

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 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

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

G Gross receipts \$ 1,706,814,843

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.

3 Number of voting members of the governing body (Part VI, line 1a)	3	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,281
6 Total number of volunteers (estimate if necessary)	6	443
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	1,410,137,899	1,452,386,343
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,787,209	13,829,936
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,366	8,797
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,419,938,474	1,466,225,076
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,276,632	3,948,578
14 Benefits paid to or for members (Part IX, column (A), line 4)	1,229,105,375	1,256,545,628
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	79,749,507	79,876,148
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	77,925,386	88,781,787
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,390,056,900	1,429,152,141
19 Revenue less expenses. Subtract line 18 from line 12	29,881,574	37,072,935

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	716,145,017	812,957,744
21 Total liabilities (Part X, line 26)	252,453,356	286,116,812
22 Net assets or fund balances. Subtract line 21 from line 20	463,691,661	526,840,932

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: _____ Date: 2020-11-12

MICHAEL W CROPP MD MD, PRESIDENT, & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Check if self-employed PTIN: P00741382

Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772

Firm's address ▶ 200 RENAISSANCE CENTER SUITE 3900
DETROIT, MI 482431313 Phone no. (313) 396-3000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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 \$ 1,305,695,150 including grants of \$ 3,773,144) (Revenue \$ 1,452,386,343)
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 ▶ 1,305,695,150

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a through f for questions 11, 12, and 14.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<table border="1"> <tr> <td style="width: 100px;">2a</td> <td style="text-align: right;">1,281</td> </tr> </table>	2a	1,281			
2a	1,281					
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No	
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>			3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes		
b If "Yes," enter the name of the foreign country: ▶ <u>BD</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b			
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c			
d If "Yes," indicate the number of Forms 8282 filed during the year	<table border="1"> <tr> <td style="width: 100px;">7d</td> <td></td> </tr> </table>	7d				
7d						
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8			
9 Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?			9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10 Section 501(c)(7) organizations. Enter:						
a Initiation fees and capital contributions included on Part VIII, line 12	<table border="1"> <tr> <td style="width: 100px;">10a</td> <td></td> </tr> </table>	10a				
10a						
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<table border="1"> <tr> <td style="width: 100px;">10b</td> <td></td> </tr> </table>	10b				
10b						
11 Section 501(c)(12) organizations. Enter:						
a Gross income from members or shareholders	<table border="1"> <tr> <td style="width: 100px;">11a</td> <td></td> </tr> </table>	11a				
11a						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<table border="1"> <tr> <td style="width: 100px;">11b</td> <td></td> </tr> </table>	11b				
11b						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<table border="1"> <tr> <td style="width: 100px;">12b</td> <td></td> </tr> </table>	12b				
12b						
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a			
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	<table border="1"> <tr> <td style="width: 100px;">13b</td> <td></td> </tr> </table>	13b				
13b						
c Enter the amount of reserves on hand	<table border="1"> <tr> <td style="width: 100px;">13c</td> <td></td> </tr> </table>	13c				
13c						
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			14b			
15 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.			15	Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		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 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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?

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

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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? 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 15b Other officers or key employees of the organization 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? 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?

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. 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: MARGARET STEFFAN 511 FARBER LAKES DRIVE BUFFALO, NY 14221 (716) 631-3001

