTAL AND MAINT</u>	514,153.	481,802.	32,351.	
d <u>SUPPLIES</u>	300,497.	168,042.	132,455.	
e All other expenses	376,578.	123,410.	253,168.	
25 Total functional expenses. Add lines 1 through 24e	46,797,223.	42,556,096.	4,152,497.	88,630.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

ASPIRE HEALTH PARTNERS, INC.

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F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,097,775.	1	4,304,425.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	6,145,910.	4	4,036,968.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	452,574.	8	366,369.	
	9 Prepaid expenses and deferred charges	648,633.	9	1,068,095.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,997,666.			
	b Less accumulated depreciation	10b 14,831,946.	15,316,279.	10c	16,165,720.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	20,344,618.	12	19,937,494.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,246,189.	15	1,382,872.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	46,251,978.	16	47,261,943.		
Liabilities	17 Accounts payable and accrued expenses	3,134,826.	17	3,965,847.	
	18 Grants payable		18		
	19 Deferred revenue	387,614.	19	832,555.	
	20 Tax-exempt bond liabilities	12,980,000.	20	12,250,000.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	637,369.	23	671,842.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,307,235.	25	1,384,926.	
	26 Total liabilities. Add lines 17 through 25	19,447,044.	26	19,105,170.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	26,659,501.	27	28,023,459.	
	28 Temporarily restricted net assets	145,433.	28	133,314.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	26,804,934.	33	28,156,773.	
	34 Total liabilities and net assets/fund balances	46,251,978.	34	47,261,943.	

Form **990** (2013)

ASPIRE HEALTH PARTNERS, INC.

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	47,236,170.
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,797,223.
3	Revenue less expenses Subtract line 2 from line 1	3	438,947.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,804,934.
5	Net unrealized gains (losses) on investments	5	854,925.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	57,967.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,156,773.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2013)

ASPIRE HEALTH PARTNERS, INC.

Schedule A (Form 990 or 990-EZ) 2013 **F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC59-2301233** Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2013

ASPIRE HEALTH PARTNERS, INC.

Schedule A (Form 990 or 990-EZ) 2013 **F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC** 59-2301233 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	350,234.	35,441.	12,284.	3,171.	45,979.	447,109.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	44689758.	44697676.	48509479.	46254174.	45517180.	229668267
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	45039992.	44733117.	48521763.	46257345.	45563159.	230115376
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						230115376

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	45039992.	44733117.	48521763.	46257345.	45563159.	230115376
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	775,984.	797,314.	789,769.	805,491.	887,969.	4056527.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	775,984.	797,314.	789,769.	805,491.	887,969.	4056527.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	114,207.	138,764.	192,703.	199,657.	509,722.	1155053.
13 Total support. (Add lines 9, 10c, 11, and 12)	45930183.	45669195.	49504235.	47262493.	46960850.	235326956

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	97.79 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	98.03 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	1.72 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1.65 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2013 **F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC** 59-2301233 Page 4

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **ASPIRE HEALTH PARTNERS, INC.**

F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC

Employer identification number

59-2301233

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

ASPIRE HEALTH PARTNERS, INC.

Schedule D (Form 990) 2013

F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC 59-2301233 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					
1g					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,969,585.		2,969,585.
b Buildings		24,052,913.	12,409,220.	11,643,693.
c Leasehold improvements				
d Equipment		3,975,168.	2,422,726.	1,552,442.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,165,720.

Schedule D (Form 990) 2013

ASPIRE HEALTH PARTNERS, INC.

Schedule D (Form 990) 2013

F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC 59-2301233 Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MONEY MARKET MUTUAL FUNDS	1,023,505.	END-OF-YEAR MARKET VALUE
(B) CERTIFICATES OF DEPOSIT	501,922.	END-OF-YEAR MARKET VALUE
(C) EQUITIES	5,480,554.	END-OF-YEAR MARKET VALUE
(D) FIXED INCOME	12,219,498.	END-OF-YEAR MARKET VALUE
(E) REAL ESTATE	355,060.	END-OF-YEAR MARKET VALUE
(F) TANGIBLE ASSETS	356,955.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	19,937,494.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ESTIMATED THIRD-PARTY PAYOR	
(3) SETTLEMENT	300,000.
(4) INTEREST RATE SWAP LIABILITY	1,084,926.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,384,926.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2013

ASPIRE HEALTH PARTNERS, INC.

Schedule D (Form 990) 2013

F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC 59-2301233 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	48,067,793.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	57,967.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	854,925.	
e	Add lines 2a through 2d		2e	912,892.
3	Subtract line 2e from line 1		3	47,154,901.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	81,269.	
c	Add lines 4a and 4b		4c	81,269.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	47,236,170.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	46,715,954.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	46,715,954.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	81,269.	
c	Add lines 4a and 4b		4c	81,269.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	46,797,223.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN FV OF INTEREST RATE SWAPS 854,925.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON DISPOSAL OF ASSETS -1,847.

AFFILIATE PASS-THROUGH INCOME 96,149.

FUNDRAISING EXPENSES -13,033.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 81,269.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ASSETS -1,847.

332054
09-25-13

Schedule D (Form 990) 2013

TOTAL TO SCHEDULE D, PART XII, LINE 4B 81,269.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization **ASPIRE HEALTH PARTNERS, INC.**

F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC

Employer identification number

59-2301233

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

[illegible]**Total**

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

ASPIRE HEALTH PARTNERS, INC.

Schedule G (Form 990 or 990-EZ) 2013 **F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC59-2301233** Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 MIAW LUNCH (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	14,347.	15,085.		29,432.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	14,347.	15,085.		29,432.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		13,033.		13,033.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				13,033.
	11 Net income summary. Subtract line 10 from line 3, column (d)				16,399.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

Schedule G (Form 990 or 990-EZ) 2013 **F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC** 59-2301233 Page 3

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in.

a The organization's facility	13a	%
-------------------------------	-----	---

	13b	%
b An outside facility		

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party

Name ▶

Address ►

16 Gaming manager information

Name

Gaming manager compensation ▶ \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

☐ Employee ☐ Independent contractor

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization **ASPIRE HEALTH PARTNERS, INC.**
F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC Employer identification number **59-2301233**

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- b** If "Yes," was it a written policy?
If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year
- ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
- ☐ Generally tailored to individual hospital facilities
- 3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year
- a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care?
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care
- ☐ 100% ☒ 150% ☐ 200% ☐ Other _____ %
- b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care
- ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %
- c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.
- 4** Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a		X
5b		
5c		
6a	X	
6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			20010074.	16581403.	3428671.	7.33%
b Medicaid (from Worksheet 3, column a)			2375173.	1609829.	765,344.	1.64%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			22385247.	18191232.	4194015.	8.97%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits						
k Total. Add lines 7d and 7j			22385247.	18191232.	4194015.	8.97%

Schedule H (Form 990) 2013

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

Part III	Bad Debt, Medicare, & Collection Practices
-----------------	---

Yes	No
-----	----

- | | | |
|---|--|---|
| 1 | | X |
|---|--|---|

- | | |
|---|-------------|
| 2 | 14,252,348. |
|---|-------------|

- | | |
|---|-------------|
| 3 | 14,252,348. |
|---|-------------|

- 5 | 3,412,553.

- | | |
|---|------------|
| 6 | 2,584,802. |
|---|------------|

- | | |
|---|----------|
| 7 | 827,751. |
|---|----------|

- ☒ Cost accounting system ☐ Cost to charge ratio ☐ Other

9a	X	
----	---	--

- | | | |
|----|--|---|
| 9b | | X |
|----|--|---|

332092
10-03-13

Part V	Facility Information
---------------	-----------------------------

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number

1 ASPIRE HEALTH PARTNERS, INC.
1800 MERCY DRIVE, SUITE 302
ORLANDO, FL 32808

[illegible]

ASPIRE HEALTH PARTNERS, INC.

Schedule H (Form 990) 2013

F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC 59-2301233 Page 4

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group ASPIRE HEALTH PARTNERS, INC.

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	X	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP://ASPIREHEALTHPARTNERS.COM</u>		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	X	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

ASPIRE HEALTH PARTNERS, INC.

Schedule H (Form 990) 2013

F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC 59-2301233 Page 5

Part V Facility Information (continued) ASPIRE HEALTH PARTNERS, INC.

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>150</u> % If "No," explain in Section C the criteria the hospital facility used.	X	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300</u> % If "No," explain in Section C the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	X	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		X
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Schedule H (Form 990) 2013

ASPIRE HEALTH PARTNERS, INC.

Schedule H (Form 990) 2013

F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC 59-2301233 Page 6

Part V Facility Information (continued) **ASPIRE HEALTH PARTNERS, INC.**

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- a ☐ Notified individuals of the financial assistance policy on admission
- b ☐ Notified individuals of the financial assistance policy prior to discharge
- c ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	X	

If "No," indicate why:

- a ☐ The hospital facility did not provide care for any emergency medical conditions
- b ☐ The hospital facility's policy was not in writing
- c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d ☐ Other (describe in Section C)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c ☒ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d ☐ Other (describe in Section C)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

21		X

If "Yes," explain in Section C

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

22		X

If "Yes," explain in Section C

Schedule H (Form 990) 2013

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc

ASPIRE HEALTH PARTNERS, INC.:

PART V, SECTION B, LINE 3: TWENTY KEY STAKEHOLDERS WERE IDENTIFIED AND INTERVIEWED TO SHARE THEIR VIEWS ON COMMUNITY HEAALTH AS IT PERTAINS TO VARIOUS GROUPS WITHIN THE POPULATION, DESCRIBE SERVICES IN PLACE TO ADDRES HEALTH NEEDS AND IDENTIFY GAPS AND OPPORTUNITIES WHERE SERVICES COULD BE OFFERED TO IMPROVE THE CURRENT SYSTEM OF CARE.

Part V	Facility Information <i>(continued)</i>
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Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

[illegible]

Schedule H (Form 990) 2013

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

PART II, COMMUNITY BUILDING ACTIVITIES:

EXPLANATION: ANNUALLY, THE ORGANIZATION, THROUGH ITS AFFILIATE, LAKESIDE BEHAVIORAL HEALTHCARE FOUNDATION, INC., HOLDS A NUMBER OF COMMUNITY EVENTS AND FUNDRAISERS TO RAISE AWARENESS AND MONEY FOR MENTAL HEALTH PROGRAMS.

PART III, LINE 4:

EXPLANATION: THE ORGANIZATION, BY POLICY, PROVIDES CARE TO ALL PERSONS IN NEED REGARDLESS OF ABILITY TO PAY. GENERALLY, WHEN A CLIENT HAS NO THIRD-PARTY PAYOR SOURCE, THE FEES FOR SERVICES PROVIDED ULTIMATELY PROVE TO BE UNCOLLECTIBLE. HOWEVER, IT IS DIFFICULT TO ESTABLISH ON CLIENT INTAKE WHETHER THE SERVICES PROVIDED WILL ULTIMATELY PROVE TO BE CHARITY CARE. ACCORDINGLY, AN ALLOWANCE FOR DOUBTFUL ACCOUNTS/CHARITY CARE IS ESTABLISHED WITH THE CORRESPONDING CHARGE RECORDED TO NET CLIENT SERVICE REVENUE.

