

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
INDEPENDENT HEALTH ASSOCIATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
511 FARBER LAKES DRIVE

City or town, state or province, country, and ZIP or foreign postal code  
BUFFALO, NY 14221

**D** Employer identification number  
16-1080163

**E** Telephone number  
(716) 631-3001

**G** Gross receipts \$ 1,638,875,580

**F** Name and address of principal officer  
511 FARBER LAKES DRIVE  
BUFFALO, NY 14221

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( 4 ) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶ WWW.INDEPENDENTHEALTH.COM

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1980

**M** State of legal domicile NY

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
PROVIDE HEALTH-RELATED PRODUCTS AND SERVICES THAT ENABLE AFFORDABLE ACCESS TO QUALITY HEALTH CARE

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	18
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	1,268
<b>6</b> Total number of volunteers (estimate if necessary)	224
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	120,840

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b> Program service revenue (Part VIII, line 2g)	1,393,047,184	1,410,137,899
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,204,721	9,787,209
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,670	13,366
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,402,262,575	1,419,938,474
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,345,360	3,276,632
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	1,229,000,501	1,229,105,375
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	79,414,553	79,749,507
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	74,015,753	77,925,386
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,384,776,167	1,390,056,900
<b>19</b> Revenue less expenses Subtract line 18 from line 12	17,486,408	29,881,574
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	756,990,268	716,145,017
<b>21</b> Total liabilities (Part X, line 26)	312,146,143	252,453,356
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	444,844,125	463,691,661

**Part II Signature Block**

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

**Sign Here**

Signature of officer: MICHAEL W CROPP MD CEO  
Date: 2019-10-15

**Paid Preparer Use Only**

Print/Type preparer's name: DELOITTE TAX LLP  
Preparer's signature: [Signature]  
Date: [Date]

Check  if self-employed  
PTIN: P00121981  
Firm's EIN: 86-1065772  
Firm's address: 200 RENAISSANCE CENTER SUITE 3900, DETROIT, MI 482431313  
Phone no: (313) 396-3000

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

PROVIDE HEALTH-RELATED PRODUCTS AND SERVICES THAT ENABLE AFFORDABLE ACCESS TO QUALITY HEALTH CARE

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 1,269,306,580 including grants of \$ 3,272,632 ) (Revenue \$ 1,410,137,899 )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 1,269,306,580

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, tax-exempt bond issues, excess benefit transactions, and other IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p><b>2a</b> 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 . . . . .</p>	<b>2a</b>	1,268		
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<b>2b</b>	Yes
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<b>3a</b>	Yes
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>			<b>3b</b>	Yes
<p><b>4a</b> 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)? . . . . .</p>			<b>4a</b>	Yes
<p><b>b</b> If "Yes," enter the name of the foreign country ▶ <u>BD</u></p> <p>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<b>5a</b>	No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<b>5b</b>	No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<b>5c</b>	
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>			<b>6a</b>	No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>			<b>7a</b>	
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<b>7b</b>	
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<b>7c</b>	
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<b>7e</b>	No
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<b>7f</b>	No
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<b>7g</b>	
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b>				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>			<b>8</b>	
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<b>9a</b>	
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>			
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			<b>13a</b>	
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<b>14a</b>	No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i></p>			<b>14b</b>	
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>			<b>15</b>	Yes
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>			<b>16</b>	No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included in line 1a, above, who are independent (18); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 (Yes)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (Yes); 16b 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? (No)

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NY); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ANN PENTOWSKI 511 FARBER LAKES DRIVE BUFFALO, NY 14221 (716) 631-3001

**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 . . . . .

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with columns (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, and (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets to Part VII, Section A, and Total (add lines 1b and 1c).

Section 2: Total number of individuals who received more than \$100,000 of reportable compensation from the organization. Includes questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with columns (A) Name and business address, (B) Description of services, and (C) Compensation. Lists contractors like MEDICAL & PHARMACY BENEFIT SERVICES, DENTAL BENEFITS COMPANY, etc.

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



Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Federated campaigns, Membership dues, Fundraising events, etc.) and 1g (Noncash contributions).

Table for Program Service Revenue. Columns include Business Code, Total revenue, and Revenue excluded from tax. Row 2a shows PREMIUMS, REINSURANCE, & REBATES with Business Code 524114 and revenue of 1,410,137,899.

Main revenue table with 5 main columns. Rows include 3 (Investment income), 4 (Income from investment of tax-exempt bond proceeds), 5 (Royalties), 6a-d (Gross rents, Less rental expenses, Rental income or (loss), Net rental income or (loss)), 7a-d (Gross amount from sales of assets other than inventory, Less cost or other basis and sales expenses, Gain or (loss), Net gain or (loss)), 8a-c (Gross income from fundraising events, Less direct expenses, Net income or (loss) from fundraising events), 9a-c (Gross income from gaming activities, Less direct expenses, Net income or (loss) from gaming activities), 10a-c (Gross sales of inventory, Less cost of goods sold, Net income or (loss) from sales of inventory), 11a-e (Miscellaneous Revenue, Business Code, All other revenue, Total), and 12 (Total revenue).

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,276,632	3,276,632		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members	1,229,105,375	1,229,105,375		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	17,410,446		17,410,446	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	37,826,079	14,088,015	23,738,064	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	188,569	474,415	-285,846	
<b>9</b> Other employee benefits	17,164,233	3,076,355	14,087,878	
<b>10</b> Payroll taxes	7,160,180	1,108,647	6,051,533	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	327,278		327,278	
<b>c</b> Accounting	336,800		336,800	
<b>d</b> Lobbying	150,409		150,409	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	1,051,098		1,051,098	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,882,883	233,584	20,649,299	
<b>12</b> Advertising and promotion	4,708,002	27,807	4,680,195	
<b>13</b> Office expenses	6,720,509	304,649	6,415,860	
<b>14</b> Information technology	14,936,076	31,673	14,904,403	
<b>15</b> Royalties				
<b>16</b> Occupancy	1,685,432		1,685,432	
<b>17</b> Travel	408,075	54,740	353,335	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	171,491	5,945	165,546	
<b>20</b> Interest	46,556		46,556	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	5,633,500		5,633,500	
<b>23</b> Insurance	755,614		755,614	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> GME SURCHARGE	15,863,389	15,863,389		
<b>b</b> FAMILY CHOICE	2,146,021	2,146,021		
<b>c</b> NYS ASSESSMENT/ACA	1,177,640		1,177,640	
<b>d</b> EXEC COMP EXCISE TAX	840,025		840,025	
<b>e</b> All other expenses	84,588	-490,667	575,255	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,390,056,900	1,269,306,580	120,750,320	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	14,310,020	<b>2</b>	13,650,025
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	174,291,087	<b>4</b>	135,797,773
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	25,649,704	<b>9</b>	24,986,078
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 141,704,493		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 106,515,613	34,952,234	<b>10c</b> 35,188,880
	<b>11</b> Investments—publicly traded securities . . . . .	319,795,826	<b>11</b>	318,301,617
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	1,990,417	<b>14</b>	1,905,417
	<b>15</b> Other assets See Part IV, line 11 . . . . .	186,000,980	<b>15</b>	186,315,227
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	756,990,268	<b>16</b>	716,145,017	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	101,861,913	<b>17</b>	59,188,527
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	14,469,453	<b>19</b>	7,630,023
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	1,174,013	<b>21</b>	1,732,329
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	26,000,000
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	194,640,764	<b>25</b>	157,902,477
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	312,146,143	<b>26</b>	252,453,356
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	291,386,112	<b>27</b>	308,831,075
	<b>28</b> Temporarily restricted net assets . . . . .	153,458,013	<b>28</b>	154,860,586
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	444,844,125	<b>33</b>	463,691,661	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	756,990,268	<b>34</b>	716,145,017	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,419,938,474
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,390,056,900
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	29,881,574
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	444,844,125
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-11,034,037
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	463,691,661

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 16-1080163

**Name:** INDEPENDENT HEALTH ASSOCIATION INC

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

INDEPENDENT HEALTH ASSOCIATION (IHA) COORDINATES THE DELIVERY OF QUALITY HEALTH CARE COVERAGE THROUGH CONTRACTS WITH THE INDIVIDUAL PRACTICE ASSOCIATION OF WESTERN NEW YORK (IPAWNY), A TAXABLE NON-PROFIT, FOR ITS COMMERCIAL AND MEDICARE HMO PRODUCTS WITHIN THE EIGHT COUNTIES OF WESTERN NEW YORK (WNY) IHA ALSO PROVIDES COVERAGE AND COORDINATES SERVICES TO ITS MEDICAID HMO PRODUCT (WHICH INCLUDES THE MEDICAID HMO PRODUCT, THE CHILD HEALTH PLUS (CHP), HEALTH AND RECOVERY PLANS (HARP) AND THE ESSENTIAL PLAN PROGRAMS) FOR THE ARRANGEMENT OF PHYSICIAN, HOSPITAL, MEDICALLY NECESSARY HEALTH SERVICES, DIAGNOSTIC AND PREVENTIVE HEALTH SERVICES TO THE COMMUNITIES LOCATED IN ERIE AND NIAGARA COUNTY SEE SCHEDULE O FOR ADDITIONAL DETAIL

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANN M PENTKOWSKI ..... TREASURER & CFO-START 10/19/18	37 00 ..... 14 00	X		X				982,009	0	265,736
ANTHONY B MARTINO ..... BOARD MEMBER	4 00 ..... 1 00	X						47,000	0	7,618
ANTHONY J BAYNES ..... BOARD MEMBER	4 00 ..... 1 00	X						40,000	0	7,618
COLLEEN C DIPIRRO ..... VICE CHAIRPERSON	4 00 ..... 1 00	X		X				50,000	0	7,618
DANIEL GAGLIARDO ..... BOARD MEMBER	4 00 ..... 6 00	X						40,684	0	7,618
DANIEL B WEINTRAUB CPA ..... BOARD MEMBER	5 00 ..... 1 00	X						60,000	0	5,295
DAVID PAWLOWSKI MD ..... BOARD MEMBER	4 00 ..... 1 00	X						42,338	0	3,809
DONALD ROBINSON MD ..... BOARD MEMBER	4 00 ..... 0 00	X						45,000	0	7,618
DONNA M FERNANDES PHD ..... BOARD MEMBER	4 00 ..... 0 00	X						40,000	0	7,618
FUAD SHERIFF MD ..... BOARD MEMBER	4 00 ..... 0 00	X						50,500	0	7,207

