**Return of Organization Exempt From Income Tax** Department of the Treasury

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.

Open to Public

		lue Service	t <i>www.ir</i> s	.gov/form990.	Inspection
A	For the	2016 calendar year, or tax year beginning and end	ding		
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre chang Name	ANABAPTIST HEALTHSHARE, INC.			
Ļ	jchang			47-4	084390
Į.X	Initial return	1 ' ' 1	om/suite	E Telephone numbe	
_	Final return.			570~	412-6750
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	]	G Gross receipts \$	491,043.
L_	Amen	ARODA, VA 22709		H(a) is this a group re	
	Applic	( F Name and address of principal officer CHASE MOSES	for subordinates	s? ☐Yes X No	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates (	ncluded? Yes No
1	Tax-ex	empt status. X 501(c)(3) 501(c) ( ) ( (Insert no.) 4947(a)(1) or [	527)	🖒 If "No," attach a	list (see instructions)
		e: > WWW.ANABAPTISTHEALTHSHARE.COM		H(c) Group exemption	n number ►
		organization: X Corporation Trust Association Other ▶ #	L Year o	of formation: 2015	M State of legal domicile; VA
P	art I	Summary			<del></del>
په	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t PRE}$	SERV	E THE ANABA	PTIST
ຼຼ		<u>HEALTHCARE SHARING TRADITION IN TODAY'S RE</u>	GULA	TORY CLIMAT	E
୍ଟ୍ୟାଞ Governance	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed	of more	than 25% of its net as	ssets.
3 §	3	Number of voting members of the governing body (Part VI, line 1a)		3	4
ಿ જ		Number of independent voting members of the governing body (Part VI, line 1b)		4	0
es e	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	2
AUG W	1	Total number of volunteers (estimate if necessary)		6	0
ı Ş	l .	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
<u> </u>	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
Revenue	1			Prior Year	Current Year
<b>S</b> 9	1	Contributions and grants (Part VIII, line 1h)	<u> </u>		0.
Revenue	1	Program service revenue (Part VIII, line 2g)	<u> </u>	<u>190,100.</u>	490,992.
<b>Š</b>	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	<u>5.</u>	51.
<u> </u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		400 405	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		190,105.	491,043.
	l l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<del> </del>	0.
		Benefits paid to or for members (Part IX, column (A), Inno-4)	-	20.000	0.
ses	15	Salaries, other compensation, employee benefits (Part R column A) (1745-5-10)		20,000.	66,108.
ĕ	16a	Professional fundraising fees (Part IX, column (A) Jule 11e) Total fundraising expenses (Part IX, column (D), 100 25) MA≯ 22 2018 0 0	, <del> </del>		0.
Expenses	b		<u>-</u>	100 150	201 021
	''	Other expenses (Part IX, column (A), lines 11a-1 0, 11f-24e)	<u> </u>	122,158.	281,931.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A)-line 25	<del> </del>	142,158.	348,039.
- S	19	Revenue less expenses. Subtract line 18 from line 12	-	47,947.	143,004.
Net Assets or Fund Balances	00	Tatal assats (Dart V. line 16)	Bec	inning of Current Year 56,677.	End of Year 565,037.
Asse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		8,730.	
det.	21	Net assets or fund balances Subtract line 21 from line 20		47,947.	199,681.
_	art II	Signature Block			199,001.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules an	nd etatoms	ante and to the best of m	ny knowledge and belief it is
	•	t, and comple <u>te. Declaration of prepa</u> rer (other than officer) is based on all information of which		-	iy kilowledge alld bellet, it is
iiue	, сопе	t, and complete. Declaration of preparer (other than officer) is based on an information of which	preparei	lias ally kilowieuge.	
e:-	_	Signature of officer		Date	<del></del>
Sig Her		CHASE MOSES, DIRECTOR		05	/18/18
nei	e	Type or print name and title			/ 13 / 13
		Print/Type preparer's name Preparer's signature		ate Check C	PTIN
Paid	d	STANLEY M SMITH II STANLEY M SMITH I	т п	5/18/18 if self-employ	
	, parer	Firm's name CARR, RIGGS & INGRAM, LLC	- 10	Firm's EIN	72-1396621
	Only	Firm's address 4360 CHAMBLEE DUNWOODY RD., STE 4	20	Tim o chi	
0	<b>,</b>	ATLANTA, GA 30341		Phone no 77	0-457-6606
Mar	v the !!	RS discuss this return with the preparer shown above? (see instructions)		17 110110 110. 7 7	X Yes No
	01 11-1				Form <b>990</b> (2016)
3020					( )

	990 (2016) ANABAPTIST HE	ALTHSHARE, INC.	47-4084390 Page 2
Pa	rt III Statement of Program Service Acco	•	
	Chèck if Schedule O contains a response or no	te to any line in this Part III	
1	Briefly describe the organization's mission		_
		HEALTHCARE SHARING TRADITION	IN TODAY'S
	REGULATORY CLIMATE.		
	D. I. I		
2	prior Form 990 or 990-EZ?	m services during the year which were not listed on the	Yes X No
	If "Yes," describe these new services on Schedule O		LYes La_INO
0	·	ficant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O	incant changes in now it conducts, any program services?	Tes LAJNO
4		ishments for each of its three largest program services, as	maggired by avpaneas
4		ured to report the amount of grants and allocations to othe	
	revenue, if any, for each program service reported	-	is, the total expenses, and
4a		) (Revenue)	490,992.)
	PROVIDE HEALTH CARE SHARING	SUPPORT FOR THE MISSIONARIES	
		IVE ANABAPTIST MINISTRIES AND	
		······································	DODINEDUED:
4b	(Code) (Expenses \$	including grants of \$ ) (Revenu	ue \$)
			-
		<del></del>	
		· · · · · · · · · · · · · · · · · · ·	
		<del></del>	
		<del></del>	
4c	(Code) (Expenses \$	including grants of \$ ) (Revenue	re\$)
		<del></del>	
	011		
4d	Other program services (Describe in Schedule O)		
	Expenses \$ including grants	of \$ ) (Revenue \$ 329,579 •	
<u>4e</u>	Total program service expenses	043,313.	Form <b>990</b> (2016)
			FOITH <b>330</b> (2016)

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Form 990 (2016)

ANABAPTIST HEALTHSHARE, INC.