PART III, LINE 4 (CONTINUED):

THE RESERVE METHOD OF ACCOUNTING IS USED TO COMPUTE THE COST OF BAD DEBT EXPENSE AS EXPLAINED ABOVE AND IN THE FINANCIAL STATEMENTS FOOTNOTES.

Part VI Supplemental Information (Continuation)

PART III, LINE 8:

EXPLANATION: THE SOURCE USED TO DETERMINE THE AMOUNT ON PART III LINE 6 WAS THE MEDICARE COST REPORTS.

PART VI, LINE 2:

EXPLANATION: THE ORGANIZATION IS INVOLVED IN A VARIETY OF COLLABORATIONS WITH OTHER COMMUNITY PROVIDERS AND ORGANIZATIONS AS WELL AS THE STATE AND LOCAL GOVERNMENTS WITH THE GOAL OF ENHANCING, INCREASING AND IMPROVING THE BEHAVIORAL HEALTH SERVICES AVAILABLE TO OUR COMMUNITY.

PART VI, LINE 3:

EXPLANATION: INFORMATION ON SLIDING FEE SCHEDULES AND ENTITLEMENT SERVICES IS AVAILABLE TO ALL CLIENTS UPON ADMISSION TO THE ORGANIZATION'S SERVICES. CLIENT FINANCIAL REPRESENTATIVES ARE AVAILABLE ON SITE TO MEET WITH AND DETERMINE A CLIENT'S ELIGIBILITY FOR VARIOUS GOVERNMENT ENTITLEMENTS AND LAKESIDE DISCOUNTS. ALL CLIENTS RECEIVING INVOICES FOR SERVICES ARE ALSO PROVIDED THIS INFORMATION WITH THEIR INVOICE.

PART VI, LINE 4:

EXPLANATION: THE ORGANIZATION PROVIDES COMMUNITY BASED BEHAVIORAL HEALTHCARE TO THE RESIDENTS OF ORANGE COUNTY, FLORIDA. A LARGE MAJORITY OF THE CLIENTS SERVED HAVE SEVERE AND PERSISTENT MENTAL ILLNESS AND ARE BELOW THE FEDERAL POVERTY GUIDELINES.

PART VI, LINE 5:

EXPLANATION: THE ORGANIZATION HAS A COMMUNITY BOARD THAT IS COMMITTED TO EXPANDING THE ORGANIZATION'S MENTAL HEALTH PROGRAMS AND CONTINUING IT'S

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

ASPIRE HEALTH PARTNERS, INC.

F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC

Employer identification number

59-2301233

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,
trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to
establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☒ Form 990 of other organizations

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization.

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of.

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

ASPIRE HEALTH PARTNERS, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JESSE TAN PHYSICIAN	(i) 354,645.	0.	0.	10,400.	0.	365,045.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(2) SANTIAGO DE LOS ANGELES PHYSICIAN	(i) 282,748.	0.	0.	10,400.	0.	293,148.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(3) FLORO PORCIUNCULA PHYSICIAN	(i) 271,356.	0.	0.	10,400.	0.	281,756.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(4) BAO DUONG PHYSICIAN	(i) 247,475.	0.	0.	9,899.	0.	257,374.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(5) RIFFAT QURESHI PHYSICIAN	(i) 239,843.	0.	0.	9,594.	0.	249,437.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(6) VICKI GARNER EXECUTIVE VP/OPERATIONS	(i) 171,248.	0.	0.	6,850.	20,832.	198,930.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(7) CARLA CAPONI EXECUTIVE VP / CFO	(i) 160,590.	0.	0.	6,424.	20,832.	187,846.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(8) JOHN G. KASSAB PRESIDENT/CEO	(i) 224,657.	0.	0.	8,986.	15,166.	248,809.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(9) RICHARD C. JACOBS CHIEF EXECUTIVE OFFICER	(i) 201,743.	0.	0.	0.	17,306.	219,049.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(10) BABETTE HANKEY CDO	(i) 155,467.	0.	0.	0.	15,577.	171,044.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(11) ERIC HORST CHIEF FINANCIAL OFFICER	(i) 147,843.	0.	0.	0.	6,025.	153,868.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(12) DEBBIE R. DRISKELL CHIEF OPERATING OFFICER	(i) 237,702.	0.	0.	0.	8,363.	246,065.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(13) SCOTT GRIFFITHS CAO	(i) 166,382.	0.	0.	0.	5,473.	171,855.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.

F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC.

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions. ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **ASPIRE HEALTH PARTNERS, INC.**
F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC.

Employer identification number
59-2301233

OMB No. 1545-0047

2013

Open to Public
Inspection

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
ORANGE COUNTY HEALTH A FACILITIES AUTHORITY	52-1378595	6845035V3	07/15/08	16220000.	SEE SUPPLEMENTAL INFORMATION	X			X		X
B											
C											
D											

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	3,240,000.			
2 Amount of bonds legally defeased	8,944,131.			
3 Total proceeds of issue	16,220,000.			
4 Gross proceeds in reserve funds	926,541.			
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	260,989.			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds	544,000.			
10 Capital expenditures from proceeds	2,304,339.			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2008			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A	B	C	D
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		

ASPIRE HEALTH PARTNERS, INC.

F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC

59-2301233

Page 2

Schedule K (Form 990) 2013

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	SUNTRUST BANK, NA							
c Term of hedge	13.0000000							
d Was the hedge superintegrated?	X							
e Was the hedge terminated?		X						

ASPIRE HEALTH PARTNERS, INC.

F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC

59-2301233

Page 3

Schedule K (Form 990) 2013

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider	N/A							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X						
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions)

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: ORANGE COUNTY HEALTH FACILITIES AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 09/11/2013

SCHEDULE K, PART I(F)

PROCEEDS OF THE ISSUANCE WERE USED FOR THE DEFEASANCE OF 1995 BONDS, TO PAY OFF FINANCIAL INSTITUTION TERM LOANS, THE FUNDING OF CERTAIN CAPITAL PROJECTS, AND TO PAY CERTAIN COSTS OF ISSUANCE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization	ASPIRE HEALTH PARTNERS, INC. F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC	Employer identification number 59-2301233
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ORGANIZATION'S MISSION IS TO PROVIDE THE PEOPLE OF CENTRAL FLORIDA
COMPASSIONATE, COMPREHENSIVE, AND COST EFFECTIVE BEHAVIORAL HEALTH CARE
SERVICES THAT FOCUS ON INDIVIDUALIZED RECOVERY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESIDENTIAL SERVICES - LEVEL TWO AND THREE FACILITIES PROVIDING AN 18
BED GROUP HOME AND SUPERVISED APARTMENT FOR UP TO 52 RESIDENTS. THE
FACILITY OFFERS A FULL RANGE OF THERAPEUTIC & PSYCHO-EDUCATIONAL
ACTIVITIES.

EXPENSES \$ 2,851,683. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,213,182.

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: DURING THE YEAR ENDED JUNE 30, 2014, LAKESIDE BEHAVIORAL
HEALTHCARE ("LAKESIDE"), SEMINOLE MENTAL HEALTH CENTER, INC. D/B/A SEMINOLE
BEHAVIORAL HEALTHCARE ("SEMINOLE"), AND THE CENTER FOR DRUG FREE LIVING,
INC. (THE "CENTER") ENTERED INTO AN AGREEMENT AND PLAN OF MERGER (THE
"MERGER AGREEMENT") WHICH PROVIDED, AMONG OTHER THINGS, THAT EACH OF THE
ENTITIES AMENDED THEIR GOVERNING DOCUMENTS SUCH THAT LAKESIDE BECAME THE
SOLE MEMBER OF SEMINOLE AND THE CENTER.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FINANCE COMMITTEE WILL CONDUCT A COMPREHENSIVE REVIEW OF
THE FORM 990 WITH THE CFO AND EXTERNAL CPA'S PRIOR TO FILING THE RETURN
WITH THE IRS. A COPY OF THE RETURN, AS ULTIMATELY FILED, IS PROVIDED TO
EACH VOTING MEMBER OF THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE

Name of the organization	ASPIRE HEALTH PARTNERS, INC. F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC	Employer identification number 59-2301233
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IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE ORGANIZATION'S CONFLICT-OF-INTEREST POLICY COVERS ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS, ALL LEVELS OF STAFF, CONTRACT AND SUB-CONTRACT EMPLOYEES AND PRACTITIONERS, INTERNS AND VOLUNTEERS, AND ANY OTHER INDIVIDUAL WITH FIDUCIARY RESPONSIBILITY TO THE ORGANIZATION. MEMBERS OF THE GOVERNING BOARD ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST AND RELATED PARTY STATEMENT UPON APPOINTMENT AND EVERY YEAR THEREAFTER. STAFF MEMBERS, CONTRACT AND SUB-CONTRACT EMPLOYEES AND PRACTITIONERS, INTERNS AND VOLUNTEERS, AND VENDORS AND SUPPLIERS WILL COMPLETE AND SIGN REQUIRED STATEMENTS UPON EMPLOYMENT. THE BOARD CHAIRMAN, PRESIDENT/CEO, AND THOSE IN SUPERVISORY CAPACITIES WILL REVIEW THE DECISION MAKING PROCESS AND ASSURE IMPARTIALITY. THE FULL BOARD WILL MAINTAIN FINAL AUTHORITY ON EXCLUDING BOARD MEMBERS FROM THE DECISION MAKING PROCESS AND ASSURE IMPARTIALITY. THE PRESIDENT/CEO WILL MAINTAIN FINAL AUTHORITY ON EXCLUDING ALL OTHERS COVERED BY THE POLICY FROM THE DECISION MAKING PROCESS DUE TO REAL OR POTENTIAL CONFLICTS OF INTEREST. WHENEVER A CONFLICT IS NOTED, THE INDIVIDUAL, THEIR SUPERVISOR OR THE COMPANY DESIGNEE MUST NOTIFY THE PRESIDENT/CEO. ANY INDIVIDUAL INVOLVED IN A REAL OR POTENTIAL CONFLICT OF INTEREST WILL AVOID INVOLVEMENT IN THE DECISION MAKING PROCESS; HOWEVER, THE INDIVIDUAL MAY DISCLOSE ANY KNOWN FACTS INDICATING WHY THE PROPOSED TRANSACTION IS NOT IN THE BEST INTEREST OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: THE ORGANIZATION UTILIZES A COMPENSATION COMMITTEE. ALL MEMBERS OF THE COMMITTEE ARE INDEPENDENT WITH REGARD TO COMPENSATION DECISIONS. THE COMMITTEE REVIEWS 990'S OF OTHER COMPARABLE ORGANIZATIONS,

Name of the organization ASPIRE HEALTH PARTNERS, INC.

F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC

Employer identification number

59-2301233

PARTICIPATES IN AND UTILIZES A MENTAL HEALTH CORPORATIONS OF AMERICA SALARY SURVEY, AND REQUIRES APPROVAL BY THE BOARD OF DIRECTORS FOR ALL COMPENSATION DECISIONS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT THEIR LOCATION OF BUSINESS OR THROUGH E-MAIL CORRESPONDENCE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FV OF INTEREST RATE SWAPS 57,967.