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN ANTKOWIAK MD CHAIRPERSON	12 00	X		X				100,000	0	7,618
JOHN MINEO ESQ SECRETARY- EVP GEN COUNSEL	33 00	X		X				625,154	0	204,010
JOHN N WALSH III BOARD MEMBER	4 00	X						47,100	0	0
KATHLEEN MYLOTTE MD BOARD MEMBER - START 12/12/18	0 00	X						0	0	0
LISA MENDONZA MD BOARD MEMBER	4 00	X						40,000	0	7,618
MARK I JOHNSON TREASURER & CFO -END 5/28/18	23 00	X		X				1,298,809	0	242,665
MICHAEL HEIMERL MD BOARD MEMBER	4 00	X		X				44,775	0	7,618
MICHAEL HUDSON TREASURER & CFO- END 10/19/18	27 00	X		X				573,557	0	17,891
MICHAEL W CROPP MD PRESIDENT & CEO	30 00	X		X				2,260,662	0	773,515
MOISES SUDIT PHD BOARD MEMBER - END 4/21/18	4 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NORA B SULLIVAN JD MBA ..... BOARD MEMBER - END 4/18/18	4 00 ..... 1 00	X						0	0	2,539
PATRICIA SMITH ..... BOARD MEMBER	4 00 ..... 0 00	X						50,466	0	413
RENE F JONES ..... BOARD MEMBER - END 3/1/18	0 00 ..... 0 00	X						0	0	0
SHAWN COTTON MD ..... BOARD MEMBER	4 00 ..... 0 00	X						40,000	0	7,618
SIDNEY N WEISS CPA ..... BOARD MEMBER	4 00 ..... 1 00	X						40,000	0	7,618
STUART H ANGERT ..... BOARD MEMBER	4 00 ..... 2 00	X						40,000	0	1,140
YVONNE S MINOR-RAGAN PHD ..... BOARD MEMBER	4 00 ..... 1 00	X						40,000	0	413
DAWN C ODRZYWOLSKI ..... CHF COMPLIANCE OFCR END 2/1/18	39 00 ..... 3 00			X				151,682	0	33,453
NICOLE BRITTON ..... CHF COMPLIANCE OFCR - START 2/1/18	31 00 ..... 10 00			X				103,073	0	28,951
THOMAS J FOELS ..... EVP-CHIEF MEDICAL OFFICER	38 00 ..... 12 00			X				1,150,985	0	326,170



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
ANNE O'NEILL ..... VP- CHIEF RISK OFFICER	32 00 .....				X				210,336	0	46,302
ERIC J DECKER ..... SVP-INFORMATION TECHNOLOGY CIO	35 00 .....				X				398,479	0	89,245
J SCOTT DWYER ..... VP-CHF AUDIT EXEC END 9/26/18	25 00 .....				X				200,897	0	28,548
JILL M SYRACUSE ..... EVP-CHIEF ENGMT & SERVCNG OFF	36 00 .....				X				988,392	0	310,673
JOHN HAUGHTON ..... SVP-CHIEF CLINICAL IMPRV OFFCR	32 00 .....				X				479,683	0	57,360
JOHN REID RODGERS RPH ..... EVP - COO	38 00 .....				X				1,324,922	0	377,413
MICHAEL J FASO ..... SVP- CHIEF REV & ACCTG OFFICER	27 00 .....				X				704,183	0	207,661
NORA K MCGUIRE ..... SVP-CHIEF MARKETING OFFICER	27 00 .....				X				485,576	0	53,088
PATRICIA C CLABEAUX ..... EVP-CHIEF HR OFFICER	36 00 .....				X				749,159	0	213,988
ROBERTA D RIFKIN ..... SVP-GOVT PROGS & AFFAIRS	32 00 .....				X				364,228	0	119,516

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMIN M SEREHALI ..... VP-CLINICAL & BUS INFORMATICS	35 00 ..... 17 00					X		349,768	0	34,220
MARGARET STEFFAN ..... VP- FINANCE-TREASURY SERVICES	34 00 ..... 18 00					X		308,411	0	101,802
MICHAEL MERRILL ..... MED DIRECTOR CLINICAL PERF MGT	31 00 ..... 10 00					X		368,245	0	21,983
RICHARD M ARGENTIERI ..... VP-SALES	28 00 ..... 21 00					X		325,512	0	49,738
TIMOTHY HALEY ..... MED DIRECTOR MED POLICY & UM	18 00 ..... 24 00					X		300,736	0	31,828

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**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.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
INDEPENDENT HEALTH ASSOCIATION INC

**Employer identification number**  
16-1080163

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		542,713		542,713
<b>b</b> Buildings . . . . .		23,772,167	7,907,666	15,864,501
<b>c</b> Leasehold improvements		13,954,633	7,445,686	6,508,947
<b>d</b> Equipment . . . . .		22,985,724	20,817,896	2,167,828
<b>e</b> Other . . . . .		80,449,256	70,344,365	10,104,891
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				35,188,880

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INVESTMENTS HELD IN ESCROW PER NYSDOH REGULATION 98-1 11(F)	75,481,076
(2) INVESTMENTS IN AFFILIATES	110,834,151
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	186,315,227

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
BENEFITS PAYABLE	34,230,696
CAPITATION PAYABLE	10,100,644
INTERCOMPANY PAYABLE	111,110,579
MEDICAL LOSS RATIO REBATES	2,460,558
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	157,902,477

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	1,399,112,926
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		-11,034,037
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		-2,970,001
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	-14,004,038
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,413,116,964
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		6,821,510
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	6,821,510
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	1,419,938,474

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	1,383,132,050
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		-6,821,510
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	-6,821,510
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,389,953,560
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		103,340
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	103,340
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	1,390,056,900

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 16-1080163

**Name:** INDEPENDENT HEALTH ASSOCIATION INC

## Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	LONG TERM INCENTIVE DEFERRED COMPENSATION PLAN(S) ARE OFFERED TO KEY EXECUTIVES FUTURE PAYMENT IS BASED ON PERFORMANCE AND HISTORICAL COMPENSATION ASSETS ARE UNDER CUSTODIAL ARRANGEMENT WITH M&T BANK



## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	INDEPENDENT HEALTH ASSOCIATION & AFFILIATES (THE ASSOCIATION) RECOGNIZED NO LIABILITY FOR UNRECOGNIZED INCOME TAX BENEFITS AT DECEMBER 31, 2018 AND 2017 THE ASSOCIATION DID NOT RECORD INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN 2018 AND 2017 THE ASSOCIATION IS SUBJECT TO U S FEDERAL INCOME TAX IN VARIOUS STATE JURISDICTIONS AS OF DECEMBER 31, 2018, THE ASSOCIATION'S TAX YEARS FOR 2015, 2016 AND 2017 ARE SUBJECT TO EXAMINATIONS BY FEDERAL TAX AUTHORITIES

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	BANK CHARGES & INVESTMENT FEES NETTED AGAINST OTHER INCOME -1,376,641 OPERATING GRANT NETTED AGAINST INCOME -1,593,360

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	NYS REINSURANCE 3,713,710 RX REBATE & COB 3,109,879 RENTAL EXPENSE INCLUDED ON PART VIII, LINE 6B -2,079

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	NYS REINSURANCE -3,713,710 RX REBATE & COB -3,109,879 RENTAL EXPENSE INCLUDED ON PART VIII, LINE 6B 2,079

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BANK CHARGES & INVESTMENT FEES NETTED AGAINST OTHER INCOME 1,376,640 OPERATING GRANT NETTED AGAINST INCOME 1,593,359 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST -2,866,659

**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization  
INDEPENDENT HEALTH ASSOCIATION INC

**Employer identification number**  
16-1080163

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA & THE CARIBBEAN			INVESTMENTS		14,531,693
<b>3a</b> Sub-total	0	0			14,531,693
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			14,531,693

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_





**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*  Yes  No



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization INDEPENDENT HEALTH ASSOCIATION INC

Employer identification number

16-1080163

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 29
3 Enter total number of other organizations listed in the line 1 table 8

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	DONATIONS/CONTRIBUTIONS SUPPORT IS PROVIDED TO COLLABORATING COMMUNITY PARTNERS WHO ALIGN WITH OUR MISSION TO IMPROVE THE HEALTH AND WELL-BEING OF THE WNY COMMUNITY THE GRANTS OR SPONSORSHIPS ARE RECORDED TO THE SAME ACCOUNT NUMBER ON THE GENERAL LEDGER SYSTEM UNDER "COMMUNITY PROGRAMS AND COPIES OF ALL PAYMENTS ARE KEPT ON FILE (PAPER & ELECTRONICALLY)

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 16-1080163  
**Name:** INDEPENDENT HEALTH ASSOCIATION INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ASPIRE OF WNY 2356 NORTH FOREST ROAD GETZVILLE, NY 14068	16-0757756	501(C)(3)	7,995		FMV		SPONSORSHIP
BUFFALO NIAGARA ENTERPRISE 665 MAIN STREET BUFFALO, NY 142031425	16-1579523	501(C)(3)	36,339		FMV		SPONSORSHIP FOR HEALTHY LIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BUFFALO URBAN LEAGUE 15 E GENESEE STREET BUFFALO, NY 14203	16-0743940	501(C)(3)	18,169		FMV		SPONSORSHIP
CANISIUS COLLEGE 2001 MAIN STREET BUFFALO, NY 14208	16-0743209	501(C)(3)	24,656		FMV		SPONSORSHIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF BUFFALO NEW YORK 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	10,902		FMV		SPONSORSHIP
ECMC LIFELINE FOUNDATION 462 GRIDER STREET NO G-1 BUFFALO, NY 14215	22-3283946	501(C)(3)	5,814		FMV		SPONSORSHIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREEN OPTIONS BUFFALO (GOBIKESLOW ROLL) 640 ELLICOTT ST SUITE 447 BUFFALO, NY 14203	27-2501533	501(C)(3)	78,262		FMV		SPONSORSHIP FOR HEALTHY LIVING
HILLSIDE WORK SCHOLARSHIP PROGRAM 1183 MONROE AVENUE ROCHESTER, NY 14620	16-1453581	501(C)(3)	72,677		FMV		SPONSORSHIP FOR HEALTHY LIVING