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a - 1f: \$	1g					
	h Total. Add lines 1a-1f ▶						
Program Service Revenue	2a PREMIUMS, REINSURANCE,	Business Code 524114	1,452,386,343	1,452,386,343			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f. ▶		1,452,386,343				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		13,004,267			13,004,267	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	6a 17,680				
			6b Less: rental expenses				
		6c Rental income or (loss)	6c 8,797				
		d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a 241,406,553				
			7b Less: cost or other basis and sales expenses				
		7c Gain or (loss)	7c 825,669				
		d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		8b Less: direct expenses					
		c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19	9a					
9b Less: direct expenses							
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances	10a						
	10b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory ▶						
11a Miscellaneous Revenue		Business Code					
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See instructions ▶			1,466,225,076	1,452,386,343	0	13,838,733	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,948,578	3,948,578		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	1,256,545,628	1,256,545,628		
5 Compensation of current officers, directors, trustees, and key employees	16,131,573		16,131,573	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	38,052,381	18,903,875	19,148,506	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,554,875	623,324	1,931,551	
9 Other employee benefits	15,994,337	3,575,763	12,418,574	
10 Payroll taxes	7,142,982	1,417,010	5,725,972	
11 Fees for services (non-employees):				
a Management				
b Legal	1,039,970		1,039,970	
c Accounting	369,720		369,720	
d Lobbying	151,492		151,492	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,069,134		1,069,134	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	24,977,267	159,388	24,817,879	
12 Advertising and promotion	4,907,692	36,432	4,871,260	
13 Office expenses	6,457,553	432,074	6,025,479	
14 Information technology	16,728,615	1,231	16,727,384	
15 Royalties				
16 Occupancy	1,869,078		1,869,078	
17 Travel	437,623	62,803	374,820	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	141,770	14,030	127,740	
20 Interest	46,252		46,252	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,284,680		6,284,680	
23 Insurance	901,116	132,654	768,462	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GME SURCHARGE	17,473,036	17,473,036		
b FAMILY CHOICE	2,325,964	2,325,964		
c NYS ASSESSMENT/ACA	1,419,954		1,419,954	
d CLAIMS ADJUSTMENT	1,000,000		1,000,000	
e All other expenses	1,180,871	43,360	1,137,511	
25 Total functional expenses. Add lines 1 through 24e	1,429,152,141	1,305,695,150	123,456,991	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	13,650,025	2	10,282,528
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	135,797,773	4	188,414,063
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	24,986,078	9	29,177,683
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 149,541,184		
	b Less: accumulated depreciation	10b 114,900,184	35,188,880	10c 34,641,000
	11 Investments—publicly traded securities	318,301,617	11	355,956,658
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	1,905,417	14	1,820,417
	15 Other assets. See Part IV, line 11	186,315,227	15	192,665,395
16 Total assets. Add lines 1 through 15 (must equal line 34)	716,145,017	16	812,957,744	
Liabilities	17 Accounts payable and accrued expenses	59,188,527	17	74,260,914
	18 Grants payable		18	
	19 Deferred revenue	7,630,023	19	9,612,550
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,732,329	21	3,191,371
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	26,000,000	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	157,902,477	25	199,051,977
	26 Total liabilities. Add lines 17 through 25	252,453,356	26	286,116,812
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	308,831,075	27	367,026,527
	28 Net assets with donor restrictions	154,860,586	28	159,814,405
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	463,691,661	32	526,840,932	
33 Total liabilities and net assets/fund balances	716,145,017	33	812,957,744	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,466,225,076
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,429,152,141
3	Revenue less expenses. Subtract line 2 from line 1	3	37,072,935
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	463,691,661
5	Net unrealized gains (losses) on investments	5	26,076,336
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	526,840,932

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
2a			No
2b	Yes		
2c	Yes		
3a	Yes		
3b	Yes		

Additional Data

Software ID:

Software Version:

EIN: 16-1080163

Name: INDEPENDENT HEALTH ASSOCIATION INC

Form 990 (2019)

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 FAMILY HEALTH PLUS (FHP) PROGRAM AVAILABLE TO ELIGIBLE RESIDENTS OF ERIE COUNTY AND THE CHILD HEALTH PLUS (CHP) PROGRAM) 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.