FORM 990, PART XII, LINE 2C

EXPLANATION: THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE SELECTION, MONITORING AND EVALUATION OF AN INDEPENDENT AUDIT FIRM AND OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. THERE WAS NO CHANGE IN THIS PROCESS FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **ASPIRE HEALTH PARTNERS, INC.**

F/K/A LAKESIDE BEHAVIORAL HEALTHCARE, INC

Employer identification number
59-2301233

OMB No. 1545-0047

2013

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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LAKESIDE BEHAVIORAL HEALTHCARE FOUNDATION, INC. - 59-3425984, 5151 ADANSON STREET, ORLANDO, FL 32804	PROMOTE DEVELOPMENT AND ADVANCEMENT OF LAKESIDE BEHAVIORAL HEALTHCARE	FLORIDA	501(C)(3)	LINE 11A, I	ASPIRE HEALTH PARTNERS, INC. (F/K/A) LAKESIDE		X
LAKESIDE PLACE, INC. - 59-3627035 5151 ADANSON STREET ORLANDO, FL 32804	PROVIDE HOUSING AND SERVICES TO LOW-INCOME PERSONS WITH DISABILITIES, FLORIDA	FLORIDA	501(C)(3)	LINE 9	ASPIRE HEALTH PARTNERS, INC. (F/K/A) LAKESIDE		X
SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC. - 59-1304471, 237 FERN WOOD BLVD, FERN PARK, FL 32730	PROVIDE COMPREHENSIVE BEHAVIORAL HEALTH,	FLORIDA	501(C)(3)	LINE 7	ASPIRE HEALTH PARTNERS, INC. (F/K/A) LAKESIDE		X
THE CENTER FOR DRUG FREE LIVING, INC. - 59-1532941, 5151 ADANSON STREET, ORLANDO, FL 32804	PROVIDE COMPREHENSIVE SUBSTANCE ABUSE REHABILITATION	FLORIDA	501(C)(3)	LINE 7	ASPIRE HEALTH PARTNERS, INC. (F/K/A) LAKESIDE		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

SEE PART VII FOR CONTINUATIONS

Part II

[illegible]

[illegible][illegible][illegible]

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1) THE CENTER FOR DRUG FREE LIVING, INC	M	340,200	ACTUAL COST		
(2) SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC	S	3,527,025	ACTUAL COST		
(3) SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC	Q	3,442,005	ACTUAL COST		
(4) THE CENTER FOR DRUG FREE LIVING, INC	Q	4,547,192	ACTUAL COST		
(5)					
(6)					
53					

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**NAME OF RELATED ORGANIZATION:**

LAKESIDE BEHAVIORAL HEALTHCARE FOUNDATION, INC.

PRIMARY ACTIVITY: PROMOTE DEVELOPMENT AND ADVANCEMENT OF LAKESIDE
BEHAVIORAL HEALTHCARE, INC.DIRECT CONTROLLING ENTITY: ASPIRE HEALTH PARTNERS, INC. (F/K/A) LAKESIDE
BEHAVIORAL HEALTHCARE, INC.**NAME OF RELATED ORGANIZATION:**

LAKESIDE PLACE, INC.

DIRECT CONTROLLING ENTITY: ASPIRE HEALTH PARTNERS, INC. (F/K/A) LAKESIDE
BEHAVIORAL HEALTHCARE, INC.**NAME OF RELATED ORGANIZATION:**

SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC

DIRECT CONTROLLING ENTITY: ASPIRE HEALTH PARTNERS, INC. (F/K/A) LAKESIDE
BEHAVIORAL HEALTHCARE, INC.**NAME OF RELATED ORGANIZATION:**

THE CENTER FOR DRUG FREE LIVING, INC

DIRECT CONTROLLING ENTITY: ASPIRE HEALTH PARTNERS, INC. (F/K/A) LAKESIDE
BEHAVIORAL HEALTHCARE, INC.**NAME OF RELATED ORGANIZATION:**

CENTRAL FLORIDA FOUNDATION FOR A DRUG-FREE COMMUNITY INC

DIRECT CONTROLLING ENTITY: ASPIRE HEALTH PARTNERS, INC. (F/K/A) LAKESIDE
BEHAVIORAL HEALTHCARE, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

NAME OF RELATED ORGANIZATION:

TD ASSOCIATES INC

DIRECT CONTROLLING ENTITY: ASPIRE HEALTH PARTNERS, INC. (F/K/A) LAKESIDE
BEHAVIORAL HEALTHCARE, INC.

**ASPIRE HEALTH PARTNERS, INC.
AND ITS SUBSIDIARIES AND AFFILIATES**

**COMBINED FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

Year Ended June 30, 2014

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**MOORE STEPHENS
LOVELACE, P.A.**

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Aspire Health Partners, Inc. and its
Subsidiaries and Affiliates
Orlando, Florida

We have audited the accompanying combined balance sheets of Aspire Health Partners, Inc. and its Subsidiaries and Affiliates (the "Organization") as of June 30, 2014, and the related combined statements of operations and changes in net assets, and cash flows for the year then ended.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2014, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

To the Board of Directors of
Aspire Health Partners, Inc. and its
Subsidiaries and Affiliates

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated December 10, 2014 on our consideration of the Organization's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

A handwritten signature in black ink that reads "Moore Stephens Lovelace, P.A.".

MOORE STEPHENS LOVELACE, P.A.
Certified Public Accountants

Orlando, Florida
December 10, 2014

**ASPIRE HEALTH PARTNERS, INC.
AND ITS SUBSIDIARIES AND AFFILIATES**

COMBINED BALANCE SHEET

June 30, 2014

ASSETS

CURRENT ASSETS

Cash and cash equivalents	\$ 8,397,675
Short-term investments	854,656
Current portion of assets whose use is limited	35,038
Accounts receivable, net	9,584,183
Pharmacy inventory	366,369
Other current assets	<u>1,269,864</u>

TOTAL CURRENT ASSETS 20,507,785

INVESTMENTS - DESIGNATED FOR CAPITAL REPLACEMENT

23,269,402

ASSETS WHOSE USE IS LIMITED

541,480

PROPERTY, BUILDINGS, AND EQUIPMENT, NET

40,187,334

DEFERRED FINANCING COSTS, NET

160,070

OTHER ASSETS

164,921

TOTAL ASSETS \$ 84,830,992

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Current portion of long-term debt	\$ 730,000
Accounts payable and accrued expenses	3,014,932
Accrued salaries and benefits	2,702,139
Resident security deposits and other liabilities	80,396
Deferred revenue	<u>392,499</u>

TOTAL CURRENT LIABILITIES 6,919,966

INTEREST RATE SWAP LIABILITY

1,084,926

RESERVE FOR THIRD-PARTY PAYOR AND OTHER SETTLEMENTS

300,000

DEFERRED REVENUE

212,806

CAPITAL ADVANCES

4,409,543

**LONG-TERM DEBT, NET OF CURRENT PORTION
AND UNAMORTIZED DISCOUNT**

14,391,842

TOTAL LIABILITIES 27,319,083

COMMITMENTS AND CONTINGENCIES

NET ASSETS

Unrestricted	55,863,668
Temporarily restricted	<u>1,648,241</u>

TOTAL NET ASSETS 57,511,909

TOTAL LIABILITIES AND NET ASSETS \$ 84,830,992

The accompanying notes are an integral part of the combined financial statements

**ASPIRE HEALTH PARTNERS, INC.
AND ITS SUBSIDIARIES AND AFFILIATES**

COMBINED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

Year Ended June 30, 2014

UNRESTRICTED REVENUES AND SUPPORT	
Net client service revenue	\$ 30,752,697
Grant and contract revenues	49,926,290
Rental and other income	1,393,030
Investment income	797,310
Contributions, donations and other support	1,732,472
In-kind support	303,042
Net assets released from restrictions	49,509
	<hr/>
TOTAL UNRESTRICTED REVENUES AND SUPPORT	84,954,350
 EXPENSES	
Salaries	44,275,339
Employee benefits	10,103,076
Professional fees	4,985,672
Travel	492,976
Equipment cost	1,445,487
Medical and pharmacy	5,774,103
Direct client care	642,240
Building occupancy	4,896,154
Food services	2,737,224
Depreciation and amortization	2,788,875
Operating supplies	3,313,435
Other	678,523
Interest	622,901
Insurance	1,465,690
	<hr/>
TOTAL EXPENSES	84,221,695
INCOME FROM OPERATIONS	732,655
 OTHER GAINS (LOSSES)	
Change in fair value of interest rate swaps	57,967
Change in unrealized gain/loss on investments	1,143,161
	<hr/>
TOTAL OTHER GAINS (LOSSES)	1,201,128
INCREASE IN UNRESTRICTED NET ASSETS	1,933,783
 TEMPORARILY RESTRICTED NET ASSETS	
Donation temporarily restricted	59,111
Net assets released from restrictions	(49,509)
	<hr/>
INCREASE IN NET ASSETS	1,943,385
 NET ASSETS - BEGINNING OF YEAR	 55,568,524
	<hr/>
NET ASSETS - END OF YEAR	\$ 57,511,909
	<hr/>

The accompanying notes are an integral part of the combined financial statements.

**ASPIRE HEALTH PARTNERS, INC.
AND ITS SUBSIDIARIES AND AFFILIATES**

COMBINED STATEMENT OF CASH FLOWS

Year Ended June 30, 2014

CASH FLOWS FROM OPERATING ACTIVITIES	
Increase in net assets	\$ 1,943,385
Adjustments to reconcile increase in net assets to net cash provided by operating activities:	
Depreciation and amortization	2,788,875
Change in fair value of interest rate swaps	(57,967)
Change in unrealized gain/loss on investments	(1,143,161)
(Loss) on disposal of fixed assets	4,433
Changes in operating assets and liabilities:	
Accounts receivable	1,595,888
Resident security deposits, net	28,613
Pharmacy inventory	86,205
Other assets	(461,434)
Accounts payable and accrued expenses	1,403,300
Accrued salaries and benefits	(922,057)
Reserve for third-party payor and other settlements	(870,328)
Deferred revenue	(7,118)
	<hr/>
NET CASH PROVIDED BY OPERATING ACTIVITIES	4,388,634
 CASH FLOWS FROM INVESTING ACTIVITIES	
Change in investments, net	3,708,079
Change in assets whose use is limited, net	(28,346)
Acquisition of property, buildings, and equipment, net	(3,096,015)
	<hr/>
NET CASH PROVIDED BY INVESTING ACTIVITIES	583,718
 CASH FLOWS USED IN FINANCING ACTIVITIES	
Increase in mortgage payable	420,193
(Decrease) in unsecured long term debt	(2,443,665)
	<hr/>
NET CASH USED IN FINANCING ACTIVITIES	(2,023,472)
NET CHANGE IN CASH AND CASH EQUIVALENTS	2,948,880
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	<hr/> 5,448,795
CASH AND CASH EQUIVALENTS AT END OF YEAR	<hr/> <u>\$ 8,397,675</u>

The accompanying notes are an integral part of the combined financial statements.