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOSPICE FOUNDATION OF WNY INC 225 COMO PARK BLVD CHEEKTOWAGA, NY 142271416	22-3137812	501(C)(3)	5,451		FMV		SPONSORSHIP
LARKIN SQUARE 726 EXCHANGE ST STE 825 BUFFALO, NY 14210	45-4273890	501(C)(3)	7,268		FMV		SPONSORSHIP FOR HEALTHY LIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LEADERSHIP BUFFALO 237 MAIN STREET SUITE 1500 BUFFALO, NY 142032720	16-1363536	501(C)(3)	7,268		FMV		SPONSORSHIP
LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE SUITE310 WHITE PLAINS, NY 10605	13-5644916	501(C)(3)	7,268		FMV		SPONSORSHIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL FEDERATION OF JUST COMMUNITIES OF WNY 360 DELAWARE AVENUE BUFFALO, NY 14202	20-3185568	501(C)(3)	9,448		FMV		SPONSORSHIP
NIAGARA FRONTIER AUTOMOBILE DEALERS ASSOCIATION (NFADA) 1144 WEHRLE DRIVE WILLIAMSVILLE, NY 14221	16-1194880	501(C)(3)	31,433		FMV		SPONSORSHIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
P2 COLLABORATIVE 355 HARLEM ROAD BUILDING C WEST SENECA, NY 14224	42-1604185	501(C)(3)	41,063		FMV		SPONSORSHIP
POLICE ATHLETIC LEAGUE 65 NIAGARA SQUARE 21ST FLOOR BUFFALO, NY 14202	16-1468698	501(C)(3)	6,178		FMV		SPONSORSHIP FOR HEALTHY LIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SENECA DIABETES FOUNDATION PO BOX 309 IRVING, NY 140810309	20-3214056	501(C)(3)	21,803		FMV		SPONSORSHIP
THEATRE OF YOUTH (TOY) 203 ALLEN STREET BUFFALO, NY 14201	23-7286004	501(C)(3)	36,339		FMV		SPONSORSHIP FOR HEALTHY LIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF BUFFALO & ERIE COUNTY - ENDOWMENT CAMPAIGN 742 DELAWARE AVENUE BUFFALO, NY 14209	16-0743969	501(C)(3)	14,535		FMV		SPONSORSHIP FOR HEALTHY LIVING
BUFFALO HEARING & SPEECH CENTER 50 E NORTH ST BUFFALO, NY 14203	16-0776186	501(C)(3)	5,451		FMV		SPONSORSHIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROSWELL PARK ALLIANCE FOUNDATION ELM CARLTON STREETS BUFFALO, NY 14263	16-1391608	501(C)(3)	6,178		FMV		SPONSORSHIP FOR HEALTHY LIVING
AMHERST CHAMBER OF COMMERCE 400 ESSJAY ROAD SUITE 150 AMHERST, NY 14221	16-0959485	501(C)(6)	32,886		FMV		SPONSORSHIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BUFFALO NIAGARA PARTNERSHIP 655 MAIN STREET SUITE 200 BUFFALO, NY 142031425	16-0761958	501(C)(6)	30,633		FMV		SPONSORSHIP
TASTE OF BUFFALO INC 276 GREENWOOD COURT EAST AURORA, NY 14052	16-1390601	501(C)(6)	11,265		FMV		SPONSORSHIP FOR HEALTHY LIVING



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
43NORTH 640 ELLICOTT ST SUITE 108 BUFFALO, NY 14203	47-2878159	501(C)(3)	18,169		FMV		SPONSORSHIP
AMERICAN DIABETES ASSOCIATION TOUR DE CURE PO BOX 11454 ALEXANDRIA, VA 22312	13-1623888	501(C)(3)	5,198		FMV		SPONSORSHIP FOR HEALTHY LIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BACK TO BASICS PEACEKEEPERS 1370 WILLIAM ST SUITE 100 BUFFALO, NY 14206	16-1509888	501(C)(3)	7,268		FMV		SPONSORSHIP FOR HEALTHY LIVING
CHILD & FAMILY SERVICES 330 DELAWARE AVE BUFFALO, NY 14202	16-1004825	501(C)(3)	6,178		FMV		SPONSORSHIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MARTIN HOUSE RESORATION CORPORATION 143 JEWETT PARKWAY BUFFALO, NY 14214	16-1426693	501(C)(3)	18,169		FMV		SPONSORSHIP
BUFFALO BILLS LLC ONE BILLS DRIVE ORCHARD PARK, NY 14127	47-1762470		448,579		FMV		SPONSORSHIP FOR HEALTHY LIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BUFFALO RIVERWORKS LLC 359 GANSON ST BUFFALO, NY 14203	46-3720236		181,693		FMV		SPONSORSHIP FOR HEALTHY LIVING
BUSINESS FIRST AMERICAN CITY BUSINESS JOURNALS INC 120 EST MOREHEAD ST CHARLOTTE, NC 28202	43-1366184		38,156		FMV		SPONSORSHIP FOR HEALTHY LIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRW BEAVER HOLLOW MANAGEMENT LLC 1083 PIT RD JAVA CENTER, NY 14082	45-4403158		218,032		FMV		SPONSORSHIP FOR HEALTHY LIVING
RICH PRODUCTS CORPORATION 1150 NIAGARA ST PO BOX 245 BUFFALO, NY 14240	31-1387980		35,218		FMV		SPONSORSHIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHARED MOBILITY 640 ELLICOTT ST 441 BUFFALO, NY 14203	46-5072814	501(C)(3)	156,983		FMV		SPONSORSHIP FOR HEALTHY LIVING
SISTERS HOSPITAL FOUNDATION 2157 MAIN ST BUFFALO, NY 14214	22-2283077	501(C)(3)	15,989		FMV		SPONSORSHIP

<b>Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b>							
<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INDEPENDENT HEALTH FOUNDATION 777 INTERNATIONAL DRIVE BUFFALO, NY 14221	16-1417199	501(C)(3)	1,597,721		FMV		OPERATING GRANT/SPONSORSHIP

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
INDEPENDENT HEALTH ASSOCIATION INC

Employer identification number  
16-1080163

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>				
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>				
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	Yes			
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>		No		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				





**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINES 4A-B	<p>THE FOLLOWING LISTED PERSONS FROM PART VII, SECTION A RECEIVED SEVERANCE PAYMENTS AS PART OF A SEPARATION AGREEMENT WITH INDEPENDENT HEALTH DURING 2018: MIKE HUDSON - \$90,000. ELIGIBLE EMPLOYEES PARTICIPATE IN VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F), 457A, AND 409A. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EMPLOYEE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. SUPPLEMENTAL NON-QUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII: MICHAEL CROPP - \$581,104; MARK JOHNSON - \$306,284; JOHN RODGERS - \$514,527; THOMAS FOELS - \$556,884; JILL SYRACUSE - \$411,986; ANN PENTKOWSKI - \$362,952; PATRICIA CLABEAUX - \$277,472; MICHAEL FASO - \$281,222; JOHN MINEO - \$141,282; ROBERTA RIFKIN - \$77,630.</p>



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 16-1080163  
**Name:** INDEPENDENT HEALTH ASSOCIATION INC

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANN M PENTKOWSKI TREASURER & CFO-START 10/19/18	(i)	468,991	505,490	7,528	249,238	16,498	1,247,745	362,952
	(ii)	0	0	0	0	0	0	0
JOHN MINEO ESQ SECRETARY- EVP GEN COUNSEL	(i)	343,538	271,602	10,014	168,320	35,690	829,164	141,282
	(ii)	0	0	0	0	0	0	0
MARK I JOHNSON TREASURER & CFO -END 5/28/18	(i)	467,704	678,961	152,144	215,096	27,569	1,541,474	306,284
	(ii)	0	0	0	0	0	0	0
MICHAEL HUDSON TREASURER & CFO- END 10/19/18	(i)	405,285	50,000	118,272	0	17,891	591,448	0
	(ii)	0	0	0	0	0	0	0
MICHAEL W CROPP MD PRESIDENT & CEO	(i)	1,004,269	1,221,279	35,114	750,973	22,542	3,034,177	581,104
	(ii)	0	0	0	0	0	0	0
DAWN C ODRZYWOLSKI CHF COMPLIANCE OFCR END 2/1/18	(i)	134,982	16,523	177	7,682	25,771	185,135	0
	(ii)	0	0	0	0	0	0	0
THOMAS J FOELS EVP-CHIEF MEDICAL OFFICER	(i)	403,370	738,411	9,204	267,912	58,258	1,477,155	556,884
	(ii)	0	0	0	0	0	0	0
ANNE O'NEILL VP- CHIEF RISK OFFICER	(i)	178,146	30,910	1,280	25,721	20,581	256,638	0
	(ii)	0	0	0	0	0	0	0
ERIC J DECKER SVP-INFORMATION TECHNOLOGY CIO	(i)	305,781	85,523	7,175	65,812	23,433	487,724	0
	(ii)	0	0	0	0	0	0	0
J SCOTT DWYER VP-CHF AUDIT EXEC END 9/26/18	(i)	145,312	43,546	12,039	11,097	17,451	229,445	0
	(ii)	0	0	0	0	0	0	0
JILL M SYRACUSE EVP-CHIEF ENGMT & SERVCNG OFF	(i)	374,238	580,752	33,402	282,441	28,232	1,299,065	441,986
	(ii)	0	0	0	0	0	0	0
JOHN HAUGHTON SVP-CHIEF CLINICAL IMPRV OFFCR	(i)	355,000	119,460	5,223	36,504	20,856	537,043	0
	(ii)	0	0	0	0	0	0	0
JOHN REID RODGERS RPH EVP - COO	(i)	539,903	774,468	10,551	349,746	27,667	1,702,335	514,527
	(ii)	0	0	0	0	0	0	0
MICHAEL J FASO SVP- CHIEF REV & ACCTG OFFICER	(i)	311,396	386,202	6,585	185,037	22,624	911,844	281,222
	(ii)	0	0	0	0	0	0	0
NORA K MCGUIRE SVP-CHIEF MARKETING OFFICER	(i)	305,859	173,560	6,157	41,218	11,870	538,664	0
	(ii)	0	0	0	0	0	0	0
PATRICIA C CLABEAUX EVP-CHIEF HR OFFICER	(i)	340,710	399,647	8,802	171,685	42,303	963,147	277,472
	(ii)	0	0	0	0	0	0	0
ROBERTA D RIFKIN SVP-GOVT PROGS & AFFAIRS	(i)	255,266	101,334	7,628	96,161	23,355	483,744	77,630
	(ii)	0	0	0	0	0	0	0
AMIN M SEREHALI VP-CLINICAL & BUS INFORMATICS	(i)	261,639	81,563	6,566	11,506	22,714	383,988	0
	(ii)	0	0	0	0	0	0	0
MARGARET STEFFAN VP- FINANCE-TREASURY SERVICES	(i)	241,388	59,730	7,293	79,921	21,881	410,213	0
	(ii)	0	0	0	0	0	0	0
MICHAEL MERRILL MED DIRECTOR CLINICAL PERF MGT	(i)	348,581	15,836	3,828	136	21,847	390,228	0
	(ii)	0	0	0	0	0	0	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
RICHARD M ARGENTIERI VP-SALES	(i)	207,737	112,778	4,997	30,703	19,035	375,250	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
TIMOTHY HALEY MED DIRECTOR MED POLICY & UM	(i)	268,221	27,451	5,064	11,107	20,721	332,564	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INDEPENDENT HEALTH ASSOCIATION INC