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)?			
	If "Yes," complete Schedule A	1_	$\mathbf{X}_{-}$	<u></u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			}
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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 98-197 If "Yes," complete Schedule C, Part III	5		<u>X</u>
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? If "Yes," complete Schedule D, Part I	6_		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		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?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			7.7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
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  Did the examination report on amount for lead, buildings, and agrupment in Best V, less 103 M "Yes." complete Schodule B.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ı ıa		
J	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	110		
Ť	assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ł	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40	}	v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	47	Ì	v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>X</u>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		4
	complete Schedule G, Part III	19	Ì	х
			990	2016)

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# Form 990 (2016) ANABAPTIST HEALTHS Part IV Checklist of Required Schedules (continued)

				, ,,,,
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		{	1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete	1	}	
	Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		}
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	}	{	
	Schedule K. If "No", go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<b> </b>	ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	}	1	
	any tax-exempt bonds?	24c		<del> </del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	}	<del>}</del> -
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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? If "Yes," complete			7.
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		X
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		<u> </u>
_'	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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)			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c	Х	}
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			{
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			ļ .
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Ì
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	X	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			{
	Part V, line 1	34	X	<del></del>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	·	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		i I	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
	140.67 All 1 G.M. GOO III GOO AND TO QUITIPUOTE COTTENDIGE OF			(2016
		. 01111		קבטוט

Pa	Check if Schedule O contains a response or note to any line in this Part V				
	Check if Conteduce C Contents a respense of note to any line in this fact.			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0	163	140
b.	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	Ö		1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r			}	
	(gambling) winnings to prize winners?		1c	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	2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	X	}
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
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)?	4a	<u></u>	X
b	If "Yes," enter the name of the foreign country		_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).	}	}	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions	action?	5b	<u> </u>	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	<u> </u>	<b>}</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organization solicit	1	1	}
	any contributions that were not tax deductible as charitable contributions?		6a	<del> </del>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or gifts	1	{	
	were not tax deductible?		6b	<del> </del>	<del> </del> -
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 se	rvices provided to the pay		<del> </del>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	<del> </del>	<del> </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	as required	7-	{	v
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c	<del> </del>	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e	'	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		76	<u> </u>	<del> </del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fi		ļ		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				[
	sponsoring organization have excess business holdings at any time during the year?	•	8	1	ļ
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter.		}		1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		ļ '	l
11	Section 501(c)(12) organizations. Enter	( )	{	į '	l
а	Gross income from members or shareholders	11a	{	1	1
b	Gross income from other sources (Do not net amounts due or paid to other sources against	<b>1</b>	- {	1	1
	amounts due or received from them )	11b		1	1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	, ,	12a	<b> </b> -	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1	}
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<del> </del>	}
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	<del> </del>	<del> </del>
L	Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the		}		1
b	organization is licensed to issue qualified health plans	13b		1	
С	Enter the amount of reserves on hand	136		ĺ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	'e O	14b		<u> </u>
~	, and the part of	<del></del>		990	(2016)

Form 990 (2016) ANABAPTIST HEALTHSHARE, INC. 47-4084390 Page 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			X
Sec	tion 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	1		
	If there are material differences in voting rights among members of the governing body, or if the governing	7	}	{
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1
b			}	}
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7	}	}
	officer, director, trustee, or key employee?	2	х	{
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?	3	ł	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1		
•	more members of the governing body?	7a	}	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.4	l	
-	persons other than the governing body?	7b	}	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	}
b		8b	X	
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	9	}	x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<del></del>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	_X_	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		X
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►VA, GA			
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)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X 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, an	d finan	cıai	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	TIM ZOOK - 570-412-6750			
	1552 ELLY RD, ARODA, VA 22709			
63200	6 11-11-16	Form	990	(2016)

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

#### 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.

<b>(A)</b> Name and Title	(B) Average hours per week	box	POSITION (do not check more than one box, unless person is both an officer and a director/trustee)				han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALEX CARDONA	10.00					{		_	_	
DIRECTOR		X	├	}	<u> </u>	}		0.	0.	0
(2) ELDON HOCHSTETLER	32.00	x		ļ	}	}		60,000.	0.	0
DIRECTOR (3) TYLER HOCHSTETLER	8.00	^	$\vdash$	<del> </del> -			-	80,000.	<del>-</del>	
SECRETARY	- 3133	$\mathbf{x}$	}	X	]	}	]	0.	0.	C
(4) TIM MOSES	30.00				<u> </u>					
DIRECTOR		X			L			0.	0.	(
		1	1			{				
		<del></del>	ļ			<u> </u>				
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	<del></del>	4				1		1	}	

Form 990 (2016)