**ASPIRE HEALTH PARTNERS, INC.
AND ITS SUBSIDIARIES AND AFFILIATES**
NOTES TO COMBINED FINANCIAL STATEMENTS

Year Ended June 30, 2014

NOTE 1 - NATURE OF ORGANIZATION AND BASIS OF PRESENTATION

During the year ended June 30, 2014, Lakeside Behavioral Healthcare (“Lakeside”), Seminole Mental Health Center, Inc. d/b/a Seminole Behavioral Healthcare (“Seminole”), and The Center for Drug Free Living, Inc. (the “Center”) entered into an Agreement and Plan of Merger (the “Merger Agreement”) which provided, among other things, that each of the entities amended their governing documents such that Lakeside became the sole member of Seminole and the Center. Lakeside also changed its name to Aspire Health Partners, Inc. Because the governing board of Aspire Health Partners, Inc. had effective control over Seminole, the Center and their affiliates during substantially the entire year ended June 30, 2014, their financial statements are presented on a consolidated (in the case of the subsidiaries) and combined (in the case of controlled affiliates) basis. For brevity, these financial statements are referred to herein as the combined financial statements of Aspire Health Partners, Inc. and its subsidiaries and affiliates.

Effective July 1, 2014, Seminole and the Center ceased to have separate corporate existence and each was merged with and into Aspire Health Partners, Inc.

T. D. Associates, Inc. (“TD”), Central Florida Foundation for a Drug-Free Community, Inc. (“CFFDFC”), Lakeside Behavioral Healthcare Foundation, Inc. (the “Foundation”) and Lakeside Place, Inc. (“Lakeside Place”) are each affiliated with Aspire Health Partners, Inc. through common management and control.

Collectively, Aspire Health Partners, Inc. and its subsidiaries and affiliated entities are referred to herein as Aspire Health Partners or the Organization.

The Organization is a nonprofit, behavioral healthcare system providing clinical, rehabilitative, residential services and comprehensive mental health, and substance abuse treatment services. Its mission is to provide the people of Central Florida with compassionate, comprehensive, and cost-effective behavioral healthcare services that lead to successful living and healthy, responsible lifestyles.

In addition to the programs it provides, Aspire Health Partners also leases facilities to other organizations engaged in providing healthcare and social services.

Lakeside Place owns and operates an 18-unit residential facility for persons with disabilities. Financing for the construction of the building was obtained from the U.S. Department of Housing and Urban Development (“HUD”).

NOTE 1 - NATURE OF ORGANIZATION AND BASIS OF PRESENTATION (Continued)

The Foundation is a charitable foundation established for the purpose of providing financial support to the Organization and its programs.

TD currently operates primarily for the purpose of acquiring and leasing property to and generally supporting the Organization and its programs. CFFDFC engages in grants acquisition and other fundraising activities on behalf of the Organization's programs.

All significant inter-organization accounts and transactions have been eliminated in the consolidation and combination of the financial statements.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

In the presentation of functional expenses (see Note 10), the Organization allocates its costs based on hours worked, square footage, specific identification, and other rational methods.

Cash and Cash Equivalents

Aspire Health Partners considers all unrestricted, highly liquid investments with a maturity of three months or less when purchased, except those classified as assets whose use is limited or investments, to be cash equivalents.

Accounts Receivable

The Organization records accounts receivable at the estimated amounts receivable from clients, residents, third-party payors, and others at the time services or occupancy rights are provided. The Organization provides an allowance for doubtful accounts based upon the age of the receivable, historical collection experience, and client-specific credit evaluations. By policy, the Organization provides care to persons in need regardless of ability to pay. Generally, when a client has no third-party payor source, the fees for services provided ultimately prove to be uncollectible. However, it is difficult to establish on client intake whether the services provided will ultimately prove to be charity care. Accordingly, an allowance for doubtful accounts is established, with the corresponding charge recorded to net client service revenue. The allowance for doubtful accounts at June 30, 2014 was approximately \$9,214,000.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Pharmaceutical Inventory

Purchased pharmacy drugs are recorded in inventory at the lower of cost, determined using the first-in, first-out method, or market value. Aspire Health Partners receives significant quantities of pharmacy drugs from donors who specify that they be dispensed only to specific clients. The Organization has no discretion to dispense these drugs to other than the specified beneficiary clients. The Organization does not record contribution income or related expenses for these transactions where it operates only as an agent between the donor and the specified beneficiary. Pharmaceuticals valued at approximately \$4,295,000 were received from these donors during the year ended June 30, 2014.

Assets Whose Use Is Limited

Assets whose use is limited includes amounts set aside under provisions of borrowing and contractual arrangements. A detail of the amounts comprising assets whose use is limited is presented in Note 3 of these combined financial statements.

Investments

Investments are reported on the combined balance sheet at fair value. Fair value is determined using the quoted closing or latest bid prices. Realized gains and losses are calculated based on proceeds received, less carrying value. The carrying value of securities sold is based on the specific-identification method. Changes in net unrealized gains and losses are reported in the combined statement of operations and changes in net assets and represent the change in the fair value of investments during the year.

Property, Buildings, and Equipment

Property, buildings, and equipment with an acquisition value in excess of \$1,000 are recorded at cost or, if donated, at fair market value at the date of donation. Depreciation is provided using the straight-line method over the estimated useful life of each class of depreciable asset ranging from 3 to 40 years.

Property, buildings and equipment, and other long-lived assets are reviewed for impairment whenever changes in circumstances indicate that the carrying value of an asset may not be recoverable. If the fair value is less than the carrying amount of the asset, an impairment loss is recognized. No impairment losses were recognized during the year ended June 30, 2014.

Deferred Financing Costs

Deferred financing costs of approximately \$235,000 are presented net of accumulated amortization of approximately \$75,000 at June 30, 2014. Amortization expense is recognized over the term of the related borrowing arrangement. Amortization expense relating to deferred financing costs amounted to approximately \$17,000 for the year ended June 30, 2014.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Client Service Revenue

Client service revenue is reported at the estimated net realizable amounts from residents, clients, third-party payors, and others at the time services are rendered. Aspire Health Partners has agreements with third-party payors that provide for payments to the Organization at amounts different from established rates. Payment arrangements include reimbursed costs, discounted charges, and per diem payments. Revenue under third-party payor agreements is subject to audit and retroactive adjustment. Provisions for estimated third-party payor settlements are included in the period the related services are rendered. Differences between the estimated amounts accrued and interim and final settlements are reported in operations in the year of settlement.

Charity care services are provided to clients who qualify under the criteria established by the State Substance Abuse and Mental Health contract. The value of charity care is determined by the excess of allowable state earnings over the amount reimbursed by the state contract. Such amounts are not reported as revenue. The charges foregone for services and supplies furnished under the Organization's charity care methodology for the year ended June 30, 2014, were approximately \$4,528,000.

Contributions and Donations

Contributions are recorded at their estimated fair values on the date of receipt or when the donor makes an unconditional promise to give.

Contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Gifts of cash and other assets received with donor stipulations that limit the use of the donated assets are reported as a restricted contribution. When a restriction ends, or the purpose of the restriction is accomplished, restricted net assets are reclassified to unrestricted net assets and are reported in the combined statement of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met in the same reporting period are reported as unrestricted contributions in that period.

Numerous individuals volunteer their time and effort in support of Aspire Health Partners and its mission. When the Organization would ordinarily have had to pay for these services and there is an objectively determinable basis for measuring the cost that would have been paid, the Organization records the value of the volunteered services as support and expense in the period the services were provided. Otherwise, the volunteered services are not recorded. There were no volunteer services recorded during the year ended June 30, 2014.

The Organization incurred fundraising costs of approximately \$201,000 during the year ended June 30, 2014.

Grant and Contract Revenues

Revenues under grants and contracts are recognized at the time related expenditures are incurred or contracted services are provided, as defined in the contract or grant agreement.

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

Deferred Revenue

Aspire Health Partners periodically receives grants from the Florida Department of Transportation (the "Department") to purchase buses for use in its programs. Under the terms of the grants, the Department records and maintains a lien on the bus titles until they have reached their useful lives. When the useful life requirement is met, the Department will fund replacement buses or transfer title to the Organization. Accordingly, grant revenue is being recognized over the vehicle's useful life of five years. The Organization also received other private grants with use restrictions. Deferred grant revenue was approximately \$605,000 at June 30, 2014.

Income Taxes

Aspire Health Partners and each of its subsidiaries and affiliates have been recognized by the Internal Revenue Service as tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code. Accordingly, income earned in furtherance of their tax-exempt purposes is exempt from federal and state income taxes. Income from certain of the Organization's rental activities may be deemed unrelated to its tax-exempt purpose and, therefore, may be taxable. As of June 30, 2014, with certain exceptions, the Organization is no longer subject to income tax examinations by U.S. federal taxing authorities for any tax years prior to the most recent three years.

Net Assets

Unrestricted net assets of the Organization include funds designated by the Board of Directors for various programs and other purposes in the amount of \$23,269,402. The composition of unrestricted net assets at June 30, 2014, is as follows:

Temporarily restricted net assets are subject to donor-imposed restrictions that expire upon the passage of time or once specific actions are undertaken by the Organization. At June 30, 2014, there were no assets subject to permanent donor restrictions.

Subsequent Events

In preparing the combined financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through December 10, 2014, the date the combined financial statements were issued.

NOTE 3 - ASSETS WHOSE USE IS LIMITED

The composition of assets limited as to use at June 30, 2014 is as follows:

Cash and cash equivalents	
Resident security deposits and other	\$ 35,038
Capital replacement reserves	<u>541,480</u>
Total assets whose use is limited	<u>\$ 576,518</u>

NOTE 4 - INVESTMENTS

The composition of investments at June 30, 2014 is as follows:

	<u>Fair Value</u>	<u>Cost</u>
Money market funds	\$ 1,200,241	\$ 1,200,241
Certificates of deposit	1,490,856	1,501,320
Equities	6,950,011	5,597,678
Fixed income	11,616,445	11,739,212
Mutual funds	2,866,505	2,808,415
	<u>24,124,058</u>	<u>\$ 22,846,866</u>
Less current portion	<u>(854,656)</u>	
Total long-term portion	<u>\$ 23,269,402</u>	

The fair value of financial instruments is determined based upon three levels of valuation techniques. Level 1 valuation techniques use unadjusted quoted prices in active markets for identical assets or liabilities. The Level 2 valuation technique is used for quoted prices of similar assets or liabilities, or when quoted prices are in markets that are not active. Level 3 is utilized when no observable data or little market activity is available.

As of June 30, 2014, equity and fixed income securities, exchange-traded certificates of deposit, and mutual funds are valued at the closing price reported on the most active market on which the individual securities are traded (Level 1).

The interest rate swaps are valued based on quoted data from the counterparty or swap consultant, derived with mathematical approximations of indirectly observable market data (Level 2). It is impracticable to determine the fair value of the Organization's variable rate debt because of the credit enhancement.

NOTE 5 - PROPERTY, BUILDINGS, AND EQUIPMENT

Property, buildings, and equipment are comprised of the following at June 30, 2014:

Land	\$ 7,795,301
Buildings and improvements	50,870,162
Furniture, equipment and vehicles	8,304,888
	<u>66,970,351</u>
Accumulated depreciation	<u>(27,312,223)</u>
	39,658,128
Construction in progress	529,206
Net property and equipment	<u>\$ 40,187,334</u>

Depreciation expense was approximately \$2,765,000 for the year ended June 30, 2014. Construction in progress consists primarily of costs associated with various assets that are not yet placed in service.

During 2014, the Organization disposed of assets with a combined cost of approximately \$99,000 and accumulated depreciation of approximately \$89,000, resulting in a loss on disposal of approximately \$10,000.