Employer identification number  
16-1080163

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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 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 with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

**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 assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ALDEN PHARMACY INC	SEE PART V	855,395	SEE PART V		No
(2) NORTHTOWNS MEDICAL GROUP	SEE PART V	697,517	SEE PART V		No
(3) DONALD W ROBINSON MD	SEE PART V	396,721	SEE PART V		No
(4) D'AVOLIO OLIVE OIL & VINEG	SEE PART V	143,502	SEE PART V		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PARTIES	(A) NAME OF INTERESTED PERSON ALDEN PHARMACY, INC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION GREATER THAN 35% CONTROLLED ENTITY BY JOHN RODGERS, CURRENT KEY EMPLOYEE(D) DESCRIPTION OF TRANSACTION INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARE(A) NAME OF INTERESTED PERSON NORTHTOWNS MEDICAL GROUP(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION GREATER THAN 35% CONTROLLED ENTITY BY EDWARD STEHLIK, FORMER BOARD MEMBER(D) DESCRIPTION OF TRANSACTION INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARE(A) NAME OF INTERESTED PERSON DONALD W ROBINSON, MD (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION GREATER THAN 35% CONTROLLED ENTITY BY DONALD W ROBINSON, MD, CURRENT BOARD MEMBER(D) DESCRIPTION OF TRANSACTION INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARE(A) NAME OF INTERESTED PERSON D'AVOLIO OLIVE OIL & VINEGAR(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION GREATER THAN 35% CONTROLLED ENTITY BY DAN GAGLIARDO, CURRENT BOARD MEMBER(D) DESCRIPTION OF TRANSACTION INDEPENDENT CONTRACTOR ARRANGEMENT, FOR COMMUNITY HEALTH PROGRAMS

**SCHEDULE O**  
(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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

INDEPENDENT HEALTH ASSOCIATION INC

Employer identification number

16-1080163



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990 , PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>HEADQUARTERED IN BUFFALO, INDEPENDENT HEALTH BEGAN OPERATIONS IN 1980 AND HAS CONSISTENTLY BEEN RATED AMONG THE TOP HEALTH PLANS IN THE COUNTRY FOR CUSTOMER SERVICE AND MEMBER SATISFACTION INDEPENDENT HEALTH'S COMPREHENSIVE PORTFOLIO OF PROGRESSIVE PRODUCTS INCLUDE HMO , POS, PPO AND EPO PRODUCTS, MEDICARE AND MEDICAID PLANS, TRADITIONAL INDEMNITY INSURANCE, INDIVIDUAL AND SMALL GROUP EXCHANGE PRODUCTS, AND CONSUMER-DIRECTED PLANS, PLUS COVERAGE FOR SELF-FUNDED EMPLOYERS INDEPENDENT HEALTH'S SUBSIDIARY COMPANIES INCLUDE INDEPENDENT HEALTH BENEFITS CORPORATION, INDEPENDENT HEALTH CORPORATION, PHARMACY BENEFIT DIMENSIONS, RELIANCE RX, DXID, NOVA HEALTHCARE ADMINISTRATORS, INC , AND EVOLVE PRACTICE PARTNERS IHA OFFERS ITS MEMBERS HEALTH RISK MANAGEMENT TOOLS INCLUDING AN ONLINE HEALTH RISK ASSESSMENT AND THE USE OF A DATA WAREHOUSE TO ANALYZE AND PREDICT POTENTIAL RISK AND DEVELOP SOLUTIONS TO HELP CONTROL CURRENT AND PREVENT FUTURE PROBLEMS PROGRAMS FOR COVERED EMPLOYEES AS WELL AS FOR EMPLOYERS HELP THEM MAKE GOOD HEALTH A PART OF THEIR CULTURE IHA OFFERS A 24- HOUR MEDICAL HELP LINE WITH ACCESS TO A REGISTERED NURSE, CASE MANAGEMENT, DISEASE MANAGEMENT AND HEALTH COACHES IHA ALSO ESTABLISHED AN ADVANCED PATIENT CENTERED MEDICAL HOME (PCMH) PILOT PROGRAM IN JANUARY 2009 THE PCMH PROGRAM INCLUDED 18 DIVERSE PRIMARY CARE PRACTICES ACROSS WNY, 130 PHYSICIANS AND NEARLY 50,000 IHA MEMBERS THE PRACTICES WORKED TOWARD IMPROVED QUALITY OF CARE WITH EXPANDED ACCESS TO ALLOW SAME-DAY APPOINTMENTS AND AFTER-HOURS CARE, ENHANCED TECHNOLOGY TO INCLUDE ELECTRONIC MEDICAL RECORDS AND EMAILS WITH PATIENTS, AND A COMPREHENSIVE CARE TEAM FOR THOSE WITH OR AT RISK OF HAVING A CHRONIC CONDITION ADMINISTRATIVE ASSISTANCE WAS ALSO PROVIDED TO HELP IMPLEMENT NEW OFFICE PROCEDURES ANOTHER IMPORTANT ASPECT OF THE PCMH MODEL WAS THAT IT ALSO INCLUDED MANY OF THE FEDERAL HEALTH CARE REFORM EFFORTS INCLUDING PREVENTION AND WELLNESS THROUGH COORDINATED CARE, EVIDENCE-BASED GUIDELINES TO GAUGE OUTCOMES AND REFORM OF PHYSICIAN PAYMENT TO IMPROVE QUALITY AND EFFICIENCY IHA DEVOTED TIME AND FINANCIAL RESOURCES THAT ENABLED THE 130 PHYSICIANS IN THIS PROGRAM TO REDESIGN THEIR PRACTICES IHA ALSO PROVIDED DETAILED MEMBER INFORMATION TO ENABLE OUR PHYSICIANS TO MANAGE CARE OPPORTUNITIES FOR IHA MEMBERS AT THE END OF THE PILOT IN DECEMBER 2011, THE 18 PRIMARY CARE PRACTICES INVOLVED IN THE PILOT PROGRAM ACHIEVED THE HIGHEST RECOGNITION BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) IN 2012, INDEPENDENT HEALTH EVOLVED ITS SUCCESSFUL PATIENT-CENTERED MEDICAL HOME (PCMH) CARE MODEL FOR PRIMARY CARE INTO A MORE COMPREHENSIVE PROGRAM CALLED THE PRIMARY CONNECTION AN INNOVATIVE, PHYSICIAN-LED INITIATIVE, THE PRIMARY CONNECTION TAKES A COORDINATED APPROACH TO ENHANCE QUALITY, ACCESS AND AFFORDABILITY USING PCMH PRINCIPLES AS THE FOUNDATION, THIS INNOVATIVE ALLIANCE PROMOTES BETTER CARE COORDINATION AND A COLLABORATIVE, SHARED RESPONSIBILITY AMONG PRIMARY CARE AND SPEC</p>

## 990 Schedule O, Other Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	<p>           IALTY PHYSICIANS, AS WELL AS HOSPITALS, HEALTH PLANS, MEMBERS AND OTHER KEY STAKEHOLDERS T O ACHIEVE THE GOALS OF THE QUADRUPLE AIM BETTER HEALTH, BETTER CARE, LOWER COSTS AND PROV IDER VITALITY HEALTH CARE REFORM INITIATIVES ENCOURAGE THIS TYPE OF CARE DELIVERY, AND IN DEPENDENT HEALTH AND THESE PROGRESSIVE PRIMARY CARE PHYSICIAN PRACTICES HAVE BEEN AT THE F OREFRONT OF WHAT THE NATION WILL BE DOING THE PRIMARY CONNECTION FOSTERS INTERDEPENDENCY AND INTENSE COLLABORATION AMONG THE PRACTICES TO CREATE AND IMPLEMENT SPECIFIC CARE COORDI NATION PROGRAMS, SUCH AS HOSPITAL ALTERNATIVE PROGRAMS AND CARE TRANSITION PROGRAMS FROM H OSPITAL TO HOME OTHER RESOURCES INCLUDE PHARMACISTS PROVIDING MEDICATION THERAPY MANAGEME NT, EMBEDDED BEHAVIORAL COUNSELORS WITHIN PRACTICES, AND CARE COORDINATION CONTRACTS BETWE EN PRIMARY AND SPECIALTY CARE PHYSICIANS THE PRIMARY CONNECTION PRACTICES' CLINICAL AND O PERATIONAL PERFORMANCES ARE TRACKED FOR QUALITY IMPROVEMENT AND ADHERENCE TO THE TENETS OF THE QUADRUPLE AIM THESE PRACTICES ARE REIMBURSED UNDER AN INNOVATIVE HYBRID REIMBURSEME NT METHODOLOGY THAT RETAINS ELEMENTS OF FEE-FOR-SERVICE PAYMENT BUT INCLUDES A RISK-ADJUSTE D POPULATION-BASED CARE COORDINATION FEE AND A SHARED SAVINGS COMPONENT THE HYBRID PAYME NT SYSTEM ALLOWS PRIMARY CARE PRACTICES TO MORE FULLY UTILIZE ANCILLARY NURSING AND MID-LEV EL STAFF, RECOGNIZES THE PRACTICES' EFFORTS TO IMPLEMENT E-COMMUNICATION STRATEGIES, AND R EWARDS EFFORTS TO WORK COOPERATIVELY AND EFFECTIVELY WITH HOSPITALS AND SPECIALTY PHYSICIA NS TO REDUCE MEDICALLY UNNECESSARY SERVICES AND POTENTIALLY AVOIDABLE ADMISSIONS THE PRIM ARY CONNECTION INITIALLY INVOLVED 21 PRACTICES, THEIR 140 PHYSICIANS AND MORE THAN 54,000 PATIENTS, AND HAS SINCE GROWN TO 25 PRACTICES AND 198 PHYSICIANS THIS PROGRESSIVE ALLIANC E HAS LED TO IMPROVED CARE COORDINATION AND REDUCING THE REDUNDANCIES AND INEFFICIENT CARE THAT CAUSE HEALTH CARE COSTS TO INCREASE UNNECESSARILY OTHER MEMBERSHIP SERVICES INCLUDE PREVENTIVE CARE WITH ACTIVE PARTICIPATION BY COMMUNITY ORGANIZATIONS IN INITIATIVES SUCH AS THE POPULATION HEALTH COLLABORATIVE OF WESTERN NEW YORK, A NOT-FOR-PROFIT DEDICATED TO IMPROVING THE HEALTH OF PEOPLE IN WESTERN NEW YORK IT DEPENDS ON UNPRECEDENTED COLLABORAT ION AMONG KEY STAKEHOLDERS AND THE SHARING OF CLINICAL INFORMATION, AS WELL AS THE ADOPTIO N OF HEALTH INFORMATION TECHNOLOGY AND ELECTRONIC MEDICAL RECORDS, THROUGH ORGANIZATIO NS SUCH AS HEALTH-E-LINK IN THE PAST, THE IHA HEALTH COACH PROGRAM OFFERED A BROAD RANGE OF S ERVICES, INCLUDING EDUCATION AND CARE COORDINATION, TO IMPROVE THE HEALTH OF IHA MEMBERS A ND EMPLOYEES AS A CURRENT RESOURCE TO ENGAGE WITH MEMBERS AT ANY POINT IN THEIR DAY OR AN Y STAGE OF HEALTH, BROOK DIGITAL HEALTH COMPANION IS AN AVAILABLE RESOURCE BROOK IS AN IN NOVATIVE COMPANY THAT HAS DEVELOPED A DIGITAL PERSONAL ASSISTANT TO HELP PEOPLE WITH CHRON IC CONDITIONS BETTER MANAGE THEIR HEALTH VIA THEIR SMARTPHONE THE FIRST CHRONIC CONDITION BROOK ADDRESSED WAS DIABETES         </p>