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	31.00 18.00	X		X				792,283	0	406,101
ANTHONY B MARTINO BOARD MEMBER (END 10/19)	5.00 0.00	X						24,000	0	6,838
ANTHONY J BAYNES BOARD MEMBER	5.00 1.00	X						40,000	0	8,205
COLLEEN C DIPIRRO VICE CHAIRPERSON	5.00 1.00	X		X				54,000	0	8,205
DAN GAGLIARDO BOARD MEMBER	5.00 1.00	X						40,000	0	8,205
DANIEL B WEINTRAUB CPA BOARD MEMBER	5.00 1.00	X						60,000	0	5,579
DAVID PAWLOWSKI MD BOARD MEMBER	5.00 0.00	X						40,000	0	8,205
DONALD BOSWELL BOARD MEMBER (NEW 4/19)	5.00 0.00	X						39,000	0	0
DONALD ROBINSON MD BOARD MEMBER	5.00 0.00	X						40,000	0	8,205
DONNA M FERNANDES PHD BOARD MEMBER	5.00 0.00	X						40,000	0	8,205

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			
FAUD SHERIFF MD BOARD MEMBER	5.00 0.00	X						51,419	0	7,794
JOHN ANTKOWIAK MD CHAIRPERSON	12.00 1.00	X		X				100,000	0	8,205
JOHN MINEO SECRETARY- EVP GEN.COUNSEL	29.00 17.00	X		X				585,085	0	182,868
JOHN N WALSH III BOARD MEMBER	5.00 1.00	X						47,000	0	0
KATHLEEN MYLOTTE MD BOARD MEMBER	5.00 0.00	X						43,175	0	0
KEITH M STOLZENBURG BOARD MEMBER (NEW 4/19)	5.00 0.00	X						40,000	0	0
LISA MENDONZA MD BOARD MEMBER	5.00 0.00	X						40,000	0	8,205
MICHAEL HEIMERL MD BOARD MEMBER	5.00 0.00	X						40,000	0	8,205
MICHAEL W CROPP PRESIDENT & CEO	31.00 22.00	X		X				3,122,947	0	426,307
PATRICIA SMITH BOARD MEMBER	5.00 0.00	X						47,000	0	411

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			
SHAWN COTTON MD BOARD MEMBER	5.00 0.00	X						40,000	0	8,205
SIDNEY N WEISS CPA BOARD MEMBER	5.00 1.00	X						40,000	0	8,205
STUART H ANGERT BOARD MEMBER	5.00 5.00	X						40,000	0	1,140
THOMAS J FOELS EVP-CHF MED OFCR (BOD 12/19)	30.00 19.00	X		X				434,601	0	59,242
YVONNE S MINOR-RAGAN PHD BOARD MEMBER	5.00 1.00	X						39,000	0	411
ANTHONY BILLITTIER EVP-CHF MEDICAL OFCR (START 12/19)	30.00 17.00			X				203,843	0	50,358
NICOLE BRITTON CHF COMPLIANCE OFCR	32.00 9.00			X				137,915	0	29,315
ANNE O'NEILL VP-CHIEF RISK OFFICER	32.00 10.00				X			218,599	0	55,900
ANTHONY MONTAGNA SVP-CHF NETWORK OFCR	32.00 22.00				X			269,420	0	53,216
CHERYL FRIEDMAN SVP-HEALTH CARE SERVICES	36.00 23.00				X			312,206	0	48,733

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			
ERIC J DECKER SVP-INFORMATION TECHNOLOGY CIO	35.00 15.00				X			624,446	0	133,400
GEORGE WANDS CHIEF AUDIT OFFICER	34.00 11.00				X			158,750	0	38,445
JILL M SYRACUSE EVP-CHF SRVCG OFCR (END 2/19)	35.00 2.00				X			861,101	0	45,097
JOHN HAUGHTON SVP-CHF CLIN IMPRV (END 10/19)	27.00 15.00				X			580,025	0	31,840
JOHN REID RODGERS EVP - COO	32.00 20.00				X			1,009,183	0	550,828
MICHAEL J FASO SVP-CHF REV&ACCTG (END 7/19)	24.00 15.00				X			646,730	0	73,038
NORA K MCGUIRE SVP-CHIEF MARKETING OFFICER	25.00 16.00				X			434,739	0	32,442
PATRICIA C CLABEAUX EVP-CHIEF HR OFFICER	30.00 17.00				X			557,161	0	332,311
RICHARD M ARGENTIERI SVP-SALES	28.00 21.00				X			299,069	0	56,731
ROBERT TRACY SVP-GOVT PROGRAMS	34.00 10.00				X			270,862	0	62,807