Form 990 (2016		ST HEAL'	rh:	SHZ	ARI	€,	II	NC	<u> </u>	47-4	084	390	P	age 8
Part VII Sec	ation A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)		,		
•	(A) Name and title	(B) Average hours per week	Posi (do not check i box, unless per			C)			(D)  Reportable compensation from	(E) Reportable compensation from related	n	(F) Estimate amount other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mis		fr org an	pensa om th anızat d relat anızatı	e ion ed
							_							
	n continuation sheets to Part V d lines 1b and 1c)	II, Section A						<b>►</b>	60,000.		0. 0.			0.
2 Total num	ber of individuals (including but r	not limited to th	ose	liste	ed at	oove	e) wh	no re		0,000 of reportab		L		
compensa	ation from the organization												Yes	No
	ganization list any former officer "Yes," complete Schedule J for s		ıstee	e, ke	y en	nplo	yee,	or l	highest compensated e	mployee on	1	3		х
=	dividual listed on line 1a, is the si d organizations greater than \$15	· ·							,	the organization	1	4		х
= :	erson listed on line 1a receive or to the organization? If "Yes," con	· ·				-		elat	ed organization or indivi	idual for services		5		Х
Section B. Ind	ependent Contractors													
=	this table for your five highest co zation. Report compensation for	· ·									ipens	ation f	rom	
	(A) Name and business	address	NC	NE	3			_	(B) Description of s	ervices		(C ompe		า 
		<del></del>						_						
	ber of independent contractors ( of compensation from the organi		ot lır	nite	d to	thos		sted	l above) who received m	ore than				

		(2016) ANAB	APTIST HE	EALTHSHAR	E, INC.		47-4084	.390 Page <b>9</b>
Pa	rt V	III Statement of Reve	enue					
		Check if Schedule O con	itains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ts s	1 8	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	1b		}			
A, G		c Fundraising events	1c		{	}		1
a it	•	d Related organizations	1d		Ì			
ž.E	•	e Government grants (contribu	itions) 1e					
it is	1	f All other contributions, gifts, gra	nts, and		}	1		1
έ₹		similar amounts not included ab	ove 1f		}	}		}
50		9 Noncash contributions included in line	s 1a-1f \$			1		
<u>ुं ह</u>		h Total. Add lines 1a-1f		<b>,</b>				
	_	WEWDED COMMUTA	TITE CALC	Business Code	400 000	400 000		1
Program Service Revenue		a MEMBER CONTRIB		524298	490,992.	490,992.		<del> </del>
le Se		b						<del></del>
E S		C		<del> </del>				<del> </del>
Reg		d e		ļ				<del> </del>
Pro	•	f All other program service rev	enue					
}		g Total. Add lines 2a-2f	0.140		490,992.			<del> </del>
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		<b>&gt;</b>	51.			51.
}	4	Income from investment of ta	ax-exempt bond p	proceeds 🕨				
}	5	Royalties		<b>.</b>				
[			(i) Real	(ii) Personal				
1	6 a	a Gross rents		<u> </u>		}		Ì
		b Less. rental expenses		<del></del>		}		}
}		c Rental income or (loss)	L	L		1		
}		d Net rental income or (loss)		<b>P</b>				ļ
1	7 a	a Gross amount from sales of	(i) Securities	(II) Other		Ì		
ĺ		assets other than inventory						}
1		b Less. cost or other basis	}	}		-		
}		and sales expenses c Gain or (loss)	<del> </del>	<del> </del>		}		
1		d Net gain or (loss)	<u> </u>			[		Ì
. {		a Gross income from fundraising	na events (not					
Other Revenue	_	including \$	-	<b>,</b>	,			ŀ
eve		contributions reported on line		]		}		
<u>بر</u>		Part IV, line 18	а		,	}		ļ
Ę.	Ŀ	b Less direct expenses	b			{		
-		Net income or (loss) from fun						
}	9 a	a Gross income from gaming a	ctivities. See	}	ļ	ļ		}
{		Part IV, line 19	а			ļ		{
}		b Less direct expenses	b	<u></u>		ŀ		
}		Net income or (loss) from gar	-					<del> </del>
}	10 a	<ul> <li>Gross sales of inventory, less and allowances</li> </ul>		]		ļ		}
}		b Less cost of goods sold	a b					ł
{		Net income or (loss) from sale		<b>—</b>				
ţ		Miscellaneous Reveni		Business Code				<del> </del>
Ì	11 a							
ł		b						
}	c	·						
}	c	d All other revenue	_					
- 1	e	Total. Add lines 11a-11d	-	<b>&gt;</b>				<u> </u>
	12	Total revenue See instructions.			491,043.	490,992.	0.	
632009	9 11-1	11-16						Form <b>990</b> (2016)

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	ise or note to any line in	this Part IX		
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	(		}	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	61,410.	60,000.	1,410.	
8	Pension plan accruals and contributions (include			ļ	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4 600			
10	Payroli taxes	4,698.	4,698.		
11	Fees for services (non-employees)	10 621		10 631	
	Management	10,631.		10,631.	
	Legal			<del></del>	
	Accounting	-			
	Lobbying - Preference fundrating convices See Part IV, line 17				
e	Professional fundraising services. See Part IV, line 17 Investment management fees		<del></del>		
ı a	Other (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch 0.)	12,788.	9,860.	2,928.	
12	Advertising and promotion	12,700.	3,000.	2,520.	
13	Office expenses	3,346.		3,346.	
14	Information technology				<del></del>
15	Royalties				
16	Occupancy				
17	Travel	3,677.	3,677.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				· <del></del>
20	Interest				<del></del>
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)				
а	MEMBER CLAIMS	251,344.	251,344.		
b	POSTAGE AND PRINTING	145.		145.	
c					<del>-</del>
d					·
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	348,039.	329,579.	18,460.	0.
26	Joint costs Complete this line only if the organization	ł		}	
	reported in column (B) joint costs from a combined			}	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