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Return Reference	Explanation
<p>FORM 990 , PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>FOR MEMBERS DIAGNOSED WITH THE DISEASE, BROOK CAN HELP USERS TRACK THEIR DAILY BLOOD GLUCOSE LEVELS, MEALS, MEDICATIONS, SLEEPING PATTERNS AND EXERCISE BASED ON A USER'S DATA IN PUT AND ACTIVITY, BROOK CAN PROVIDE INSIGHT ON WHAT IS WORKING ALONG WITH RECOMMENDATIONS TO KEEP BLOOD SUGAR LEVELS IN A SAFE ZONE, ALLOWING MEMBERS TO TAKE THE GUESSWORK OUT OF UNDERSTANDING HOW DAILY DECISIONS AFFECT THEIR HEALTH USERS CAN ACCESS BROOK 24 HOURS A DAY , SEVEN DAYS A WEEK, WHETHER THEY ARE IN BETWEEN DOCTOR VISITS, AT THE GROCERY STORE OR TRAVELING BROOK BLENDS INTELLIGENT, TECHNOLOGY-BASED RESPONSES WITH THE INTERACTION AND HUMAN TOUCH THAT CAN ONLY COME FROM COMPASSIONATE, UNDERSTANDING EXPERTS IHA'S MEDICARE FAMILY CHOICE PLAN IS A MEDICARE ADVANTAGE SPECIAL NEEDS PLAN OFFERED IN NURSING FACILITIES IN WESTERN NEW YORK FAMILY CHOICE OF NEW YORK IS A CARE MANAGEMENT COMPANY THAT WORKS IN PARTNERSHIP WITH AREA NURSING HOMES, PHYSICIANS AND HOSPITALS TO BRING ADDITIONAL CARE - INCLUDING ENHANCED HEALTH CARE AND SOCIAL SERVICES - TO THE PATIENTS WHO NEED SPECIALIZED MEDICAL AND NURSE MANAGEMENT THE PROGRAM ACCOMPLISHES THIS BY ASSIGNING A NURSE PRACTITIONER WHO IS SPECIALLY TRAINED IN GERIATRICS TO NURSING HOME RESIDENTS THE GOAL IS TO IMPROVE NOT ONLY THE MEMBER'S QUALITY OF CARE, BUT ALSO THEIR QUALITY OF LIFE FAMILY CHOICE'S SPECIALLY TRAINED NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS ARE ON CALL 24 HOURS A DAY, SEVEN DAYS A WEEK TO PROVIDE CARE AND SUPPORT AS NEEDED THEY WORK IN COLLABORATION WITH THE MEMBER'S PHYSICIANS AND THE NURSING FACILITY'S STAFF TO IDENTIFY POTENTIAL PROBLEMS BEFORE THEY BECOME SERIOUS AND MINIMIZE UNNECESSARY AND DISRUPTIVE EMERGENCY ROOM VISITS AND HOSPITAL STAYS WHENEVER IT'S SAFE AND APPROPRIATE PART OF THE AFFORDABLE CARE ACT AND MEDICAID REFORM EFFORTS, HEALTH HOMES ARE COMMUNITY NETWORKS OF PROVIDERS DESIGNATED BY THE STATE TO COORDINATE CARE AND SOCIAL NEEDS FOR MEDICAID MEMBERS WITH CHRONIC CONDITIONS, SUCH AS HIV/AIDS, SERIOUS MENTAL ILLNESS OR MULTIPLE CHRONIC HEALTH PROBLEMS IHA ASSIGNS MEMBERS TO HEALTH HOMES AND SUPPORTS THESE NETWORKS ADMINISTRATIVELY, BILLING FOR SERVICES RENDERED AND REIMBURSING THEM FOR FRAIL ELDERLY MEMBERS AND THEIR CAREGIVERS, THE CAREPARTNERS PROGRAM IS AVAILABLE AT NO ADDITIONAL COST THIS HOME-BASED PROGRAM FACILITATES THE RIGHT CARE AND LIVING ENVIRONMENT AND IS DESIGNED TO PREVENT EMERGENCY ROOM VISITS AND HOSPITALIZATIONS THROUGH HOME VISITS AND PHONE CALLS, REGISTERED NURSES AND SOCIAL WORKERS HELP COORDINATE CARE AND OFFER PSYCHO-SOCIAL SUPPORT, INCLUDING LINKING MEMBERS AND CAREGIVERS TO COMMUNITY AND FINANCIAL RESOURCES, ASSESSING THE SAFETY OF THE MEMBER AND HELPING COMPLETE ADVANCE DIRECTIVES IN ACCORDANCE WITH THE MEMBER'S WISHES MEMBERS ALSO HAVE 24-HOUR ACCESS TO A REGISTERED NURSE THROUGH THIS PROGRAM</p>

## 990 Schedule O, Other Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	<p>IHA OFFERS AN ADDITIONAL LEVEL OF SUPPORT AT NO COST TO MEMBERS FACING SERIOUS ILLNESS AND THEIR FAMILIES THROUGH OUR PALLIATIVE CARE PROGRAM. THE PALLIATIVE CARE TEAM, WHICH INCLUDES A REGISTERED NURSE, SOCIAL WORKER AND MEDICAL DIRECTOR, PARTNERS WITH THE MEMBER'S PHYSICIAN TO COORDINATE CARE AND REDUCE AVOIDABLE HOSPITAL VISITS AND ADMISSIONS. THE PALLIATIVE CARE PROFESSIONALS HAVE OPEN AND SUPPORTIVE DISCUSSIONS ABOUT TREATMENT CHOICES WITH THE MEMBER AND PROVIDE THE SAME OUTREACH AND SERVICES AS CAREPARTNERS WITH THE GOAL OF HELPING MEMBERS LIVE MORE COMFORTABLY BY MANAGING SYMPTOMS IN ACCORDANCE WITH THEIR HEALTH CARE WISHES TO PROVIDE A BETTER QUALITY OF LIFE. IN ADDITION, IHA DEVELOPS AND CONDUCTS EXTENSIVE COMMUNITY WELLNESS AND BENEFIT INITIATIVES THAT HELP MEMBERS LEAD HEALTHIER LIVES AND HELP EMPLOYERS CONTROL HEALTH CARE COSTS. INCLUDED AMONG THESE INITIATIVES ARE PREVIOUS COMMUNITY WELLNESS AWARENESS PROGRAMS, PRACTICE EXCELLENCE, THE NATIONALLY RECOGNIZED PAY FOR PERFORMANCE PROGRAM, AND THE IDEALIZED DESIGN OF CLINICAL OFFICE PRACTICE, A MULTI-FACETED APPROACH TO RE-DESIGN PHYSICIAN OFFICES TO BE MORE PATIENT-CENTRIC. IHA ALSO CONTRACTED WITH THE NEW YORK STATE DEPARTMENT OF HEALTH IN A HEALTH CARE REFORM ACT (HCRA) PAY FOR PERFORMANCE DEMONSTRATION PROJECT (P4P) TO SUPPORT REGIONAL EFFORTS TO IMPROVE THE QUALITY OF HEALTH CARE BY DEVELOPING A STANDARDIZED PHYSICIAN PERFORMANCE MEASUREMENT AND REPORTING SYSTEM. THIS GRANT EXPIRED DECEMBER 31, 2009, HOWEVER, AT THE END OF THIS GRANT PERIOD THE THREE REGIONAL HEALTH PLANS ENDORSED A CONTINUATION STRATEGY FOR THE QUALITY MEASURES COLLABORATIVE PROGRAM. THE PLANS CONTINUE TO PROVIDE REGULAR DATA EXTRACTS TO POPULATION HEALTH COLLABORATIVE'S DESIGNATED DATA MANAGEMENT VENDOR, VIPS, WHO PERFORMS DATA AGGREGATION AND ANALYSIS. POPULATION HEALTH COLLABORATIVE THEN REPORTS THIS PERFORMANCE DATA TO PROVIDERS VIA A SECURE INTERNET-BASED PORTAL. EACH PLAN PROVIDES ONGOING FUNDING FOR THE QUALITY MEASURES COLLABORATIVE PROPORTIONATE TO ITS RESPECTIVE MARKET SHARE. IHA ALSO SUBSIDIZES INDIGENT CARE AND HEALTH CARE INITIATIVES UNDER HCRA AND CONTRIBUTES TO A PROFESSIONAL EDUCATION POOL, LARGELY TO FUND GRADUATE MEDICAL EDUCATION EXPENSES. IHA IS ALSO RESPONSIBLE FOR THE COVERED LIVES ASSESSMENT BASED ON THE REGION IN WHICH THE MEMBER RESIDES AND HIS/HER ENROLLMENT STATUS (FAMILY OR INDIVIDUAL). SURCHARGES AND COVERED LIVES REMITTANCES ARE REQUIRED MONTHLY AND TOTALED APPROXIMATELY \$15.9 MILLION DURING 2018. IHA'S REDSHIRT VOLUNTEER PROGRAM PROVIDES IHA ASSOCIATES AN OPPORTUNITY TO VOLUNTEER IN THEIR COMMUNITY, WHILE PROMOTING IHA AS A COMPANY WHO IS WILLING TO HELP GIVE BACK TO WNY. REDSHIRT ASSOCIATES VOLUNTEERS PROVIDE THE REDSHIRT TREATMENT TO THE COMMUNITY THROUGH DIRECT ASSOCIATE INTERACTION AND EXHIBIT IHA'S MESSAGE OF QUALITY CARE THROUGHOUT WESTERN NEW YORK. THE REDSHIRT TREATMENT IS A COMPANY-WIDE COMMITMENT TO DEMONSTRATE OUR CORE VALUES OF BEING PASSIONATE, CARING, RESPECTFUL, COLLABORATIVE.</p>