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			
ROBERTA D RIFKIN SVP-GOVT PROGS & AFFAIRS	30.00 17.00				X			408,031	0	173,384
S PAUL KAHLON VP-CHF ACTUARIAL OFCR	36.00 13.00				X			271,516	0	33,676
AMIN M SEREHALI VP-CLINICAL & BUS. INFORMATICS	33.00 19.00					X		500,001	0	32,791
DEIRDRE WHEAT MED DIRECTOR DISEASE & CSE MGT	17.00 21.00					X		305,622	0	38,195
MARGARET STEFFAN VP-FINANCE-TREASURY SERVICES	27.00 21.00					X		318,506	0	113,301
MICHAEL MERRILL MED DIRECTOR CLINICAL PERF MGT	18.00 23.00					X		407,138	0	38,797
TIMOTHY HALEY MED DIRECTOR MED POLICY & UM	10.00 32.00					X		334,092	0	34,711
MARK I JOHNSON SENIOR FINANCE ADVISOR	17.00 10.00						X	644,952	0	150,724
MICHAEL HUDSON TREASURER & CFO - END 10/19/18	0.00 0.00						X	592,019	0	0

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

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets for financial gain, with revenue and asset amounts.

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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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
1a Land		542,713		542,713
b Buildings		23,772,167	8,445,696	15,326,471
c Leasehold improvements		15,368,116	9,150,739	6,217,377
d Equipment		25,011,416	22,305,658	2,705,758
e Other		84,846,772	74,998,091	9,848,681
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				34,641,000

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)		
Total. (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)		
Total. (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 CF	80,869,850
(2) INVESTMENTS IN AFFILIATES	111,795,545
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	192,665,395

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.

(a) Description of liability	(b) Book value
1. Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	199,051,977

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.

1	Total revenue, gains, and other support per audited financial statements		1	1,480,871,749
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	26,076,336	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-3,375,701	
e	Add lines 2a through 2d			2e 22,700,635
3	Subtract line 2e from line 1			3 1,458,171,114
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	8,053,962	
c	Add lines 4a and 4b			4c 8,053,962
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 1,466,225,076

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.

1	Total expenses and losses per audited financial statements		1	1,418,171,487
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-8,053,962	
e	Add lines 2a through 2d			2e -8,053,962
3	Subtract line 2e from line 1			3 1,426,225,449
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	2,926,692	
c	Add lines 4a and 4b			4c 2,926,692
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 1,429,152,141

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	

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, 2019 AND 2018. THE ASSOCIATION DID NOT RECORD INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN 2019 AND 2018. THE ASSOCIATION IS SUBJECT TO U.S. FEDERAL INCOME TAX IN VARIOUS STATE JURISDICTIONS. AS OF DECEMBER 31, 2019, THE ASSOCIATION'S TAX YEARS FOR 2016, 2017 AND 2018 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 -1,411,801. OPERATING GRANT NETTED AGAINST INCOME -1,963,900.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	REINSURANCE 5,015,488. RX REBATE & COB 3,047,357. RENTAL EXPENSE INCLUDED ON PART VIII, LINE 6B -8,883.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	REINSURANCE -5,015,488. RX REBATE & COB -3,047,357. RENTAL EXPENSE INCLUDED ON PART VIII, LINE 6B 8,883.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	BANK CHARGES & INVESTMENT FEES NETTED AGAINST OTHER INCOME 1,411,801. OPERATING GRANT NETTED AGAINST INCOME 1,963,900. PENSION RELATED CHANGES OTHER THAN NET PERIOD PENSION COST -449,009.