<del></del>	Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	56,677.	1	210,088
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
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	•		
1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary	j	}	
ဖွာ	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment. cost or other	ļ	1	
	basis Complete Part VI of Schedule D 10a		- 1	
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	·
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	0.	15	354,949
16	Total assets. Add lines 1 through 15 (must equal line 34)	56,677.	16	565,037
17	Accounts payable and accrued expenses	8,730.	17	35,971
18	Grants payable		18	
19	Deferred revenue		19	329,385
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 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		23	· · · · · · · · · · · · · · · · · · ·
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third	}	}	
į	parties, and other liabilities not included on lines 17-24) Complete Part X of	Į.	[	
1	Schedule D		25	265 256
26	Total liabilities. Add lines 17 through 25	8,730.	26	365,356
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		ļ	
27 28 29 30 31 32 32	complete lines 27 through 29, and lines 33 and 34.	47 047	}	100 601
27	Unrestricted net assets	47,947.	27	199,681
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets	<del></del>	29	
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check here	{		
5	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	<del></del>
32	Retained earnings, endowment, accumulated income, or other funds	A77 0 A77	32	100 601
33	Total net assets or fund balances	47,947.	33	<u>199,681</u>
34_	Total liabilities and net assets/fund balances	56,677.	34	565,037 Form <b>990</b> (201

Form **990** (2016)

Form	990 (2016) ANABAPTIST HEALTHSHARE, INC.	47-408	4390	Pag	ge <b>12</b>
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\mathbf{x}$
		]			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>43.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>39.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47	7,9	<u>47.</u>
5	Net unrealized gains (losses) on investments	5			
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	8	3,7	<u>30.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	}			
	column (B))	10	199	6,6	<u>81.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.				X
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		1 1	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	- { - }	j	ĺ
2a			2a	}	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1 1	Į	į
	separate basis, consolidated basis, or both.		- { - {	- 1	1
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<b></b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,		}	į
	consolidated basis, or both.			{	ĺ
	Separate basis X Consolidated basis Both consolidated and separate basis		- { - }	- {	l
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	1 1	}	i
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			ļ	ı
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		l	
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	iired audit		ļ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200	
			Form 9	ランし (	2016)

## SCHEDULE'A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-FZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

ANABAPTIST HEALTHSHARE, INC. 47-4084390 Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported 7ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

	edule A (Form 990 or 990-EZ) 2016 A ort II Support Schedule for				(b)(1)(A)(iy) and	47-408 4170(b)(1)(A)(v			
-	(Complete only if you checked								
					in failed to quality	under Fait in in the	/		
80	fails to qualify under the tests listed below, please complete Part III )  Section A. Public Support								
		1 2010	1 2010			1			
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Totál		
1	Gifts, grants, contributions, and		1		ł	}			
	membership fees received (Do not				{	}			
	include any "unusual grants.")		\ <u>\</u>	<u> </u>	<del> </del>	<b> </b>	<del>/</del>		
2	Tax revenues levied for the organ-		1			}	,		
	ization's benefit and either paid to		1		{	/ / /			
	or expended on its behalf	<del></del>			<b> </b>				
3	The value of services or facilities		1		}				
	furnished by a governmental unit to				}	/			
	the organization without charge					<del> </del>			
4	Total. Add lines 1 through 3					<b> </b>			
5	The portion of total contributions		1		,	1			
	by each person (other than a		ì	١,		{			
	governmental unit or publicly			1		]			
	supported organization) included			11	′ ب	}			
	on line 1 that exceeds 2% of the			",		1			
	amount shown on line 11,			Ì		}			
	column (f)								
	Public support. Subtract line 5 from line 4			<u> </u>	<u></u>	<u>                                </u>			
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	Amounts from line 4	,							
8	Gross income from interest,			`		}			
	dividends, payments received on					{			
	securities loans, rents, royalties					į			
	and income from similar sources								
9	Net income from unrelated business		· ·						
	activities, whether or not the	ļ	/			[			
	business is regularly carried on								
10	Other income Do not include gain	ļ	/		\				
	or loss from the sale of capital	/							
	assets (Explain in Part VI.)								
11	Total support, Add lines 7 through 10				\				
12	Gross receipts from related activities,	etc (see instruction	ons)		· · · · · · · · · · · · · · · · · · ·	12			
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n <sup>1</sup> 501(c)(3)			
	organization, check this box and stop		<del></del>		-, <u>-</u> -				
Sec	ction C. Computation of Publi	c Support Pe	rcentage						
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%		
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%		
16a	33 1/3% support test - 20/16. If the o	rganization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization			Ž			
b	33 1/3% support test - 2015. If the o	rganization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, chèck th	ıs box		
	and stop here. The organization quali	fies as a publicly s	supported organiza	ation		```			
17a	10% -facts-and-circumstances test	t - <b>2016.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "fac	ts-and-circumstani	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pai	rt VI how the organ	ızatıon		
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	organization	· ·	\ <u></u>		
b	10% -facts-and-circumstances test	t - <b>2015.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets th	e "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	ı ın Part VI how the			
	organization meets the "facts-and-circ	cumstances" test.	The organization o	jualifies as a public	cly supported orga	anization	", <b>&gt;</b>		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	ind see instructions	<u> </u>		
					Sche	dule A (Form 990	or 990-EZ) 2016		