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FORM 990 , PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	<p>RATIVE AND ACCOUNTABLE DURING 2018, 206 IHA ASSOCIATES SERVED AS REDSHIRT VOLUNTEERS IN TOTAL, THESE INDIVIDUALS VOLUNTEERED AT 85 COMMUNITY EVENTS, WHICH REPRESENTED MORE THAN 6 00 HOURS OF VOLUNTEER TIME IHA ENCOURAGES ITS MANAGEMENT TEAM AND ASSOCIATES TO SUPPORT T HE LOCAL COMMUNITY TO THIS END, WE ARE PROUD TO SAY MORE THAN 100 MEMBERS OF OUR MANAGEME NT TEAM ARE VOLUNTEERS OR ACTIVE PARTICIPANTS AS DIRECTORS ON COMMUNITY BOARDS THE IHA AS SOCIATE DRESS DOWN PROGRAM ALLOWS ASSOCIATES TO MAKE A CHARITABLE CONTRIBUTION IN EXCHANGE FOR THE PRIVILEGE OF DRESSING DOWN FOR WORK THIS PROGRAM HAS RESULTED IN SUBSTANTIAL SUP PORT FOR THE CHARITABLE ORGANIZATIONS IN OUR COMMUNITY AND DEMONSTRATES THE GOODWILL OF IH A ASSOCIATES THE PROGRAM IS ASSOCIATE-DRIVEN WITH A GOAL TO BROADLY SUPPORT MANY 501(C)(3 ) ORGANIZATIONS THROUGHOUT WESTERN NEW YORK IN 2018, IHA RAISED MORE THAN \$100,000 FOR NO N-PROFIT ORGANIZATIONS IN OUR COMMUNITY IN ADDITION, IHA ASSOCIATES SUPPORT THE UNITED WA Y OF BUFFALO AND ERIE COUNTY'S COMMUNITY CARE CAMPAIGN THE UNITED WAY OF BUFFALO AND ERIE COUNTY WORKS TO ADVANCE THE COMMON GOOD BY FOCUSING ON WELLNESS, INCOME AND EDUCATION IT PROMOTES LONG-TERM GOOD HEALTH AND INDEPENDENCE AND WORKS TO CREATE LONG-LASTING CHANGES THAT WILL IMPROVE THE LIVES OF PEOPLE LIVING IN POVERTY IN ERIE COUNTY IHA CONDUCTS A MON TH-LONG CAMPAIGN EACH FALL TO RAISE MONEY FOR UNITED WAY IHA CARES ABOUT MAKING A DIFFERE NCE IN THE LIVES OF INDIVIDUALS IN THE COMMUNITIES WE SERVE TO DATE THE 2018 CAMPAIGN RAI SED MORE THAN \$100,000 THE COMMUNITY ALSO BENEFITS FROM IHA'S SPONSORSHIPS THAT PROMOTE H EALTH AND WELLNESS ONE EXAMPLE IS IHA'S COMMITMENT OF SUPPORT TO THEATRE OF YOUTH'S (TOY) HEALTH SERIES, A PROFESSIONAL THEATRE FOR YOUNG AUDIENCES THAT FOCUSES ON HEALTH-RELATED ISSUES IN CHILDREN ANOTHER EXAMPLE OF IHA IN THE COMMUNITY IS EVIDENT IN OUR SPONSORSHIP AND ACTIVE PARTICIPATION IN SLOW ROLL BUFFALO, A FAMILY-FRIENDLY BIKE EVENT THAT KICKED OFF IN BUFFALO IN 2015 IN ADDITION TO BEING A MAJOR SPONSOR OF THE PROGRAM, WHICH DREW THOU SANDS OF PEOPLE OUT ON MONDAYS FROM MAY THROUGH OCTOBER FOR A GUIDED BIKE RIDE THROUGH THE CITY, OUR REDSHIRTS VOLUNTEERED AND MANY OF OUR ASSOCIATES PARTICIPATED THIS IS JUST ANO THER EXAMPLE OF INDEPENDENT HEALTH'S COMMITMENT TO BUILDING A HEALTHIER COMMUNITY THERE I S ALSO A UNIQUE PARTNERSHIP WITH THE YMCA BUFFALO NIAGARA AND IHA THAT INTEGRATES PERSONAL AND FAMILY FITNESS OPPORTUNITIES WITH ON-SITE MEDICAL SERVICES IN A NEW STATE-OF-THE-ART, 92,000-SQUARE-FOOT FACILITY THAT OPENED IN EARLY 2013 IHA HAS PROVIDED \$2 MILLION TOWARD S THIS INITIATIVE THE NEW YMCA HAS AN ON-SITE PRESENCE OFFERING HEALTH AND WELLNESS PROGR AMS INCLUDING CUSTOMIZED FITNESS PROGRAMS TARGETING OBESITY ADDITIONALLY, YMCA AND IHA HA VE TEAMED UP FOR THE SEVENTH YEAR IN A ROW WITH LOCAL PARKS THIS SUMMER TO PROMOTE THE VAL UE OF A HEALTHY LIFESTYLE AND ENCOURAGE WESTERN NEW YORK RESIDENTS TO PARTICIPATE IN PHYSI CAL ACTIVITY BETWEEN MAY AND</p>

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Return Reference	Explanation
FORM 990 , PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	<p>AUGUST 2018, THE WNY COMMUNITY WAS ABLE TO PARTICIPATE IN FREE 60-MINUTE FITNESS CLASSES WITH YMCA-CERTIFIED INSTRUCTORS IN 2018, THE PROGRAM EXPANDED TO 23 AREA PARKS IN BUFFALO-NIAGARA AND JAMESTOWN, AND OFFERED NEARLY 500 CLASSES IN TOTAL, COMPARED TO 2017 WHICH HAD 21 AREA PARKS AND APPROXIMATELY 400 CLASSES IN AN EFFORT TO FURTHER PROMOTE HEALTHIER LIFESTYLES IN OUR COMMUNITY, IHA JOINED FORCES WITH SNYDER CORPORATION AND FITNESS RIDGE WORLDWIDE TO BRING THE BIGGEST LOSER RESORT NIAGARA TO WNY AT THE BEAVER HOLLOW CONFERENCE CENTER IN WYOMING COUNTY THE RESORT FOCUSES ON EXERCISE, HEALTH NUTRITION AND EDUCATION THE PROGRAM ENGAGES PARTICIPANTS IN THEIR OWN HEALTH AND GIVES THEM THE TOOLS THEY NEED TO ADOPT LIFESTYLE CHANGES TO STAY HEALTHY AND REDUCE THEIR RISK OF CHRONIC DISEASE LIKE DIABETES AND HEART DISEASE IHA IS EXPECTED TO PROVIDE \$3 MILLION TOWARDS THIS INITIATIVE IHA HAS ALSO JOINED TOGETHER WITH THE BUFFALO MUSEUM OF SCIENCE TO OPEN THE FIRST OF EIGHT PERMANENT SCIENCE STUDIOS AT THE MUSEUM CALLED "EXPLORE YOU PRESENTED BY INDEPENDENT HEALTH," THE THEMED STUDIO ALLOWS VISITORS TO EXPLORE ANATOMY AND LEARN ABOUT IMPORTANT CHOICES THEY CAN MAKE TO IMPROVE AND MAINTAIN THEIR HEALTH THE EXHIBIT OPENED IN MARCH OF 2012 AND WILL BE OPEN FOR 10 YEARS IN CONNECTION TO THE EXHIBIT, IHA BEGAN HOSTING "EXPLORE TOGETHER" IN 2013, A FREE ANNUAL EVENT NOW OFFERED IN TANDEM WITH THE MUSEUM'S COMMUNITY HEALTH DAY EVERY JANUARY THIS COLLABORATIVE EVENT ENCOURAGES PARENTS AND CHILDREN TO LEARN ABOUT THE IMPORTANCE OF HEALTHY LIVING THROUGH INTERACTIVE ACTIVITIES AND PRESENTATIONS IHA IS ALSO PROUD TO PARTNER WITH LARKIN SQUARE TO SPONSOR MANY COMMUNITY EVENTS AND HELP BRING HEALTHY INITIATIVES TO THIS NEWLY REVITALIZED PUBLIC GATHERING SPACE ALL YEAR LONG IHA AND THE INDEPENDENT HEALTH FOUNDATION'S HEALTHY OPTIONS PROGRAM COLLABORATED WITH FOOD TRUCKS PARTICIPATING IN LARKIN SQUARE'S FOOD TRUCK TUESDAYS EVENTS FROM MAY THROUGH OCTOBER TO HELP THEM OFFER HEALTHY MENU ITEMS THAT ARE CONSIDERED TO BE LOWER IN FAT, SATURATED FAT, CHOLESTEROL AND SODIUM</p>