**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 for instructions and the latest information.

OMB No. 1545-0047

2019

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" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			19,524,670
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			19,524,670

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash 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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 16-1080163

Name: INDEPENDENT HEALTH ASSOCIATION INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	REINSURANCE	132,654
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		19,392,016

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

2019

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.

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, (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 28
3 Enter total number of other organizations listed in the line 1 table 3

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/CONTRIBUTION: 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 IN 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.

(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 non-cash assistance	(h) Purpose of grant or assistance
ASPIRE OF WNY 2356 NORTH FOREST ROAD GETZVILLE, NY 14068	16-0757756	501(C)(3)	8,134		FMV		SPONSORSHIP
BUFFALO NIAGARA ENTERPRISE 665 MAIN STREET BUFFALO, NY 142031425	16-1579523	501(C)(3)	36,970		FMV		SPONSORSHIP

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

(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 non-cash assistance	(h) Purpose of grant or assistance
BUFFALO URBAN LEAGUE 15 E GENESEE STREET BUFFALO, NY 14203	16-0743940	501(C)(3)	18,751		FMV		SPONSORSHIP
CANISIUS COLLEGE 2001 MAIN STREET BUFFALO, NY 14208	16-0743209	501(C)(3)	25,084		FMV		SPONSORSHIP

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

(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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF BUFFALO NEW YORK 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	11,091		FMV		SPONSORSHIP FOR HEALTHY LIVING
ECMC LIFELINE FOUNDATION 462 GRIDER STREET NO G-1 BUFFALO, NY 14215	22-3283946	501(C)(3)	5,915		FMV		SPONSORSHIP

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

(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 non-cash assistance	(h) Purpose of grant or assistance
GREEN OPTIONS BUFFALO (GOBIKESLOW ROLL) 640 ELLICOTT ST SUITE 447 BUFFALO, NY 14203	27-2501533	501(C)(3)	73,941		FMV		SPONSORSHIP FOR HEALTHY LIVING
LMHF STRIVE TO THRIVE PROGRAM INC 3786 BROADWAY STREET CHEEKTOWAGA, NY 14227	81-5207846	501(C)(3)	43,132		FMV		SPONSORSHIP FOR HEALTHY LIVING

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

(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 non-cash assistance	(h) Purpose of grant or assistance
HOSPICE FOUNDATION OF WNY INC 225 COMO PARK BLVD CHEEKTOWAGA, NY 142271416	22-3137812	501(C)(3)	5,546		FMV		SPONSORSHIP
LARKIN SQUARE 726 EXCHANGE ST STE 825 BUFFALO, NY 14210	45-4273890	501(C)(3)	62,850		FMV		SPONSORSHIP FOR HEALTHY LIVING

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

(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 non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP BUFFALO 237 MAIN STREET SUITE 1500 BUFFALO, NY 142032720	16-1363536	501(C)(3)	7,394		FMV		SPONSORSHIP
LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE SUITE310 WHITE PLAINS, NY 10605	13-5644916	501(C)(3)	7,394		FMV		SPONSORSHIP

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

(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 non-cash assistance	(h) Purpose of grant or assistance
NATIONAL FEDERATION OF JUST COMMUNITIES OF WNY 360 DELAWARE AVENUE BUFFALO, NY 14202	20-3185568	501(C)(3)	9,612		FMV		SPONSORSHIP
NIAGARA FRONTIER AUTOMOBILE DEALERS ASSOCIATION (NFADA) 1144 WEHRLE DRIVE WILLIAMSVILLE, NY 14221	16-1194880	501(C)(3)	31,887		FMV		SPONSORSHIP

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

(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 non-cash assistance	(h) Purpose of grant or assistance
P2 COLLABORATIVE 355 HARLEM ROAD BUILDING C WEST SENECA, NY 14224	42-1604185	501(C)(3)	38,080		FMV		SPONSORSHIP
POLICE ATHLETIC LEAGUE 65 NIAGARA SQUARE 21ST FLOOR BUFFALO, NY 14202	16-1468698	501(C)(3)	6,285		FMV		SPONSORSHIP FOR HEALTHY LIVING