(Complete only if you checked the box on line 10 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	}		}			
	membership fees received. (Do not	{			}	}	
	include any "unusual grants.")				190,100.	490,992.	681,092.
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						
3	Gross receipts from activities that	1					
	are not an unrelated trade or bus- iness under section 513		}			}	
4	Tax revenues levied for the organ-			1	1		
	ization's benefit and either paid to	}			}	}	
	or expended on its behalf	}	1		}		
5	The value of services or facilities						
	furnished by a governmental unit to	}		}		<b>S</b>	
	the organization without charge	ļ		}		}	
6	Total. Add lines 1 through 5				190,100.	490,992.	681,092.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			}	{		0.
t	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.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6)						681,092.
	ction B. Total Support					<del></del>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6 -			<u> </u>	190,100.	490,992.	681,092.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				5.	51.	56.
b	Unrelated business taxable income			}	}		
	(less section 511 taxes) from businesses		}	}			
	acquired after June 30, 1975	<u></u>		<u> </u>			
c	Add lines 10a and 10b				5.	51.	56.
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 VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)				190,105.	491,043.	681,148.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thii	d, fourth, or fifth	tax year as a section		ation,
	check this box and stop here						▶X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (	ine 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2015	Schedule A, Part	III, lme 15			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2015. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization						<b>▶</b> □
63202	23 09-21-16				Sche	dule A (Form 990	or 990-EZ) 2016

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

	dule A (Form 990 or 990 EZ) 2016 ANABAPTIST HEALTHSHARE,			47-4084390 Page 6
Pa	Type in item i andientally integrated eseta/(e) cupper in			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ın Part VI.) <b>See instructions.</b> Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2_	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	7		}
	instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	}		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	} }		
	see instructions)	4	<del></del>	
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting o	rganization (see
	and the section of th			

Schedule A (Form 990 or 990-EZ) 2016

47-4084390 Page 7 Schedule A (Form 990 or 990-EZ) 2016 ANABAPTIST HEALTHSHARE, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2016 b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7 8

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

Schedule A	(Form 990 or 990-E	Z) 2016 ANA	ABAPTIST	HEALTHS	HARE,	INC.	47-408	4390 Page 8
Part VI	Supplementa Part IV, Section A line 1, Part IV, Sec	I Information, lines 1, 2, 3b, stion D, lines 2	On. Provide the 3c, 4b, 4c, 5a, and 3, Part IV,	explanations re 6, 9a, 9b, 9c, 1 Section E, lines	equired by P 1a, 11b, and 1c. 2a. 2b.	Part II, line 10, I I 11c, Part IV, 3a. and 3b. Pa	Part II, line 17a or 17b, Part III, Section B, lines 1 and 2; Part I' rt V, line 1, Part V, Section B, li rt for any additional informatio	line 12, V, Section C, ne 1e, Part V.
	(See instructions.)		· · · · · · · · · · · · · · · · · · ·			· 		
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### SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection **Employer identification number** 

	ANABAPTIST HEALTHS	HARE, INC.	47-4084390
Pai			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised f	unds
Ū	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor as		
J	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	racine advisor, or for any care, purpose con	Yes No
Par		anization answered "Yes" on Form 990, Part	
1	Purpose(s) of conservation easements held by the organization		17, 1110
'	Preservation of land for public use (e.g., recreation or ea		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	r reservation of a certified	Thistoric structure
2	Complete lines 2a through 2d if the organization held a qualifi	and consequence contribution in the form of a	consequence consequent on the last
2	day of the tax year.	ned conservation continuotion in the form of a	
_	Total number of conservation easements		Held at the End of the Tax Year
a			2a
D -	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic stri	inture included in (e)	2b
C		• •	2c
ď	Number of conservation easements included in (c) acquired a	arter 6/17/06, and not on a historic structure	
_	listed in the National Register	agood outing usbad or torrespected by the arrange	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	anization during the tax
	year >	samant is language.	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	, ,	<u>г</u> , г.,
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserva	ation easements during the year
_	Annual of contract	line of well-line and out of the control of the con	and the second second second second
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
_	Does each conservation easement reported on line 2(d) above		VDV4
8		e satisfy the requirements of section 170(f)(4	
^	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization.	•	
		ion's inancial statements that describes the t	organization's accounting for
Pai	conservation easements t III Organizations Maintaining Collections of	Art Historical Treasures or Othe	r Similar Assets
	Complete if the organization answered "Yes" on Form		ommar Assets.
	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of ort
14	historical treasures, or other similar assets held for public exh	•	
			or public service, provide, in Part Alli,
L	the text of the footnote to its financial statements that describ if the organization elected, as permitted under SFAS 116 (AS)		I belease about works of ort. historical
D	treasures, or other similar assets held for public exhibition, ed		
		dication, or research in jurinerance or public :	service, provide the following amounts
	relating to these items		<b>.</b>
	(i) Revenue included on Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X	and the second s	<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea	•	n, proviae
	the following amounts required to be reported under SFAS 11	(ASC 958) relating to these items	<b>.</b>
	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X	( F	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	tor ⊢orm 990.	Schedule D (Form 990) 2016