NOTE 6 - BORROWING ARRANGEMENTS AND OBLIGATIONS

Bonds

In July 2008, the Organization issued Orange County Health Facilities Authority, Health Facility Variable Revenue and Refunding Bonds ("Series 2008 Bonds"), in the amount of \$16,220,000. Proceeds of the issuance were used for the defeasance of previous bonds, to pay off financial institution term loans, the funding of certain capital projects, and to pay certain costs of issuance.

The Series 2008 Bonds are due annually on July 1 through July 2027 and accrue interest at a variable rate determined weekly by the remarketing agent. The Indenture of Trust includes provisions for periodically adjusting the interest rate on the Series 2008 Bonds.

The Series 2008 Bonds are collateralized by an irrevocable letter of credit issued by a financial institution. The letter of credit expires on July 15, 2017 and is collateralized by net revenues and certain property. The letter of credit has certain financial and non-financial covenants, which include, among other things, that the Organization maintains minimum debt service coverage and liquid assets to funded debt ratios. As of June 30, 2014, the Organization is in compliance with its debt service coverage ratio and liquid assets to funded debt ratios.

Construction Loan

The Organization owns its administrative building, which was acquired using a construction loan arrangement with a financial institution in the amount of \$2,200,000. The loan, which is collateralized by real property, bears interest at a variable rate of the 30 day LIBOR plus 2.75%. The construction loan is expected to be refinanced on a long-term basis, as provided in the loan agreement. Accordingly, the loan amount is classified as long-term debt.

The Organization's long-term debt arrangements consisted of the following at June 30, 2014:

Series 2008 Bonds, variable rate (.11% at June 30, 2014), with interest payable monthly, plus annual principal payments beginning in July 2009.	\$ 12,980,000
Less current portion of long-term debt	(730,000)
Less unamortized bond discount	(58,158)
Construction loan	<u>2,200,000</u>
Total long-term debt	<u>\$ 14,391,842</u>

NOTE 6 - BORROWING ARRANGEMENTS AND OBLIGATIONS (Continued)**Construction Loan (Continued)**

Aggregate maturities of long-term debt in each of the next five years and thereafter are approximately as follows:

<u>Year Ending June 30,</u>	<u>Amount</u>
2015	\$ 730,000
2016	765,000
2017	795,000
2018	835,000
2019	870,000
Thereafter	<u>10,397,000</u>
Total	<u>\$ 14,392,000</u>

Cash paid for interest for the year ended June 30, 2014, was approximately \$623,000. There was no interest capitalized in connection with construction projects during the year ended June 30, 2014.

Capital Advance Arrangements

The Organization has entered into various grant arrangements with federal, state and local governmental units and other grantors which provide it the right to use certain property exclusively for specific programs for the benefit of populations with special needs. The arrangements generally provide for the transfer of the property to the Organization subject to a debt which is to be forgiven over time if the Organization uses the property for the agreed-upon use. The arrangements generally provide for no interest or principal payments as long as the Organization is in compliance with the arrangement terms. Because management intends to maintain and use these properties in accordance with the applicable terms and conditions, the forgivable loan amounts are presented in the combined balance sheet as capital advance arrangements. Upon the occurrence or existence of a default under the terms of any of these arrangements, the grantor could exercise remedies, including requiring all amounts advanced to be repaid.

A summary of capital advance obligations by grantor follows:

City of Orlando - HOPWA	\$ 1,367,707
U.S. Department of Veterans Affairs (Brevard Project)	858,483
U.S. Department of Veterans Affairs (Michigan Project)	698,583
Seminole County	515,000
City of Kissimmee	417,732
State of Florida - Department of Children and Families	320,000
The Brain Foundation of Florida, Inc.	<u>232,038</u>
Total capital advance obligations	<u>\$ 4,409,543</u>

In addition, the residential facility used by Lakeside Place was financed by HUD under a capital advance arrangement with non-amortizing terms. Accordingly, that arrangement, in the amount of \$1,362,300, is reflected in the balance sheet in temporarily restricted net assets.

NOTE 6 - BORROWING ARRANGEMENTS AND OBLIGATIONS (Continued)

Line of Credit

The Organization has a \$500,000 working capital line of credit with a financial institution which bears interest at a variable rate approximating the prime rate. The line of credit is collateralized by certain accounts, contracts, and grants receivable. The line of credit has a maturity date of April 23, 2015, and there were no outstanding borrowings at June 30, 2014.

NOTE 7 - INTEREST RATE SWAP AGREEMENTS

The Organization entered into a swap agreement, effective August 2008 ("August Swap"), to hedge against increases in short-term interest rates. The August Swap fixes the rate of interest that the Organization pays on its Series 2008 Bonds at 3.49% and receives interest at 67% of LIBOR. The August Swap has certain cancellation options and will expire in July 2027. The notional amount on the August Swap was \$6,325,000 at June 30, 2014. The fair value of the August Swap resulted in liabilities of approximately \$788,000 at June 30, 2014.

The Organization also entered into a swap agreement, effective December 2008 ("December Swap"), to hedge against increases in short-term interest rates. The December Swap fixes the rate of interest that the Organization pays on its Series 2008 Bonds at 2.18% and receives interest at 67% of LIBOR. The December Swap has certain cancellation options and will expire in July 2027. The notional amount on the December Swap was \$6,655,000 at June 30, 2014. The fair value of the December Swap resulted in liabilities of approximately \$297,000 at June 30, 2014.

The combined balance sheet reflects liabilities of approximately \$1,085,000, representing the amount that would have to be paid to terminate the swap agreements at June 30, 2014. Any payments made or received under the swap agreements are reflected as a decrease or increase in interest expense. The change in fair value of the swap agreements is reflected in the combined statement of operations and changes in net assets as change in fair value of interest rate swaps of approximately \$58,000 for the year ended June 30, 2014. As of June 30, 2014, the Organization is exposed to the risk of counterparty nonperformance in the amount of the swap agreements' fair value; however, counterparty nonperformance is not anticipated.

NOTE 8 - COMMITMENTS AND CONTINGENCIES

Concentrations and Credit Risk

Aspire Health Partners receives most of its revenues from the Medicaid and Medicare programs, the Substance Abuse and Mental Health ("SAMH") program administered by the Florida Department of Children and Families, and from various contracts with governmental units. Governmental funding for healthcare programs is subject to statutory and regulatory changes, administrative rulings, interpretations of policy, intermediary determinations, and governmental funding restrictions, all of which may materially affect program reimbursement to service providers like the Organization. Changes in the reimbursement policies of the programs, as a result of legislative and regulatory actions, could adversely affect the Organization's revenues.

The following tables provide a detail of the Organization's revenues for the year ended June 30, 2014 by payor source.

Net client service revenue for the year ended June 30, 2014 is comprised of the following:

Medicaid	\$ 4,283,101
Medicare	5,536,638
Managed care	18,201,584
Clients and other third-party payors	<u>2,731,374</u>
	<u>\$ 30,752,697</u>

Grant and contract revenues for the year ended June 30, 2014 is comprised of the following:

Florida Department of Children and Families (passed through Central Florida Cares Health System, Inc.)	\$ 27,267,109
Local Government	12,718,846
Others	<u>9,940,335</u>
	<u>\$ 49,926,290</u>

Financial instruments which potentially subject Aspire Health Partners to concentrations of credit risk consist principally of cash and cash equivalents, investments deposited in financial institutions in excess of federally insured limits, assets whose use is limited, interest rate swaps, and accounts receivable. No credit-related losses have been incurred, or are expected, related to deposits in financial institutions. Management believes that the concentrations of credit risk with respect to accounts receivable from the Medicaid and Medicare programs is mitigated by the taxing authority of the governmental entities funding the programs.

NOTE 8 - COMMITMENTS AND CONTINGENCIES (Continued)

Professional Liability Claims

The Organization has purchased a commercial general and professional liability policy based on occurrence. The Organization is subject to various general liability and medical malpractice claims arising in the course of its operations. These claims are in various stages of litigation and the outcomes are not predictable with certainty. The balance sheet at June 30, 2014 includes an accrual for claims that management believes is adequate based on advice of legal counsel. These matters are subject to many uncertainties and it is possible that ultimate losses could exceed insurance coverage limits. Such losses, in the event of an unfavorable outcome in these matters, could result in a material adverse effect on the Organization's financial position.

Employee Benefit Plan

The Organization has a 403(b) defined-contribution pension plan (the "Plan"), which covers substantially all of its employees. The Plan includes vesting provisions on employer contributions, which require participants hired to be employed for three years to achieve full vesting. Employer contributions are made at the discretion of management, subject to the approval of the Board of Directors and amounted to approximately \$1,234,000 for the year ended June 30, 2014.

Regulatory Reviews and Settlements

The Organization maintains various licenses and accreditations issued by regulatory agencies and other bodies. The regulatory agencies and certain third-party payors make periodic reviews of the Organization's compliance with laws and regulations resulting from its licensure and participation in various Substance Abuse and Mental Health, Medicaid, Medicare, Agency for Health Care Administration, and other programs. Management has recorded a provision for estimated regulatory settlements related to these reviews. The laws and regulations governing these programs are complex and are subject to interpretation, and noncompliance can result in significant regulatory action, including fines, penalties, and exclusion from the programs.

Leases

Aspire Health Partners is a Lessor in arrangements with unrelated tenants. The leases, expiring through June 2018, call for the payment of base rent, which increases either 2% or 3% on each anniversary date. The Organization recognized approximately \$406,000 in rental income from these arrangements for the year ended June 30, 2014.

Aspire Health Partners has a building being used as an adult residential facility for clients. The facility is located on land being leased from Orange County, Florida at a nominal cost of \$10 per annum. The Organization is responsible for all maintenance, repairs, and upkeep of the leased premises. The land lease term expires April 1, 2022.

NOTE 8 - COMMITMENTS AND CONTINGENCIES (Continued)**Leases (Continued)**

In addition, the Organization leases facilities and equipment under various operating leases (with renewal options), with lease terms that expire at various dates through the year ending June 30, 2017. These leases require monthly cash payments of approximately \$30,000.

Future rents from active leases expected to be received subsequent to June 30, 2014 are approximately as follows:

<u>Year Ending June 30,</u>	<u>Amount</u>
2015	\$ 851,000
2016	580,000
2017	489,000
2018	<u>369,000</u>
Total	<u>\$ 2,289,000</u>

NOTE 9 - FUNCTIONAL EXPENSES

Operating expenses for the year ended June 30, 2014 are summarized on a functional basis, as follows:

Program services	
Inpatient services	\$ 22,147,994
Outpatient services	15,798,124
Prevention and intervention	4,094,620
Pharmacy	3,602,793
Crisis support emergency	4,888,641
Residential services	10,573,776
Housing	3,158,127
FACT	965,520
Other	2,442,048
Transportation	<u>773,547</u>
Total program services	68,445,190
Supporting services	8,260,330
Administrative services	<u>7,319,434</u>
Total AHP expenses	84,024,954
Foundation and Lakeside Place expenses	121,339
Eliminations	<u>75,402</u>
Total expenses	<u>\$ 84,221,695</u>

SUPPLEMENTAL INFORMATION



MOORE STEPHENS
LOVELACE, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION

To the Board of Directors of
Aspire Health Partners, Inc.
Orlando, Florida

We have audited the combined financial statements of Aspire Health Partners, Inc. as of and for the year ended June 30, 2014, and our report thereon dated December 10, 2014, which contains an unmodified opinion on those combined financial statements, appears on pages 1 and 2. Our audit was performed for the purpose of forming an opinion on the combined financial statements as a whole. The supplemental combining information appearing on pages 20 through 25 is not a required part of the combined financial statements. The schedules on pages 25 through 29 are presented for the purpose of additional analysis as required by the State of Florida Department of Children and Families. The schedule of expenditures of federal awards for the year ended June 30, 2014, appearing on pages 30 and 31 is presented for the purpose of additional analysis, as required by the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. These schedules are not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the combined financial statements as a whole.