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FORM 990 , PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	<p>IHA AND THE BUFFALO BILLS ARE CONTINUING TO WORK TOGETHER TO IMPROVE THE HEALTH AND WELL-BEING OF WESTERN NEW YORK THROUGH A VARIETY OF INITIATIVES, INCLUDING THE INDEPENDENT HEALTH AND BUFFALO BILLS HEALTH &amp; WELLNESS CHALLENGE THIS COMMUNITY-WIDE FITNESS AND NUTRITION PROGRAM INCENTIVIZES THE COMMUNITY WITH DAILY, WEEKLY, AND GRAND PRIZES TO ENCOURAGE A HEALTHY LIFESTYLE TO DATE, MORE THAN 30,000 INDIVIDUALS HAVE REGISTERED FOR THE HEALTH &amp; WELLNESS CHALLENGE, WHICH IS CELEBRATING ITS TENTH CHALLENGE THIS SPRING THE COMMUNITY-WIDE FITNESS AND NUTRITION PROGRAM RUNS TWICE EACH YEAR - ONCE IN THE SPRING AND AGAIN IN THE FALL - AND INCENTIVIZES THE COMMUNITY WITH DAILY, WEEKLY, AND GRAND PRIZES TO ENCOURAGE A HEALTHY LIFESTYLE THE FALL 2018 CHALLENGE AND CURRENT SPRING 2019 CHALLENGE EXPERIENCED AN INCREASE OF APPROXIMATELY 2,500 REGISTRANTS SINCE THE PREVIOUS SPRING THE BUFFALO BILLS AND IHA ALSO WORKED TOGETHER TO ENCOURAGE PHYSICAL ACTIVITY AND HEALTHY EATING AMONG OUR COMMUNITY'S YOUTH IN SCHOOL AND AT HOME THROUGH THE INDEPENDENT HEALTH FOUNDATION'S FITNESS FOR KIDS CHALLENGE AND THE BUFFALO BILLS PLAY 60 CHALLENGE IN PARTNERSHIP WITH INDEPENDENT HEALTH, REDDY BIKESHARE WAS INTRODUCED TO THE COMMUNITY IN 2016 AND RECENTLY EXPANDED INTO THE CITY OF NIAGARA FALLS SINCE IT BEGAN OPERATIONS IN 2016, 9,350 RIDERS HAVE TRAVELED A COLLECTIVE TOTAL OF 116,345 MILES (ALMOST THE DISTANCE FROM THE EARTH TO THE MOON) AND HAVE BURNED 4.8 MILLION CALORIES REDDY BIKESHARE ALLOWS RIDERS TO EXPLORE THEIR COMMUNITY WHILE SUPPORTING THEIR HEALTH, THE ENVIRONMENT, AND LOCAL BUSINESSES WHILE ALSO ENHANCING ALTERNATIVE TRANSPORTATION OPTIONS INDEPENDENT HEALTH'S PARTNERSHIP WITH RIVERWORKS LAUNCHED IN 2015, OFFERING A WIDE VARIETY OF SEASONAL ACTIVITIES FOR INDIVIDUALS OF ALL AGES AND FITNESS LEVELS BUILT AROUND PROMOTING HEALTH AND EXERCISE, PARTICIPANTS CAN TRY THEIR HAND AT KAYAKING, WATER BIKES AND PADDLE BOARDING ALONG BUFFALO'S WATERFRONT WHEN THE WEATHER IS WARM AND LACE UP THEIR ICE SKATES OR PARTAKE IN A FRIENDLY GAME OF CURLING WHEN THE SNOW FLIES AS WITH MANY LOCAL PROGRAMS THROUGHOUT THE REGION, INDEPENDENT HEALTH MEMBERS CAN SHOW THEIR ID CARD AND RECEIVE DISCOUNTS FOR ANY RIVERWORKS HEALTH AND WELLNESS ACTIVITY IHA FURTHER COLLABORATES WITH THE WESTERN NEW YORK COMMUNITY IN ITS AFFILIATION WITH THE HEALTH SCIENCES CHARTER SCHOOL THAT WAS DEVELOPED TO PROVIDE OPPORTUNITIES FOR HIGH SCHOOL STUDENTS FOR CAREERS IN THE MEDICAL FIELD WNYHEALTH-E-NET FURTHERS IHA'S COMMITMENT TO REDUCING THE COST OF AND IMPROVING THE QUALITY OF HEALTH CARE IN THE WESTERN NEW YORK COMMUNITY WNYHEALTH-E-NET OPTIMIZES THE DELIVERY OF PATIENT INFORMATION THAT SPEEDS THE DELIVERY AND ACCURACY OF VITAL ELIGIBILITY, CLAIM STATUS, REFERRAL AND AUTHORIZATION INFORMATION TO THE PROVIDER COMMUNITY, AND WESTERN NEW YORK'S CLINICAL INFORMATION EXCHANGE ("HEALTH-E-LINK") - A 501(C)(3) ORGANIZATION THAT OPERATES AN INFORMATION EXCHANGE TO FACILITATE ACCESS TO CLINICAL INFORMATION</p>

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FORM 990 , PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	<p>MATION AMONG HEALTH CARE PROVIDERS AND HEALTH INSURERS HEALTH-E-LINK IS PART OF THE STATE WIDE HEALTH INFORMATION NETWORK OF NEW YORK (SHIN-NY), A TECHNOLOGY FRAMEWORK SPANNING THE ENTIRE STATE THAT ALLOWS HEALTH CARE PROVIDERS EFFICIENT ACCESS TO THEIR PATIENTS' DATA HEALTH-E-LINK HAS BEEN RECOGNIZED FOR ITS WORK IN BUILDING A REGIONAL HEALTH INFORMATION T ECHNOLOGY INFRASTRUCTURE AND FOR TESTING INNOVATIVE APPROACHES BY BOTH STATE AND FEDERAL A GENCIES, INCLUDING BEING NAMED A BEACON COMMUNITY, AN EFFORT FUNDED BY THE OFFICE OF THE N ATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY AS OF DECEMBER 2018, APPROXIMATELY 85 PERCENT OF WESTERN NEW YORK PROVIDER PRACTICES PARTICIPATE WITH HEALTH-E-LINK, MORE THA N 430 DATA SOURCES ARE CONNECTED, APPROXIMATELY 237 MILLION RESULTS (LAB, RADIOLOGY AND TR ANSCRIBED REPORTS) ARE AVAILABLE AND 87% OF WNY POPULATION HAS SIGNED A COMMUNITY-WIDE CON SENT AUTHORIZING TREATING PHYSICIANS TO ACCESS THEIR ELECTRONIC MEDICAL RECORDS THROUGH HEA LTH-E-LINK IHA COORDINATES THE DELIVERY OF HEALTH CARE SERVICES FOR APPROXIMATELY 163,387 MEMBERS OF IHA'S COMMERCIAL PRODUCTS UNDER ARTICLE 44 OF THE NEW YORK PUBLIC HEALTH LAW, MEDICAID MANAGED CARE PRODUCTS AS ADMINISTERED BY THE STATE OF NEW YORK, AND MEDICARE MANA GED CARE PRODUCTS AS ADMINISTERED BY CMS AS OF DECEMBER 31, 2018 INDEPENDENT HEALTH PROVI DES HEALTH BENEFITS AND SERVICES TO INDIVIDUALS IN WESTERN NEW YORK AND THROUGHOUT THE COU NTRY THE COMPANY HAS CONSISTENTLY BEEN RATED AMONG THE TOP HEALTH PLANS IN THE COUNTRY FO R CUSTOMER SERVICE AND MEMBER SATISFACTION INDEPENDENT HEALTH HAS RECEIVED THE NATIONAL C OMITTEE FOR QUALITY ASSURANCE'S (NCQA) HIGHEST ACCREDITATION STATUS OF "EXCELLENT" FOR IT S COMMERCIAL HMO/POS AND MEDICARE LINES OF BUSINESS FOR 19 CONSECUTIVE YEARS "EXCELLENT" ACCREDITATION IS GRANTED ONLY TO THOSE HEALTH PLANS THAT EXHIBIT LEVELS OF SERVICE AND CLI NICAL QUALITY THAT MEET OR EXCEED NCQA'S RIGOROUS REQUIREMENTS FOR CONSUMER PROTECTION AND QUALITY IMPROVEMENT INDEPENDENT HEALTH WAS ALSO RANKED AS THE TOP HEALTH INSURANCE PLAN IN THE NEW YORK/NEW JERSEY REGION, ACCORDING TO J D POWER'S 2010, 2011, 2012, 2013, 2016 AND 2018 U S MEMBER HEALTH INSURANCE PLAN STUDIES, AND RANKED SECOND IN THE NEW YORK/NEW JERSEY REGION IN THE J D POWER 2014, 2015 AND 2017 U S MEMBER HEALTH PLAN STUDIES IN AD DITION, INDEPENDENT HEALTH WAS RANKED AMONG THE HIGHEST-RANKED HEALTH PLANS IN THE NATION FOR ALL LINES OF BUSINESS - COMMERCIAL, MEDICARE AND MEDICAID - ACCORDING TO THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) IN ITS HEALTH INSURANCE PLAN RANKINGS 2018-2019 TH E RANKINGS ARE BASED ON CLINICAL QUALITY, MEMBER SATISFACTION AND NCQA ACCREDITATION STAND ARDS LONG BEFORE THE ENACTMENT OF THE AFFORDABLE CARE ACT (ACA), IHA WAS TAKING STEPS TO TRANSFORM HEALTH CARE IN WESTERN NEW YORK, PROVIDING OUR MEMBERS WITH MANY OF THE QUALITY COVERAGE AND MARKET REFORM PROVISIONS CONTAINED IN THE LAW (\$0 COPAY FOR PREVENTIVE SERVIC ES, AGE-EXTENSION RIDERS UP TO</p>



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FORM 990 , PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	<p>AGE 26, NO LIFETIME LIMITS ON MEMBERS' COVERAGE, AND COMPREHENSIVE INTERNAL AND EXTERNAL REVIEW PROCESSES TO ENSURE OUR MEMBERS RECEIVED NEEDED HEALTH CARE SERVICES) IHA CONTINUE S TO LOOK FOR OPPORTUNITIES TO IMPROVE THE QUALITY AND AFFORDABILITY OF HEALTH CARE FOR OU R REGION, AS ACHIEVING HEALTH CARE REFORM WILL REQUIRE COMMUNITY OWNERSHIP, WIDE-RANGING P ARTNERSHIPS AND RENEWED COLLABORATION AMONG DIVERSE STAKEHOLDERS BY FOCUSING ON COLLABORA TION AND HEALTH ENGAGEMENT, IHA CAN HELP BUILD A CULTURE OF HEALTH IN OUR REGION AS A COM MUNITY, WE MUST CONTINUE TO DEVELOP PROGRAMS THAT ENHANCE FITNESS, FOSTER PREVENTION AND E NGAGE PEOPLE IN BETTER HEALTH THESE EFFORTS WILL HELP PEOPLE MAKE POSITIVE LIFESTYLE CHAN GES AND REDUCE CHRONIC DISEASE - ESSENTIAL ELEMENTS FOR LOWERING HEALTH CARE COSTS AND IMP ROVING THE OVERALL HEALTH STATUS OF OUR COMMUNITY IHA'S COLLABORATIVE EFFORTS ARE HAVING AN IMPACT THE 2012 COMMONWEALTH FUND REPORT RANKED BUFFALO 54TH BEST AMONG 306 MEDICARE S ERVICE AREAS FOR QUALITY, ACCESSIBILITY AND AFFORDABILITY OF CARE AND IN 2016 IHA WAS RANK ED 62 OUT OF 306 MEDICARE SERVICE AREAS IHA WAS IN THE TOP 10 PERCENT FOR ACCESS AND AFFO RDABILITY AND IN THE TOP QUARTILE FOR PREVENTION, TREATMENT AND OVERALL PERFORMANCE THIS RANKING IS EVEN MORE IMPRESSIVE GIVEN THAT BUFFALO IS CITED AS THE THIRD-POOREST CITY IN T HE U S AND THE STUDY REVEALED A STRONG CORRELATION BETWEEN POVERTY AND A POOR SCORE AMONG THE RANKED AREAS ADDITIONALLY, THE COLLABORATIVE WORK UNDERWAY IN WESTERN NEW YORK WAS R ECOGNIZED IN A RECENTLY RELEASED CASE STUDY ON REGIONAL HEALTH CARE IMPROVEMENT BY THE COM MONWEALTH FUND, "BUFFALO AND WESTERN NEW YORK COLLABORATING TO IMPROVE HEALTH SYSTEM PERF ORMANCE BY LEVERAGING SOCIAL CAPITAL," WHICH TAKES A CLOSER LOOK AT THE REASONS FOR OUR RE GION'S SUCCESS THESE REPORTS EMPHASIZE THE NEED FOR LOCAL SOLUTIONS AND WIDESPREAD ENGAGE MENT AND COLLABORATION TO ACHIEVE THE QUADRUPLE AIM OF BETTER HEALTH, BETTER CARE, LOWER C OSTs, AND PROVIDER VITALITY</p>