632051 08-29-16

		'IST HEALTH						84390	
Par	t III Organizations Maintaining C	Collections of A	rt, Histo	rical Tr	easures, or Oth	er Simila	ır Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that are a	significant u	use of its	collection	tems
	(check all that apply):								
а	Public exhibition	c	ı 🗀 Lo	oan or exc	hange programs				
b	Scholarly research	е	<b>,</b> 🗀 o	ther					
c	c Preservation for future generations								
4	Provide a description of the organization's continuous	ollections and explai	in how the	y further t	he organization's ex	empt purpo	se in Parl	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, hist	orical trea	sures, or other simil	ar assets			
	to be sold to raise funds rather than to be m	aintained as part of	the organi	zation's co	ollection?			Yes	No No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the c	organizatio	on answered "Yes" o	n Form 990	, Part IV,	lıne 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for co	ontribution	ns or other assets no	t included			
	on Form 990, Part X?		-					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ple.					
	_		•					Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	crow or ci	ustodial account liab	ulrty?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	xplanation	has been	provided on Part XI	11			
Par	t V Endowment Funds. Complete	f the organization an	nswered "	es" on Fo	orm 990, Part IV, line	10			
		(a) Current year	(b) Pri	or year	(c) Two years back	(d) Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships					i			
е	Other expenditures for facilities								
	and programs					Ĺ			
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g,	column (a	a)) held as				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	nd administered for	the organiza	ation		
	by.							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Scl	nedule R?				3b	
_4_	Describe in Part XIII the intended uses of the	organization's endo	owment fu	nds					
Par	t VI Land, Buildings, and Equipm	ient.							
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV,	line 11a. S	See Form 990, Part X	(, line 10			
	Description of property	(a) Cost or o	other	(b) Cost	or other (c)	Accumulate	d T	(d) Book v	/alue
		basis (investr	ment)	basis	(other) de	preciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column	(B), line 1	10c)				0.

Schedule D (Form 990) 2016

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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) 2016

	dule D (Form 990) 2016 ANABAPTIST HEALTHSHARE,	INC.	4/-400	34390 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements		1	491,043.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a	( )	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c	<del></del>	
d	Other (Describe in Part XIII )	2d	<del></del>	
	Add lines 2a through 2d	_ <u>zu</u>		0.
e	Subtract line 2e from line 1		2e	491,043.
3			3	491,043.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 - 1	} }	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		•
C	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			491,043.
Pa	t XII Reconciliation of Expenses per Audited Financial State	•	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1_1_	348,039.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	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	<u> </u>	2e	0.
3	Subtract line 2e from line 1		3	348,039.
_			-	240,033.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b	<del></del>	0
C	Add lines 4a and 4b		4c \	0.
				240 020
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	348,039.
Pa	t XIII Supplemental Information.		5	
Pa		Part IV, lines 1b and 2b,	5	
<b>Pa</b> Prov	t XIII Supplemental Information.		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	
<b>Pa</b> Prov	T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F		5	