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

(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 non-cash assistance	(h) Purpose of grant or assistance
SENECA DIABETES FOUNDATION PO BOX 309 IRVING, NY 140810309	20-3214056	501(C)(3)	22,182		FMV		SPONSORSHIP & FIOM PROJECT
THEATRE OF YOUTH (TOY) 203 ALLEN STREET BUFFALO, NY 14201	23-7286004	501(C)(3)	33,226		FMV		SPONSORSHIP FOR HEALTHY LIVING

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

(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 non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF BUFFALO & ERIE COUNTY - ENDOWMENT CAMPAIGN 742 DELAWARE AVENUE BUFFALO, NY 14209	16-0743969	501(C)(3)	16,637		FMV		SPONSORSHIP
THE ARC OF ERIE COUNTY NEW YORK 30 WILSON ROAD WILLIAMSVILLE, NY 14221	16-0769044	501(C)(3)	5,546		FMV		SPONSORSHIP

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

(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 non-cash assistance	(h) Purpose of grant or assistance
THE BUFFALO & ERIE COUNTY HISTORICAL SOCIETY 1 MUSEUM COURT BUFFALO, NY 14216	16-6000166	501(C)(3)	5,176		FMV		SPONSORSHIP
AMHERST CHAMBER OF COMMERCE 400 ESSJAY ROAD SUITE 150 AMHERST, NY 14221	16-0959485	501(C)(6)	33,495		FMV		SPONSORSHIP

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

(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 non-cash assistance	(h) Purpose of grant or assistance
BUFFALO NIAGARA PARTNERSHIP 655 MAIN STREET SUITE 200 BUFFALO, NY 142031425	16-0761958	501(C)(6)	28,171		FMV		SPONSORSHIP
TASTE OF BUFFALO INC 276 GREENWOOD COURT EAST AURORA, NY 14052	16-1390601	501(C)(6)	11,461		FMV		SPONSORSHIP FOR HEALTHY LIVING

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

(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 non-cash assistance	(h) Purpose of grant or assistance
THE SUMMIT CENTER INC 150 STAHL ROAD GETZVILLE, NY 14068	16-1095750	501(C)(3)	5,102		FMV		SPONSORSHIP
WESTERN NEW YORK PUBLIC BROADCASTING ASSOCIATION 140 LOWER TERRACE BUFFALO, NY 14202	16-0834459	501(C)(3)	11,091		FMV		SPONSORSHIP

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

(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 non-cash assistance	(h) Purpose of grant or assistance
BACK TO BASICS PEACEKEEPERS 1370 WILLIAM ST SUITE 100 BUFFALO, NY 14206	16-1509888	501(C)(3)	7,394		FMV		SPONSORSHIP FOR HEALTHY LIVING
CHILD & FAMILY SERVICES 330 DELAWARE AVE BUFFALO, NY 14202	16-1004825	501(C)(3)	6,285		FMV		SPONSORSHIP

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

(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 non-cash assistance	(h) Purpose of grant or assistance
BUFFALO BILLS LLC ONE BILLS DRIVE ORCHARD PARK, NY 14127	47-1762470		415,548		FMV		SPONSORSHIP FOR HEALTHY LIVING
BUFFALO RIVERWORKS LLC 359 GANSON ST BUFFALO, NY 14203	46-3720236		184,852		FMV		SPONSORSHIP FOR HEALTHY LIVING

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

(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 non-cash assistance	(h) Purpose of grant or assistance
FRW BEAVER HOLLOW MANAGEMENT LLC 1083 PIT RD JAVA CENTER, NY 14082	45-4403158		221,823		FMV		SPONSORSHIP FOR HEALTHY LIVING
RICH PRODUCTS CORPORATION 1150 NIAGARA ST PO BOX 245 BUFFALO, NY 14240	31-1387980		44,827		FMV		SPONSORSHIP