The schedules required by the State of Florida Department of Children and Families appearing on pages 25 through 29 and the schedule of expenditures of federal awards for the year ended June 30, 2014, appearing on pages 30 and 31 includes only information related to Aspire Health Partners, Inc. f/k/a Lakeside Behavioral Healthcare, Inc. The Center for Drug Free Living, Inc. and Seminole Mental Health Center, Inc. have separately reported their respective required schedules.

Moore Stephens Lovelace, P.A.

MOORE STEPHENS LOVELACE, P.A.
Certified Public Accountants

Orlando, Florida
December 10, 2014

**ASPIRE HEALTH PARTNERS, INC.
AND ITS SUBSIDIARIES AND AFFILIATES**

COMBINING BALANCE SHEET

June 30, 2014

ASSETS

CURRENT ASSETS

Cash and cash equivalents
Short-term investments
Current portion of assets whose use is limited
Accounts receivable, net
Pharmacy inventory
Other current assets

	Aspire Health Partners, Inc f/k/a Lakeside Behavioral Healthcare, Inc	Lakeside Behavioral Healthcare Foundation, Inc	Lakeside Place, Inc	Eliminations	Aspire Health Partners, Inc f/k/a Lakeside Behavioral Healthcare, Inc Combined	The Center For Drug- Free Living Inc	Seminole Behavioral Healthcare, Inc	Aspire Health Partners, Inc and its Subsidiaries and Affiliates Combined
\$	4,292,867	\$ 5,628	\$ 404	\$ -	\$ 4,298,899	\$ 1,269,931	\$ 2,828,845	\$ 8,397,675
	839,629	-	-	-	839,629	-	15,027	854,656
	31,323	-	3,715	-	35,038	-	-	35,038
	4,036,968	-	(34)	-	4,036,934	4,087,394	1,459,855	9,584,183
	366,369	-	-	-	366,369	-	-	366,369
	1,156,235	-	-	-	1,156,235	78,463	35,166	1,269,864
TOTAL CURRENT ASSETS	10,723,391	5,628	4,085	-	10,733,104	5,435,788	4,338,893	20,507,785
INVESTMENTS - DESIGNATED FOR CAPITAL REPLACEMENT ASSETS WHOSE USE IS LIMITED DUE FROM AFFILIATES INTEREST IN NET ASSETS OF FOUNDATION PROPERTY, BUILDINGS, AND EQUIPMENT, NET DEFERRED FINANCING COSTS, NET OTHER ASSETS	19,097,865	962,578	-	-	20,060,443	3,208,959	-	23,269,402
	-	-	41,480	-	41,480	-	500,000	541,480
	43,253	-	-	(43,253)	-	-	-	-
	965,256	-	-	(965,256)	-	-	-	-
	16,165,720	-	1,009,903	-	17,175,623	17,733,318	5,278,393	40,187,334
	140,199	-	-	-	140,199	19,871	-	160,070
	126,259	-	1,000	-	127,259	37,662	-	164,921
TOTAL ASSETS	\$ 47,261,943	\$ 968,206	\$ 1,056,468	\$ (1,008,509)	\$ 48,278,108	\$ 26,435,598	\$ 10,117,286	\$ 84,830,992

See Independent Auditor's Report on Supplemental Information.

ASPIRE HEALTH PARTNERS, INC. AND ITS SUBSIDIARIES AND AFFILIATES

COMBINING BALANCE SHEET (Continued)

June 30, 2014

LIABILITIES AND NET ASSETS (DEFICIT)

	Aspire Health Partners, Inc f/k/a Lakeside Behavioral Healthcare, Inc	Lakeside Behavioral Healthcare Foundation, Inc	Eliminations	Aspire Health Partners, Inc f/k/a Lakeside Behavioral Healthcare, Inc Combined	The Center For Drug- Free Living Inc	Seminole Behavioral Healthcare, Inc	Aspire Health Partners, Inc and its Subsidiaries and Affiliates Combined
CURRENT LIABILITIES							
Current portion of long-term debt	\$ 730,000	\$ -	\$ -	\$ 730,000	\$ -	\$ -	\$ 730,000
Accounts payable and accrued expenses	2,616,667	-	-	2,616,667	282,812	115,453	3,014,932
Accrued salaries and benefits	1,349,180	-	-	1,349,180	987,403	365,556	2,702,139
Resident security deposits and other liabilities	-	-	-	3,712	76,684	-	80,396
Deferred revenue	387,711	-	-	387,711	4,788	-	392,499
TOTAL CURRENT LIABILITIES	5,083,558	-	-	5,087,270	1,351,687	481,009	6,919,966
INTEREST RATE SWAP LIABILITY	1,084,926	-	-	1,084,926	-	-	1,084,926
RESERVE FOR THIRD-PARTY PAYOR AND OTHER SETTLEMENTS DUE TO AFFILIATES	300,000	-	-	300,000	-	-	300,000
DEFERRED REVENUE	-	2,950	(43,253)	-	-	-	-
CAPITAL ADVANCES	212,806	-	-	212,806	-	-	212,806
LONG-TERM DEBT, NET OF CURRENT PORTION AND UNAMORTIZED DISCOUNT	232,038	-	-	232,038	4,177,505	-	4,409,543
	12,191,842	-	-	12,191,842	2,200,000	-	14,391,842
TOTAL LIABILITIES	19,105,170	2,950	(43,253)	19,108,882	7,729,192	481,009	27,319,083
COMMITMENTS AND CONTINGENCIES							
NET ASSETS (DEFICIT)							
Unrestricted	28,023,459	965,256	(965,256)	27,673,612	18,553,779	9,636,277	55,863,668
Temporarily restricted	133,314	-	-	1,495,614	152,627	-	1,648,241
TOTAL NET ASSETS (DEFICIT)	28,156,773	965,256	(965,256)	29,169,226	18,706,406	9,636,277	57,511,909
TOTAL LIABILITIES AND NET ASSETS (DEFICIT)	\$ 47,261,943	\$ 968,206	\$ (1,008,509)	\$ 48,278,108	\$ 26,435,598	\$ 10,117,286	\$ 84,830,992

See Independent Auditor's Report on Supplemental Information.

**ASPIRE HEALTH PARTNERS, INC.
AND ITS SUBSIDIARIES AND AFFILIATES**

COMBINING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

Year Ended June 30, 2014

	Aspire Health Partners, Inc f/k/a Lakeside Behavioral Healthcare, Inc	Lakeside Behavioral Healthcare Foundation, Inc	Lakeside Place, Inc	Eliminations	Aspire Health Partners, Inc f/k/a Lakeside Behavioral Healthcare, Inc Combined	The Center For Drug- Free Living Inc	Seminole Behavioral Healthcare, Inc	Aspire Health Partners, Inc and its Subsidiaries and Affiliates Combined
UNRESTRICTED REVENUES AND SUPPORT								
Net client service revenue	\$ 25,128,043	\$ -	\$ -	\$ -	\$ 25,128,043	\$ 2,299,946	\$ 3,324,708	\$ 30,752,697
Grant and contract revenues	20,006,352	-	-	-	20,006,352	23,409,179	6,510,759	49,926,290
Rental and other income	1,262,576	-	85,164	(20,747)	1,326,993	66,037	-	1,393,030
Investment income	711,951	25,069	3	-	737,023	52,844	7,443	797,310
Contributions, donations and other support	45,979	-	-	-	45,979	952,716	733,777	1,732,472
In-kind support	-	-	-	-	-	143,112	159,930	303,042
Net assets released from restrictions	12,199	-	-	-	12,199	37,310	-	49,509
TOTAL UNRESTRICTED REVENUES AND SUPPORT	47,167,100	25,069	85,167	(20,747)	47,256,589	26,961,144	10,736,617	84,954,350
EXPENSES								
Salaries	23,855,100	-	-	-	23,855,100	14,485,723	5,934,516	44,275,339
Employee benefits	5,549,964	-	-	-	5,549,964	3,457,186	1,095,926	10,103,076
Professional fees	3,621,256	-	18,811	(12,811)	3,627,256	967,760	390,656	4,985,672
Travel	208,673	-	-	-	208,673	166,197	118,106	492,976
Equipment costs	515,907	-	-	-	515,907	598,139	331,441	1,445,487
Medical and pharmacy	5,128,877	-	-	-	5,128,877	371,580	273,646	5,774,103
Direct client care	86,110	-	-	-	86,110	556,130	-	642,240
Building occupancy	2,231,469	-	48,226	(7,936)	2,271,759	1,651,223	973,172	4,896,154
Food services	1,498,618	-	-	-	1,498,618	998,929	239,677	2,737,224
Depreciation and amortization	1,285,406	-	32,978	-	1,318,384	1,084,920	385,571	2,788,875
Operating supplies	1,083,810	-	-	-	1,083,810	1,827,160	402,465	3,313,435
Other	543,649	10,408	2,398	-	556,455	-	122,068	678,523
Interest	495,819	-	1,108	-	496,927	61,947	64,027	622,901
Insurance	707,448	-	7,410	-	714,858	539,206	211,626	1,465,690
Change in net assets of Foundation	(96,149)	-	-	96,149	-	-	-	-
TOTAL EXPENSES	46,715,957	10,408	110,931	75,402	46,912,698	26,766,100	10,542,897	84,221,695
NET INCOME (LOSS) FROM OPERATIONS	451,143	14,661	(25,764)	(96,149)	343,891	195,044	193,720	732,655

See Independent Auditor's Report on Supplemental Information

ASPIRE HEALTH PARTNERS, INC.