#### SCHEDULE'L

Department of the Treasury

Internal Revenue Service

**Transactions With Interested Persons** 

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. OMB No 1545-0047

Open To Public Inspection

Part II   Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of the organization with organization (b) Relationship of loan of line organization of loan organization organization of loan organization org	Name of the organization							Emple	oyer	identif	cation	nu	mber
Complete of the organization answered. "Yes" on Form 990, Part N, line 250 or 255, or Form 990-EZ. Part V, line 405  1 (a) Name of disqualified person  (b) Relationship between disqualified person and organization  (c) Description of transaction  (d) Description of transaction  (e) Description of transaction  (e) Description of transaction  (f) Relationship between disqualified persons during the year under section 4958  2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958  2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  4 Part III  4 Loans to and/or From Interested Persons.  Complete (the organization answered "Yes" on Form 990-EZ. Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of (b) Relationship (c) Outpoose with organization (f) Committee (e) Ongrinal (f) Balance due (g) in the organization organization (f) Relationship (e) Outpoose organization (f) Relationship (e) Outpoose organization (f) Relationship between (e) Amount of (f) Type of assistance assistance  (a) Name of interested person and the organization and the organization (f) Relationship between (e) Amount of assistance (e) Purpose of assistance		ANABAPTI	IST HEALTH	ISH	RE,	INC.		47-	40	<u>8439</u>	0		
1   (a) Name of disqualified person   (b) Relationship between disqualified person and organization   (c) Description of transactor   (d) Corrected Yes   No   No   No   No   No   No   No   N													
(a) Name of disqualified person person and organization (e) Description of transaction Yes No  Pert II) Loans to and/or From Interested Persons.  Complete if the organization answered Yes' on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of with organization on Form 990, Part X, line 5, 6, or 22  (a) Name of with organization on Form 990, Part X, line 5, 6, or 22  (b) Rationship (c) Purpose of thom the standard of the organization of loan or loan loan the standard of the organization of loan or loan loan loan loan loan loan loan loan	Complete if t	he organization ai	nswered "Yes" on	Form	990, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, P	art V, lin	e 40	)b			
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part III Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-E2 Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990. Part X, line 5, 6, or 22 E.  (a) Name of interested person (b) Relationship (c) Purpose (mithority organization)  To From (b) From (c) From	1 (a) Name of disqualific	ed person (t				lified	Necesination of tran	caction			(d) C	orrec	cted?
3 Enter the amount of tax, if any, on line 2, above, rembursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person (b) Relationship of loan loan loan interested person with organization of loan loan loan loan loan loan loan loan	———————————		person and o	rganız	ation			Saction			Yes	1	No
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person (b) Relationship of loan bor sognition of loan or sognition interested person with organization or loan loan loan loan loan loan loan loan											<u> </u>	1	
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Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person (b) Relationship of loan bor sognition of loan or sognition interested person with organization or loan loan loan loan loan loan loan loan											<del> </del>	_ _	
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person (b) Relationship of loan bor sognition of loan or sognition interested person with organization or loan loan loan loan loan loan loan loan											<del> </del>	_ _	
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person (b) Relationship of loan bor sognition of loan or sognition interested person with organization or loan loan loan loan loan loan loan loan							<del></del>						
Part II   Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of the organization with organization of loan organization orga		tax incurred by the	e organization mar	nagers	or disc	qualified persons du	ring the year under						
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person with organization of organization of interested person and the organization answered "Yes" on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (d) Linear to organization of interested person and the organization answered "Yes" on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount of the organization of the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person and the organization answered "Yes" on Form 990, Part IV, line 27 (b) Relationship between interested person and the organization of the organization assistance interested person and the organization of the organization assistance interested person and the organization of the organization assistance interested person and the organization of the org								<b>•</b>	• \$				
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Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person with organization of loan organization org	Part II Loans to	and/or From I	Interested Per	eone									
reported an amount on Form 990, Part X, Inne 5, 6, or 22  (a) Name of interested person with organization of interested person with organization of interested person with organization of interested person of loan with organization organiza													
(a) Name of interested person (b) Relationship with organization of loan with organization of loan (c) Purpose of loan (d) Live to registration of loan (e) Onginal principal amount (f) Balance due (g) In (h) Approved (h) Without organization (h) Balance due (g) In (h) Approved (h) Without organization (h) Balance due (g) In (h) Approved (h) Without organization (h) Balance due (g) In (h) Approved (h) Without organization (h) Balance due (g) In (h) Approved (h) Without organization (h) Balance due (g) In (h) Approved (h) Without organization (h) Balance due (g) In (h) Approved (h) Without organization (h) Without organization (h) Balance due (g) In (h) Approved (h) Without organization (h) Balance due (g) In (h) Approved (h) Without organization (h) Balance due (g) In (h) Approved (h) Without organization (h) Balance due (g) In (h) Approved (h) Without organization (h) Balance due (g) In (h) Approved (h) Without organization (h) Balance due (g) In (h) Approved (h) Without organization (h) Balance due (g) In (h) Approved (h) Without organization (h) Balance due (g) In (h) Approved (h) Without organization (h) Approved (h) Approved (h) Without organization (h) Approved (h) Appr						, Part V, line 38a or I	-orm 990, Part IV, lin	e 26; or	if th	e organ	ızatıon	l	
Interested person with organization of loan organization						(a) Organal	(O Delenes due	(-) le		(h) Appr	ovedl .	(2) \M/s	rittan
To From Yes No Y				fron	n the		(r) Balance due		•	by boar	d or L.	areer	nent?
Cotal   Part	•	1	<b>_</b>								100		
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance assistance	· · · · · · · · · · · · · · · · · · ·			1-'0-	110111			res	NO	res	NO	es	NO
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, Ime 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance assistance	<del></del>		<del></del>	┼──	1		<del></del>				-+		
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance assistance			-	<del> </del>	<del> </del>								
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance assistance	<del></del>		<del></del>	<del> </del> -	1						-+-		
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, Ime 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance assistance				-	<b>†</b>						-+		
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Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, Ime 27  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance assistance (e) Purpose of assistance assistance				<u> </u>	<b>†</b>								
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Part III   Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27  (a) Name of interested person   (b) Relationship between interested person and the organization   (c) Amount of assistance   (d) Type of assistance   (e) Purpose of assist	l otal					▶ \$							
(a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount of assistance  (d) Type of assistance  (e) Purpose of assistance		Assistance B	enefiting Inter	reste	d Pe					<del></del>			
(a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount of assistance  (d) Type of assistance  (e) Purpose of assistance	Complete if the	he organization ar	nswered "Yes" on	Form 9	990, Pa	art IV, line 27							
the organization	(a) Name of interest	ed person	(b) Relationship	betwe	en	(c) Amount of	(d) Type	of		(e) F	ourpos	e of	
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Schedule L (Form 990 or 990-EZ) 2016 ANABAE	TIST HEALTHSHARE, I	NC.	47-4084	1390	Page 2
Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c		1	
(a) Name of interested person	(c) Amount of transaction	(d) Description of transaction	organiz	aring of ation's lues?	
		! 		Yes	No
TIM MOSES	DIRECTOR	0.	VENDOR		X
			<b></b> _	<b> </b>	ļ
		<u> </u>	ļ	<del> </del>	
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Part V Supplemental Information					
Provide additional information for response	onses to questions on Schedule L (see	instructions)			
SCHEDULE L, PART IV					
DOADD MEMBER MIN MOCEC IIA	AN OUNDOUND THE	505 TH MIT	D. 1153.1 M11/03	<b>D</b> B	
BOARD MEMBER TIM MOSES HAS	AN OWNERSHIP INTER	EST IN ALIE	RA HEALTHCA	KE,	
INC. HIS WIFE ALSO HAS A M	A.TORITY OWNERSHIP T	NTEREST IN	ΔΙ.ΤΕΡΔ		
21104 1120 1121 11210 11210 11 1.	alound in the second in the se	WILLIAM IN	711111111111111111111111111111111111111		
HEATLHCARE, INC. ALIERA HE	ALTHCARE CONTRACTED	WITH ANABA	PTIST		
HEALTHSHARE TO CONDUCT MAN	AGEMENT AND OTHER O	PERATIONS.			
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		So	hedule L (Form 990	or 990-E	Z) 2016

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#### **SCHEDULE 0** (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public