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<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 2	MICHAEL W CROPP, ANN PENTKOWSKI, JOHN R RODGERS, THOMAS J FOELS, JOHN MINEO, ESQ , AND MICHAEL J FASO HAVE A BUSINESS RELATIONSHIP (BOARD MEMBERS OF A RELATED TAXABLE ENTITY) SIDNEY N WEISS, STUART H ANGERT, MICHAEL W CROPP, JOHN MINEO, ESQ , ANTHONY BAYNES, ANTHONY B MARTINO, COLEEN DIPIRRIO AND DANIEL B WEINTRAUB HAVE A BUSINESS RELATIONSHIP (BOARD MEMBERS OF A RELATED TAXABLE ENTITY) THOMAS J FOELS AND MICHAEL HEIMERL HAVE A BUSINESS RELATIONSHIP (PRIVATE ENTERPRISE) IHA DOES NOT DO BUSINESS WITH THEIR PRIVATE ENTERPRISE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	FFORM 990 WAS REVIEWED WITH THE CHAIRMANS OF THE AUDIT AND FINANCE COMMITTEES AS WELL AS THE PRESIDENT OF INDEPENDENT HEALTH THE FINAL FORM 990 WAS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW AND COMMENTS PRIOR TO THE FILING OF THIS RETURN

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	INDEPENDENT HEALTH ASSOCIATION, INC 'S (IHA) CONFLICT OF INTEREST REPORTING POLICY ENCOMPASSES ALL CURRENT IHA OFFICERS AND EMPLOYEES (INCLUDING HIGHEST COMPENSATED AND KEY EMPLOYEES) OF THE ORGANIZATION EMPLOYEES ARE REQUIRED AS PART OF THEIR EMPLOYMENT WITH IHA TO IMMEDIATELY REPORT CONFLICTS OF INTEREST THAT THEY ARE PARTY TO OR THAT THEY OBSERVED, TO A MANAGEMENT OR INDEPENDENT HEALTH'S CHIEF COMPLIANCE OFFICER FOR REVIEW BY THE CONFLICT OF INTEREST COMMITTEE OF INDEPENDENT HEALTH CONFLICTS ARE ALSO IDENTIFIED ANNUALLY WHEN THE SIGNED EMPLOYEE ATTESTATIONS, CONFIDENTIAL QUESTIONNAIRES & PLEDGE OF CONFIDENTIALITY AND CONTINUING DISCLOSURE FORM (FOR HIGHEST COMPENSATED EMPLOYEES, KEY EMPLOYEES, OFFICERS, DIRECTORS, AND MEMBERS OF THE BOARD) ARE RECEIVED IF A CONFLICT OF INTEREST IS IDENTIFIED, THE INDIVIDUAL IS PROHIBITED FROM PARTICIPATING IN THE DELIBERATIONS OR DECISIONS RELATED TO THIS TRANSACTION THE RESOLUTION OF THE CONFLICT REVIEW WILL BE DOCUMENTED IN MEETING MINUTES MAINTAINED BY THE CONFLICT OF INTEREST COMMITTEE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE GOVERNING BOARD OF DIRECTORS OF INDEPENDENT HEALTH ASSOCIATION, INC (IHA) APPOINTED A GROUP OF BOARD MEMBERS TO ACT AS THE COMPENSATION COMMITTEE. COMPENSATION OF THE CEO IS SUBJECT TO REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE AND THE BOD ANNUALLY. ADDITIONALLY, THE RECOMMENDATIONS OF THE CEO PERTAINING TO THE COMPENSATION OF HIS/HER DIRECT REPORTS ARE SUBJECT TO REVIEW AND ADVISEMENT BY THE COMPENSATION COMMITTEE. TO DETERMINE EXECUTIVE COMPENSATION AND INCENTIVE ELIGIBILITY OF THE CEO AND HIS/HER DIRECT REPORTS, THE COMPENSATION COMMITTEE ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT TO REVIEW THE RECOMMENDATIONS AND ANY COMPARABLE DATA (COMPENSATION OF SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SIZED ORGANIZATIONS). COMPARABILITY DATA MAY BE OBTAINED VIA THE FORM 990 OF OTHER ORGANIZATIONS AND/OR COMPENSATION SURVEYS OR STUDIES. THE COMPENSATION COMMITTEE, IN DELIBERATIONS WITH THE INDEPENDENT CONSULTANT, DETERMINES THE COMPENSATION AND INCENTIVE FOR THE CEO. THE COMPENSATION COMMITTEE WILL DOCUMENT THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS. THE BOD WILL THEN RATIFY ALL DECISIONS OF THE COMPENSATION COMMITTEE AT ITS REGULARLY SCHEDULED BOARD MEETING. IHA'S EXECUTIVE COMPENSATION POLICY/PROCESS IS AN ANNUAL PROCESS (LAST PERFORMED IN 2018) AND INCLUDED ESTABLISHING COMPENSATION FOR THE FOLLOWING POSITIONS THAT REPORT DIRECTLY TO THE CEO: EXECUTIVE VICE PRESIDENT - COO, EXECUTIVE VICE PRESIDENT, CFO, EXECUTIVE VICE PRESIDENT - CHRO, EXECUTIVE VICE PRESIDENT - GENERAL COUNSEL, EXECUTIVE VICE PRESIDENT - CHIEF MEDICAL OFFICER, SENIOR VICE PRESIDENT - HEALTH CARE SERVICES, VICE PRESIDENT - CLINICAL & BUSINESS INFORMATICS, SENIOR VICE PRESIDENT, CHIEF CLINICAL IMPROVEMENT OFFICER, AND SENIOR VICE PRESIDENT - GOVERNMENT AFFAIRS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE A COPY OF ITS 990, ITS AUDITED FINANCIAL STATEMENTS, AND ANY OTHER DOCUMENTS AS REQUIRED

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 9	J SCOTT DWYER - 8055 MEADOWSWEET TRC, ROSWELL, GA 30076 JILL M SYRACUSE - 5512 MARTHA'S VINEYARD, CLARENCE CENTER, NY 14032 MICHAEL HUDSON - 20 WARREN ST, SOMERS, NY 10589 THOMAS J FOELS - 8354 BLACK WALNUT DR, EAST AMHERST, NY 14051

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INDEPENDENT HEALTH ASSOCIATION INC

**Employer identification number**

16-1080163

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> THE PRIMARY CONNECTION LLC 511 FARBER LAKES DRIVE BUFFALO, NY 14221 47-2349293	HEALTH CARE MANAGEMENT SERVICES	NY	0	0	INDEPENDENT HEALTH ASSOCIATION INC
<b>(2)</b> THE PRIMARY CONNECTION 2 LLC 511 FARBER LAKES DRIVE BUFFALO, NY 14221 81-2770810	HEALTH CARE MANAGEMENT SERVICES	NY	0	0	INDEPENDENT HEALTH ASSOCIATION INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> INDEPENDENT HEALTH FOUNDATION 777 INTERNATIONAL DRIVE BUFFALO, NY 14221 16-1417199	TO PROMOTE GOOD HEALTH IN WESTERN NEW YORK & SUPPORT THE ACTIVITIES OF IHA	NY	501(C)(3)	12A, I	INDEPENDENT HEALTH ASSOCIATION INC	Yes	



**Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY 511 FARBER LAKES DRIVE BUFFALO, NY 14221 16-1237733	THIRD PARTY CLAIMS ADMINISTRATION	NY	INDEPENDENT HEALTH ASSOCIATION INC	C	3,364,236	195,115,927	100 000 %	Yes	
<b>(2)</b> INDEPENDENT HEALTH BENEFITS CORPORATION 511 FARBER LAKES DRIVE BUFFALO, NY 14221 16-1483784	POS AND IMDEMNITY PRODUCT ADMINISTRATION	NY	INDEPENDENT HEALTH ASSOCIATION INC	C	11,999,571	247,528,352	100 000 %	Yes	
<b>(3)</b> MASON INSURANCE COMPANY LTD FB FERRY BUILDING 40 CHURCH STRE HAMILTON HHX BD	REINSURANCE	BD	INDEPENDENT HEALTH ASSOCIATION INC	C	-658,023	14,540,473	100 000 %	Yes	

**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	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b> Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b> Yes	

**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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 16-1080163  
**Name:** INDEPENDENT HEALTH ASSOCIATION INC

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b> INDEPENDENT HEALTH FOUNDATION	B	1,604,360	FMV
<b>(1)</b> INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	M	393,829,099	FMV
<b>(2)</b> INDEPENDENT HEALTH FOUNDATION	N	100,430	FMV
<b>(3)</b> INDEPENDENT HEALTH BENEFITS CORPORATION	N	20,261,973	FMV
<b>(4)</b> INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	N	2,751,857	FMV
<b>(5)</b> INDEPENDENT HEALTH BENEFITS CORPORATION	O	34,808,731	FMV
<b>(6)</b> INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	O	13,689,097	FMV
<b>(7)</b> INDEPENDENT HEALTH FOUNDATION	P	196,200	FMV
<b>(8)</b> INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	P	654,152,319	FMV
<b>(9)</b> INDEPENDENT HEALTH FOUNDATION	Q	195,681	FMV
<b>(10)</b> INDEPENDENT HEALTH BENEFITS CORPORATION	Q	589,104,275	FMV
<b>(11)</b> INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	Q	4,702,288	FMV
<b>(12)</b> INDEPENDENT HEALTH FOUNDATION	R	1,593,360	FMV
<b>(13)</b> INDEPENDENT HEALTH BENEFITS CORPORATION	S	51,000,000	FMV
<b>(14)</b> INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	S	255,250,000	FMV
<b>(15)</b> INDEPENDENT HEALTH BENEFITS CORPORATION	L	545,789,128	FMV
<b>(16)</b> INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	L	985,511	FMV
<b>(17)</b> INDEPENDENT HEALTH FOUNDATION	O	263,692	FMV