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

(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 non-cash assistance	(h) Purpose of grant or assistance
SHARED MOBILITY 640 ELLICOTT ST 441 BUFFALO, NY 14203	46-5072814	501(C)(3)	352,531		FMV		SPONSORSHIP FOR HEALTHY LIVING
SISTERS HOSPITAL FOUNDATION 2157 MAIN ST BUFFALO, NY 14214	22-2283077	501(C)(3)	5,546		FMV		SPONSORSHIP

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

(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 non-cash assistance	(h) Purpose of grant or assistance
INDEPENDENT HEALTH FOUNDATION 777 INTERNATIONAL DRIVE BUFFALO, NY 14221	16-1417199	501(C)(3)	1,970,185		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 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
INDEPENDENT HEALTH ASSOCIATION INC

Employer identification number
16-1080163

Part I Questions Regarding Compensation

	Yes	No
1a 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.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax idemnification 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)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		No
2 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 on Line 1a?		No
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<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		
4 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:		
a Receive a severance payment or change-of-control payment?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 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:		
a The organization?		No
b Any related organization?		No
If "Yes," on line 5a or 5b, describe in Part III.		
6 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:		
a The organization?		No
b Any related organization?		No
If "Yes," on line 6a or 6b, describe in Part III.		
7 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.	Yes	
8 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.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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, LINE 1A	JOHN MINEO EXPENSE REIMBURSEMENT DUE TO NON-REFUNDABLE PERSONAL EXPENSES THAT IHA BUSINESS INTERFERED WITH. THE REIMBURSEMENT WAS GROSSED-UP FOR TAXES AND INCLUDED IN MR. MINEO'S TAXABLE WAGES.
PART I, LINES 4A-B	PART I, LINES 4A THE FOLLOWING LISTED PERSON FROM PART VII, SECTION A RECEIVED SEVERANCE PAYMENTS AS PART OF A SEPARATION AGREEMENT WITH INDEPENDENT HEALTH DURING 2019: MICHAEL HUDSON - \$520,000 MICHAEL FASO - \$199,833 JILL SYRACUSE - \$442,994 JOHN HAUGHTON -\$95,450 PART I, LINES 4B 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 \$1,409,047 MARK JOHNSON - \$102,000 JOHN REID RODGERS - \$129,109 THOMAS FOELS - \$57,000 JILL SYRACUSE - \$263,016 ANN PENTKOWSKI - \$69,931 PATRICIA CLABEAUX - \$53,796 MICHAEL FASO - \$129,949 JOHN MINEO - \$48,000 MICHAEL HUDSON - \$72,019 NORA MCGUIRE - \$26,500 JOHN HAUGHTON - \$25,256 ERIC DECKER - \$36,655 ROBERTA RIFKIN - \$48,939
PART I, LINE 7	EXPENSE REIMBURSEMENT DUE TO NON-REFUNDABLE PERSONAL EXPENSES THAT IHA BUSINESS INTERFERED WITH.