Department of the Treasury

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

Inspection

Name of the organization  ANABAPTIST HEALTHSHARE, INC.	Employer identification number 47-4084390
FORM 990, PART VI, SECTION A, LINE 2:	
BOARD MEMBER ELDON HOCHSTETLER AND BOARD MEMBER TYLER HOC	HSTETLER HAVE A
FATHER-SON RELATIONSHIP.	
ANABAPTIST HEALTHSHARE HAS A VENDOR AGREEMENT WITH ALIERA	HEALTHCARE. ALEX
CARDONA IS AN EMPLOYEE OF THAT VENDOR AND IS A BOARD MEMB	ER OF ANABAPIST.
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT COPY OF THE FORM 990 IS PROVIDED TO EACH BOARD ME	MBER FOR REVIEW
AND COMMENT BEFORE THE FORM IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANYONE WITH A CONFLICT OF INTEREST IS REQUIRED BY POLICY	TO DISCLOSE THAT
CONFLICT TO THE BOARD. IF IT WERE DISCOVERED THAT SOMEONE	FAILED TO
DISCLOSE A CONFLICT OF INTEREST, THERE WOULD NEED TO BE R	EMEDIAL ACTION
TAKEN.	
FORM 990, PART VI, SECTION B, LINE 15B:	
PAYROLL COMPENSATION FOR THE EXECUTIVE DIRECTOR, OFFICERS	, AND KEY
EMPLOYEES ARE RECOMMENDED BY AN INDEPENDENT MANAGING COMM	ITTEE OF
ANABAPTIST HEALTHSHARE.	
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF THE 990 AND AUDIT REPORT ARE AVAILABLE UPON REQ	UEST, IN PERSON.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	

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

Name of the organization  ANABAPTIST HEALTHSHARE, INC.	Employer identification number 47-4084390
MEMBER SHARE RESPONSIBILITY	8,730.
FORM 990, PART XII, LINE 2C	
THERE WAS NO CHANGE IN THE POLICY OR PROCEDURE DURING THE	YEAR.
	<del></del>

7

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2016

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OMB No 1545-0047

Open to Public Inspection

Employer identification number - 47-4084390

Direct controlling End-of-year assets 365,580 **e** 36,195 ▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Total income ছ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) ► Attach to Form 990. /IRGINIA ANABAPTIST HEALTHSHARE, INC. Primary activity HEALTH CARE SHARING MINISTRY Name, address, and EIN (if applicable) of disregarded entity UNITY HEALTHSHARE LLC Name of the organization 22709 Department of the Treasury Internal Revenue Service 1552 ELLY ROAD ARODA, VA Part I

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 Part II

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

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Schedule R (Form 990) 2016

632181 09-06-16 LHA

47-4084390

Schedule R (Form 990) 2016 ANABAPTIST HEALTHSHARE, INC.

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

(a)	(q)	(0)	( <del>p</del> )	(e)	ω	(B)	(F)	(2)	9	æ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V.UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percehtage managing ownership partner? Yes No
								•		
					-					
									-	
									_	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ganizations Taxable a	is a Corpo g the tax	ration or Trust. Co	mplete if the organizati	on answered "Yes	" on Form 990, P	art IV, line 34	because it had or	ne or mo	re related

	,								
(a)	(q)	0	(0)	(e)	E	(6)	ε	3	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	ercentage ownership	Section 512(b)(13) controlled entity?	ر وطع م
		country)		o aread	·	assets		Yes No	<sub>S</sub>
ALIERA HEALTHCARE, INC 81-1019555								-	ļ
5901-B PEACHTREE DUNWOODY ROAD, SUITE 200									
ATLANTA, GA 30328	HEALTHCARE	GA	N/A	C CORP	0	0	*00		×
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Schedule R (Form 990) 2016

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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.				Yes	2
	is with one or more re	elated organizations listed	ın Parts II-IV?		`  <b>;</b>
	>			19	4
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>				\$	×
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan quarantees to or for related organization(s)				1d	×
				4	×
				2	:
f Dividends from related organization(s)				<b>=</b>	×
a Sale of assets to related organization(s)				Þ	×
				=	×
				<del>;</del> =	×
j Lease of facilities, equipment, or other assets to related organization(s)				į.	×
k Lease of facilities, equipment, or other assets from related organization(s)				*	×
	anization(s)			1	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			1n	×
o Sharing of paid employees with related organization(s)				10	×
					;
<ul> <li>Peimbursement paid to related organization(s) for expenses</li> </ul>				40	×
q Reimbursement paid by related organization(s) for expenses				19	×
r Other transfer of cash or property to related organization(s)				<b>+</b>	×
s Other transfer of cash or property from related organization(s)				15	×
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	who must complete t	his 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	pevlovr	
(1) ALIERA HEALTHCARE, INC.	M	354,949.FMV	FMV		
(2)					
(6)					
(4)					} }
(5)					
					<b> </b>
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Schedule R (Form 990) 2016 ANABAPTIST HEALTHSHARE, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d)	(q)	(0)		(e)	e	(b)	3	9	8	3
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are all partners sec	Share of	Share of	Dispropor-	Code V-UBI	General or	Percentage
of entity		(state or foreign country)	excluded from tax under	501 (C)(3) 0rgs ? Yes No	total	end-of-year assets	allocations?	Allocations of Schedule K-1 parners ownership (Form 1065) Yes No	managing partner? Yes No	ownership
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Part VII	(Form 990) 2016  Supplemental Info	rmation.			
	Drough additional inform			0	
	Provide additional inform	lation for responses to c	questions on Schedule R	See instructions	
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