COMBINING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS (Continued)

Year Ended June 30, 2014

	Aspire Health Partners, Inc f/k/a Lakeside Behavioral Healthcare, Inc	Lakeside Behavioral Healthcare Foundation, Inc	Lakeside Place, Inc	Eliminations	Aspire Health Partners, Inc f/k/a Lakeside Behavioral Healthcare, Inc Combined	The Center For Drug- Free Living Inc	Seminole Behavioral Healthcare, Inc	Aspire Health Partners, Inc and its Subsidiaries and Affiliates Combined
OTHER GAINS (LOSSES)								
Change in fair value of interest rate swaps	\$ 57,967	\$ -	\$ -	\$ -	\$ 57,967	\$ -	\$ -	\$ 57,967
Change in unrealized gain/loss on investments	854,925	81,488	-	-	936,413	206,748	-	1,143,161
TOTAL OTHER GAINS (LOSSES)	912,892	81,488	-	-	994,380	206,748	-	1,201,128
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	1,364,035	96,149	(25,764)	(96,149)	1,338,271	401,792	193,720	1,933,783
DONATION TEMPORARILY RESTRICTED NET ASSETS RELEASED FROM RESTRICTIONS	-	-	-	-	-	59,111 (37,310)	-	59,111 (49,509)
INCREASE (DECREASE) IN NET ASSETS	1,351,836	96,149	(25,764)	(96,149)	1,326,072	423,593	193,720	1,943,385
NET ASSETS - BEGINNING OF YEAR	26,804,937	869,107	1,038,217	(869,107)	27,843,154	18,282,813	9,442,557	55,568,524
NET ASSETS - END OF YEAR	\$ 28,156,773	\$ 965,256	\$ 1,012,453	\$ (965,256)	\$ 29,169,226	\$ 18,706,406	\$ 9,636,277	\$ 57,511,909

See Independent Auditor's Report on Supplemental Information

ASPIRE HEALTH PARTNERS, INC. AND ITS SUBSIDIARIES AND AFFILIATES

COMBINING STATEMENTS OF CASH FLOWS

Year Ended June 30, 2014

	Aspire Health Partners, Inc	Lakeside Behavioral Healthcare Foundation, Inc	Lakeside Place, Inc	Eliminations	Aspire Health Partners, Inc f/k/a Lakeside Behavioral Healthcare, Inc Combined	The Center For Drug- Free Living Inc	Seminole Behavioral Healthcare, Inc	Aspire Health Partners, Inc and its Subsidiaries and Affiliates Combined
CASH FLOWS FROM OPERATING ACTIVITIES								
Increase (decrease) in net assets	\$ 1,351,836	\$ 96,149	\$ (25,764)	\$ (96,149)	\$ 1,326,072	\$ 423,593	\$ 193,720	\$ 1,943,385
Adjustments to reconcile increase (decrease) in net assets to net cash provided by (used in) operating activities								
Depreciation and amortization	1,285,406	-	32,978	-	1,318,384	1,084,920	385,571	2,788,875
Change in fair value of interest rate swaps	(57,967)	-	-	-	(57,967)	-	-	(57,967)
Change in unrealized gain/loss on investments	(854,925)	(81,488)	-	-	(936,413)	(206,748)	-	(1,143,161)
(Loss) on disposal of fixed assets	(3,000)	-	-	-	(3,000)	7,433	-	4,433
Changes in operating assets and liabilities								
Accounts receivable	2,108,942	-	1,276	-	2,110,218	(476,356)	(37,974)	1,595,888
Resident security deposits, net	-	-	-	-	-	28,613	-	28,613
Pharmacy inventory	86,205	-	-	-	86,205	-	-	86,205
Amounts due from (to) affiliates	1,530	2,426	(3,956)	-	-	-	-	-
Other assets	(460,047)	-	33	-	(460,014)	(44,015)	42,595	(461,434)
Accounts payable and accrued expenses	1,757,035	-	-	-	1,757,035	(338,648)	(15,087)	1,403,300
Accrued salaries and benefits	(926,014)	-	-	-	(926,014)	-	3,957	(922,057)
Reserve for third-party payor and other settlements	(864,342)	-	-	-	(864,342)	(5,986)	-	(870,328)
Deferred revenues	212,903	-	-	-	212,903	(220,021)	-	(7,118)
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES	3,637,562	17,087	4,567	(96,149)	3,563,067	252,785	572,782	4,388,634
CASH FLOWS FROM INVESTING ACTIVITIES								
Change in investments, net	1,165,900	(78,111)	-	96,149	1,183,938	23,304	2,500,837	3,708,079
Change in assets whose use is limited, net	(23,821)	-	(4,525)	-	(28,346)	-	-	(28,346)
Acquisition of property, buildings, and equipment, net	(1,884,548)	-	-	-	(1,884,548)	(1,147,856)	(63,611)	(3,096,015)
NET CASH (USED IN) PROVIDED BY INVESTING ACTIVITIES	(742,469)	(78,111)	(4,525)	96,149	(728,956)	(1,124,552)	2,437,226	583,718

See Independent Auditor's Report on Supplemental Information

**ASPIRE HEALTH PARTNERS, INC.
AND ITS SUBSIDIARIES AND AFFILIATES**

COMBINING STATEMENTS OF CASH FLOWS (Continued)

Year Ended June 30, 2014

	Aspire Health Partners, Inc f/k/a Lakeside Behavioral Healthcare, Inc	Lakeside Behavioral Healthcare Foundation, Inc	Lakeside Place, Inc	Eliminations	Aspire Health Partners, Inc f/k/a Lakeside Behavioral Healthcare, Inc Combined	The Center For Drug- Free Living Inc	Sennole Behavioral Healthcare, Inc	Aspire Health Partners, Inc and its Subsidiaries and Affiliates Combined
CASH FLOWS USED IN FINANCING ACTIVITIES								
Increase in mortgage payable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 420,193	\$ -	\$ 420,193
(Decrease) in unsecured long term debt	(700,001)	-	-	-	(700,001)	(5,143)	(1,738,521)	(2,443,665)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	2,195,092	(61,024)	42	-	2,134,110	(456,717)	1,271,487	2,948,880
CASH AND CASH EQUIVALENTS - BEGINNING OF YEAR	2,097,775	66,652	362	-	2,164,789	1,726,648	1,557,358	5,448,795
CASH AND CASH EQUIVALENTS - END OF YEAR	\$ 4,292,867	\$ 5,628	\$ 404	\$ -	\$ 4,298,899	\$ 1,269,931	\$ 2,828,845	\$ 8,397,675

See Independent Auditor's Report on Supplemental Information

**SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
ACTUAL COST CENTER REVENUE AND EXPENSES**

AGENCY: Aspire Health Partners (L)/a Lakeside Behavioral Healthcare, Inc.

CONTRACT # LBM14, LBF14 & FDR15 PERIOD FROM: 7/1/2013 TO: 6/30/2014

PART I- ACTUAL FUNDING SOURCES & REVENUES

STATE-DESIGNATED SAMH COST CENTERS																
STATE SAMH-FUNDED COST CENTERS																
FUNDING SOURCES & REVENUES	Crisis Support / Emer	CSU	CCSU	FACT	FACT Incidental Funds	CCST	Medical Sys	Short Term Residential	Room & Board Level II	Room & Board Level III	Total for State SAMH-Funded Cost Centers	Total for Non-State-Funded SAMH Cost Centers	Total for All State-Designated SAMH Cost Centers (D+E)	Non-SAMH Cost Center	Admin-istration	Total Funding
	B ₁₋₄	B ₂₋₄	B ₃₋₄	B ₄₋₄	B ₅₋₄	B ₆₋₄	B ₇₋₄	B ₈₋₄	B ₉₋₄	B ₁₀₋₄	(C ₁ + +C ₂)	E	F	G	H	(F+G)
IA. TOTAL STATE SAMH FUNDING																
(1) From the District funding this contract	\$ 1,450,755	\$ 2,197,659	\$ 540,709	\$ 1,080,610	\$ 105,658	\$ 840,140	\$ 1,141,392	\$ 2,767,548	\$ -	\$ 599,575	\$ 10,724,046	\$ -	\$ 10,724,046	\$ -	-	\$ 10,724,046
Other District Contract Funding	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(2) IDP - Line of Credit	-	-	-	-	-	-	404,748	-	-	-	404,748	-	404,748	-	-	404,748
IB. OTHER GOVT FUNDING																
(1) Other State Agency Funding	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(2) Medicaid	8,499	-	-	(53)	-	393,391	195,608	-	-	-	597,445	2,017,618	2,615,063	-	-	2,615,063
(3) Local Government	1,978,785	1,163,040	-	-	-	-	1,775	1,994,724	-	-	5,128,324	48,303	5,176,627	361,022	-	5,537,649
(4) Federal Grants and Contracts	-	-	-	-	-	146	-	-	-	-	146	502,079	502,225	609,132	-	1,111,357
(5) In-kind from local govt. only	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOT. OTHER GOVT FUNDING =	1,987,284	1,163,040	-	(53)	-	393,537	197,383	1,994,724	-	-	5,725,915	2,568,000	8,293,915	970,154	-	9,264,069
IC. ALL OTHER REVENUES																
(1) 1st & 2nd Party Payments	841	-	-	185	-	2,394	36,832	-	-	136,236	176,488	205,122	381,610	6,200	-	387,810
(2) 3rd Party Payments (except Medicare)	29,134	622,179	1,306,807	(75)	-	274,526	1,028,765	349,633	-	-	3,610,969	6,884,381	10,495,350	5,137,925	-	16,633,275
(3) Medicare	-	-	-	(9)	-	-	71,427	-	-	-	71,418	1,861,822	1,933,240	3,558,656	-	5,491,896
(4) Contributions and Donations	-	-	-	-	-	-	-	-	-	-	-	20,000	20,000	25,979	-	45,979
(5) Other	-	2,035,344	-	-	-	6,345	-	133,206	-	-	2,174,895	61,838	2,236,723	1,966,345	-	4,203,078
(6) In-kind	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOT. ALL OTHER REVENUES =	29,975	2,657,523	1,306,807	101	-	283,265	1,137,024	482,839	-	136,236	6,033,770	9,033,163	15,066,933	11,695,105	-	26,762,038
TOTAL PROJECTED FUNDING = \$ 3,468,014 \$ 6,019,222 \$ 1,847,516 \$ 1,080,658 \$ 105,658 \$ 1,516,942 \$ 2,880,547 \$ 5,235,111 \$ - \$ 735,811 \$ 22,888,479 \$ 11,601,163 \$ 34,489,642 \$ 12,665,259 \$ - \$ 47,154,901																

See Independent Auditor's Report on Supplemental Information

**SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
ACTUAL COST CENTER REVENUE AND EXPENSES (Continued)**

AGENCY Aspire Health Partners (f/k/a Lakeside Behavioral Healthcare, Inc)

CONTRACT # LBM14, LBF14 & FDR15 PERIOD FROM 7/1/2013 TO 6/30/2014

PART II ACTUAL EXPENSES

STATE-DESIGNATED SAMH COST CENTERS																
EXPENSE CATEGORIES	STATE SAMH-FUNDED COST CENTERS															

See Independent Auditor's Report on Supplemental Information

ASPIRE HEALTH PARTNERS, INC.
f/k/a LAKESIDE BEHAVIORAL HEALTHCARE, INC.

SCHEDULE OF STATE EARNINGS

Year Ended June 30, 2014

1	Total Expenditures	\$ 46,812,106
2	Less Other State and Federal Funds	(3,726,420)
3	Less Non-Match SAMH Funds	(4,873,649)
4	Less Unallowable Costs (65E-14, F.A.C.)	(11,006,281)
5	Less Unallowable Patient Fees	<u>-</u>
6	Net Allowable Expenditures (Sum of lines 1, 2, 3, 4, and 5)	<u>\$ 27,205,756</u>
7	Maximum Available Earnings (Line 6 times 75%)	\$ 20,404,317
8	Amount of State Funds Requiring Match	<u>(1,919,520)</u>
9	Excess Match	<u>\$ 18,484,797</u>

See Independent Auditor's Report on Supplemental Information.

**ASPIRE HEALTH PARTNERS, INC.
f/k/a LAKESIDE BEHAVIORAL HEALTHCARE, INC.**

SCHEDULE OF BED-DAY AVAILABILITY PAYMENTS

Fiscal Year Ended June 30, 2014

Program	Cost Center	State Contracted Rate	Total Units of Service Provided	Service Paid for by 3rd Party		Maximum # of Units Eligible for Payment by Department	Amounts Paid for Services by the Department	Maximum \$ Value of Units in Column F	Amount Owed to Department (G-H or \$0, whichever is greater)
				Local Govt. or Other State Agencies					
A	B	C	D	E	(D-E)	F	G	H	I
Children's MH Adult MH Adult MH	Crisis Stabilization Unit	\$ 309 64	7,296	2,265	5,031		\$ 624,645	\$ 1,557,799	\$ -
	Crisis Stabilization Unit	\$ 293 74	25,373	15,586	9,787		\$ 2,126,116	\$ 2,874,833	-
	Short-Term Residential Treatment	\$ 253 33	16,975	5,632	11,343		\$ 2,717,363	\$ 2,873,522	-
Total Amount Owed to Department=									\$ -

Note All cost centers are paid based upon "Bed-Day Availability"

See Independent Auditor's Report on Supplemental Information.

**ASPIRE HEALTH PARTNERS, INC.
f/k/a LAKESIDE BEHAVIORAL HEALTHCARE, INC.**

SCHEDULE OF RELATED-PARTY TRANSACTION ADJUSTMENTS

Fiscal Year Ended June 30, 2014

	Related Party	Allocation of Related-Party Transactions Adjustment			
		State-Designated Cost Centers			TOTAL
		1	2	3	
Revenues From Grantee					
Rent	\$ -	\$ -	\$ -	\$ -	\$ -
Services	-	-	-	-	-
Interest	-	-	-	-	-
Other	-	-	-	-	-
Total Revenues From Grantee	-	-	-	-	-
Expenses Associated with Grantee Transactions					
Personnel Services	-	-	-	-	-
Depreciation	-	-	-	-	-
Interest	-	-	-	-	-
Other	-	-	-	-	-
Total Associated Expenses	-	-	-	-	-
Related-Party Transaction Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -

Note Related-party transactions appear to be at or below current market cost

See Independent Auditor's Report on Supplemental Information.

ASPIRE HEALTH PARTNERS, INC.
f/k/a LAKESIDE BEHAVIORAL HEALTHCARE, INC.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year Ended June 30, 2014

Federal Grantor/Pass-Through Grantor Program or Cluster Title	Federal CFDA Number	Contract / Grant Number	Federal Expenditures Recognized
FEDERAL AWARDS			
U.S. Department of Housing and Urban Development			
Supportive Housing for Persons with Disabilities	14 181	N/A	\$ 1,362,300
Section 8 Housing Assistance Payments Program - Special Allocations	14 195	FL29-Q991-004	49,108
Pass-through			
Homeless Services Network of Central Florida, Inc			
SHP Grant	14 235	FL0083B4H070800	144,343
Total U S Department of Housing and Urban Development			1,555,751
U.S. Department of Justice			
Pass-through			
Orange County, Florida			
STOP Violence Against Women Formula Program	16 588	N/A	76,802
Total U S Department of Justice			76,802
U.S. Department of Transportation			
Pass-through			
Florida Department of Transportation			
Capital Assistance Program for Elderly Persons and Persons with Disabilities	20 513	FL-16-0037	353,353
Total U S Department of Transportation			353,353
U.S. Department of Education Rehabilitation Services Administration			
Pass-through:			
Florida Department of Labor and Employment Security			
ARRA - Division of Vocational Rehabilitation	84 390	VJ468	146
Total U S Department of Education Rehabilitation Services Administration			146
U.S. Department of Health and Human Services			
Substance Abuse and Mental Health Services Administration (SAMHSA)			
Pass-through			
Orange County, Florida			
Wraparound	93 104	5U79SM059038-02	107,205
Florida Department of Children and Families			
Projects for Assistance in Transition from Homelessness	93 150	LBM14	403,794
Lakeside Primary and Behavioral Healthcare Integration	93 243	5H79SM059716-02	454,945
Pass-through			
Grand Avenue Economic Community Development Corp			
Project Pathlight	93 243	1HM795M059094-01	103,832
Subtotal			558,777
Florida Department of Children and Families			
Medical Assistance Program	93 778	LBM14	259,072
Orange County Healthy Start	93 994	COSDR	83,699
Block Grants for Community Mental Health	93 958	LBM14/LBF14/FDR15	925,476
Total U S Department of Health and Human Services			2,338,023
TOTAL EXPENDITURES OF FEDERAL AWARDS			\$ 4,324,075

See Independent Auditor's Report on Supplemental Information.

ASPIRE HEALTH PARTNERS, INC.
f/k/a LAKESIDE BEHAVIORAL HEALTHCARE, INC.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (Continued)

Year Ended June 30, 2014

NOTE 1 - BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards includes the federal grant activity of Aspire Health Partners, Inc. Formerly Known as Lakeside Behavioral Healthcare, Inc. ("LBH") and is presented on the accrual basis of accounting. The information in this Schedule is presented in accordance with the requirements of OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations." Therefore, some amounts presented in this Schedule may differ from amounts presented in, or used in, the preparation of the basic financial statements.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICY

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in OMB Circular A-122, "Cost Principles for Non-profit Organizations," wherein certain types of expenditures are not allowable or limited as to reimbursement.

NOTE 3 - OTHER STATE FINANCIAL ASSISTANCE RECEIVED

The Organization received funding from the State of Florida Department of Children and Families that was not subject to Section 215.97, Florida Statutes, as follows:

State of Florida Department of Children and Families	Agency or Pass-Through Number	Current Year Expenditure
A. Matching Funds for Federal Programs:		
State Matching Funds - 93 958 Block Grants for Community Mental Health	LBM14	\$ 8,709,205
State Matching Funds - 93 778 Medical Assistance Program	LBM14	<u>259,072</u>
Total State Funds Awarded for Matching		<u><u>\$ 8,968,277</u></u>

See Independent Auditor's Report on Supplemental Information.



MOORE STEPHENS
LOVELACE, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL
OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH *GOVERNMENT AUDITING STANDARDS***

To the Board of Directors of
Aspire Health Partners, Inc. and its
Subsidiaries and Affiliates
Orlando, Florida

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the combined financial statements of Aspire Health Partners, Inc. and its Subsidiaries and Affiliates (the "Organization") which comprise the combined balance sheet as of June 30, 2014, and the related combined statements of operations and changes in net assets, and cash flows for the year then ended, and the related notes to the combined financial statements, and have issued our report thereon dated December 10, 2014.

Internal Control over Financial Reporting

In planning and performing our audit of the combined financial statements, we considered the Organization's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the combined financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's combined financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

To the Board of Directors of
Aspire Health Partners, Inc. and its
Subsidiaries and Affiliates

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's combined financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of combined financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



MOORE STEPHENS LOVELACE, P.A.
Certified Public Accountants

Orlando, Florida
December 10, 2014



MOORE STEPHENS
LOVELACE, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH
REQUIREMENTS THAT COULD HAVE A DIRECT AND MATERIAL EFFECT
ON EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER
COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133**

To the Board of Directors of
Aspire Health Partners, Inc.
f/k/a Lakeside Behavioral Healthcare, Inc.
Orlando, Florida

Report on Compliance for Each Major Federal Program

We have audited the compliance of Aspire Health Partners, Inc. f/k/a Lakeside Behavioral Healthcare, Inc. (the "Organization") with the types of compliance requirements described in the U.S. Office of Management and Budget ("OMB") Circular A-133 *Compliance Supplement* that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2014. The Organization's major federal programs are identified in the summary of auditor's results section of the accompanying Schedule of Findings and Questioned Costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its major federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on the Organization's compliance for each of the Organization's major federal programs based on our audit of the types of compliance requirements referred to above.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133, require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Organization's compliance with those requirements.

Opinion on Each Major Federal Program

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2014.

To the Board of Directors of
Aspire Health Partners, Inc.
f/k/a Lakeside Behavioral Healthcare, Inc.

Report on Internal Control over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit, we considered the Organization's internal control over compliance with the types of compliance requirements that could have a direct and material effect on a major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133 and Chapter 10.650, Rules of the Auditor General, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses may exist that have not been identified.

Purpose of this Report

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.



MOORE STEPHENS LOVELACE, P.A.
Certified Public Accountants

Orlando, Florida
December 10, 2014

ASPIRE HEALTH PARTNERS, INC.
f/k/a LAKESIDE BEHAVIORAL HEALTHCARE, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

Year Ended June 30, 2014

SECTION I - SUMMARY OF AUDITOR'S RESULTS

Financial Statements

Type of auditor's report issued:	Unmodified		
Internal control over financial reporting:			
Material weakness(es) identified?	<u> </u> Yes	<u> X </u> No	
Significant deficiency(ies) identified?	<u> </u> Yes	<u> X </u> None Reported	
Noncompliance material to financial statements noted	<u> </u> Yes	<u> X </u> No	

Federal Awards

Internal control over major federal programs:			
Material weakness(es) identified?	<u> </u> Yes	<u> X </u> No	
Significant deficiency(ies) identified?	<u> </u> Yes	<u> X </u> None Reported	
Type of auditor's report issued on compliance for major federal programs	Unmodified		
Any audit findings disclosed that are required to be reported in accordance with Circular A-133, Section 510(a)	<u> </u> Yes	<u> X </u> No	

ASPIRE HEALTH PARTNERS, INC.
f/k/a LAKESIDE BEHAVIORAL HEALTHCARE, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS (Continued)

Year Ended June 30, 2014

SECTION I - SUMMARY OF AUDITOR'S RESULTS (Continued)

Federal Awards (Continued)

Identification of major federal programs:

<u>Name of Federal Program or Cluster</u>	<u>CFDA Number(s)</u>
Supportive Housing for Persons with Disabilities	14.181
Lakeside Primary and Behavioral Healthcare Integration/Project Pathlight	93.243
Block Grants for Community Mental Health	93.958

Dollar threshold used to distinguish between Type A and

Type B programs for federal awards:

\$ 300,000

Auditee qualified as low-risk auditee pursuant to

OMB Circular A-133?

 X Yes No

SECTION II - FINANCIAL STATEMENT FINDINGS

Prior Year Comments: No findings were reported.

Current Year Comments: No findings were reported.

SECTION III - FEDERAL AWARDS FINDINGS AND QUESTIONED COSTS

Prior Year Comments: No findings were reported.

Current Year Comments: No findings were reported.

No Management Letter will be reported in current year.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	ASPIRE HEALTH PARTNERS, INC.	59-2301233
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	1800 MERCY DRIVE, SUITE 302, NO. 302	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	ORLANDO, FL 32808	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CARLA CAPONI, CFO

- The books are in the care of ☒ 1800 MERCY DRIVE, SUITE 302 - ORLANDO, FL 32808

Telephone No. ☒ 407-875-3700

Fax No. ☒ 407-875-5717

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2015

5 For calendar year _____, or other tax year beginning JUL 1, 2013, and ending JUN 30, 2014

6 If the tax year entered in line 5 is for less than 12 months, check reason. ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒ Carla Caponi Title ☒ CPA

Date ☒ 2/10/15

Form 8868 (Rev. 1-2014)