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				
1ANN M PENTKOWSKI TREASURER & CFO	(i)	519,595	258,166	14,522	387,766	18,335	1,198,384	69,931
	(ii)	0	0	0	0	0	0	0
1JOHN MINEO SECRETARY- EVP GEN.COUNSEL	(i)	353,969	212,267	18,849	146,463	36,405	767,953	48,000
	(ii)	0	0	0	0	0	0	0
2MICHAEL W CROPP PRESIDENT & CEO	(i)	1,005,652	2,068,109	49,186	407,675	18,632	3,549,254	1,409,047
	(ii)	0	0	0	0	0	0	0
3THOMAS J FOELS EVP-CHF MED OFCR (BOD 12/19)	(i)	124,603	252,716	57,282	50,027	9,215	493,843	57,000
	(ii)	0	0	0	0	0	0	0
4ANTHONY BILLITTIER EVP-CHF MEDICAL OFCR (START 12/19)	(i)	196,990	0	6,853	0	50,358	254,201	0
	(ii)	0	0	0	0	0	0	0
5NICOLE BRITTON CHF COMPLIANCE OFCR	(i)	110,092	27,688	135	4,745	24,570	167,230	0
	(ii)	0	0	0	0	0	0	0
6ANNE O'NEILL VP-CHIEF RISK OFFICER	(i)	184,249	32,930	1,420	33,733	22,167	274,499	0
	(ii)	0	0	0	0	0	0	0
7ANTHONY MONTAGNA SVP-CHF NETWORK OFCR	(i)	218,147	48,127	3,146	30,258	22,958	322,636	0
	(ii)	0	0	0	0	0	0	0
8CHERYL FRIEDMAN SVP-HEALTH CARE SERVICES	(i)	257,430	51,914	2,862	28,165	20,568	360,939	0
	(ii)	0	0	0	0	0	0	0
9ERIC J DECKER SVP-INFORMATION TECHNOLOGY CIO	(i)	320,346	296,335	7,765	109,891	23,509	757,846	36,655
	(ii)	0	0	0	0	0	0	0
10GEORGE WANDS CHIEF AUDIT OFFICER	(i)	134,140	22,924	1,686	10,517	27,928	197,195	0
	(ii)	0	0	0	0	0	0	0
11JILL M SYRACUSE EVP-CHF SRVCG OFCR (END 2/19)	(i)	493,607	295,447	72,047	41,353	3,744	906,198	263,016
	(ii)	0	0	0	0	0	0	0
12JOHN HAUGHTON SVP-CHF CLIN IMPRV (END 10/19)	(i)	379,583	153,594	46,848	11,114	20,726	611,865	25,256
	(ii)	0	0	0	0	0	0	0
13JOHN REID RODGERS EVP - COO	(i)	550,561	422,613	36,009	521,592	29,236	1,560,011	129,109
	(ii)	0	0	0	0	0	0	0
14MICHAEL J FASO SVP-CHF REV&ACCTG (END 7/19)	(i)	368,242	243,620	34,868	58,418	14,620	719,768	129,949
	(ii)	0	0	0	0	0	0	0
15NORA K MCGUIRE SVP-CHIEF MARKETING OFFICER	(i)	290,687	140,420	3,632	20,544	11,898	467,181	26,500
	(ii)	0	0	0	0	0	0	0
16PATRICIA C CLABEAUX EVP-CHIEF HR OFFICER	(i)	356,177	194,772	6,212	290,125	42,186	889,472	53,796
	(ii)	0	0	0	0	0	0	0
17RICHARD M ARGENTIERI SVP-SALES	(i)	229,123	64,242	5,704	37,370	19,361	355,800	0
	(ii)	0	0	0	0	0	0	0
18ROBERT TRACY SVP-GOVT PROGRAMS	(i)	205,264	64,169	1,429	40,478	22,329	333,669	0
	(ii)	0	0	0	0	0	0	0
19ROBERTA D RIFKIN SVP-GOVT PROGS & AFFAIRS	(i)	257,868	142,442	7,721	148,970	24,414	581,415	48,939
	(ii)	0	0	0	0	0	0	0

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				
2 PAUL KAHLO VP-CHF ACTUARIAL OFCR	(i)	227,257	41,717	2,542	11,444	22,232	305,192	0
	(ii)	0	0	0	0	0	0	0
1 AMIN M SEREHALI VP-CLINICAL & BUS. INFORMATICS	(i)	274,253	218,943	6,805	11,858	20,933	532,792	0
	(ii)	0	0	0	0	0	0	0
2 DEIRDRE WHEAT MED DIRECTOR DISEASE & CSE MGT	(i)	264,792	39,821	1,009	13,250	24,945	343,817	0
	(ii)	0	0	0	0	0	0	0
3 MARGARET STEFFAN VP-FINANCE-TREASURY SERVICES	(i)	245,217	66,003	7,286	88,907	24,394	431,807	0
	(ii)	0	0	0	0	0	0	0
4 MICHAEL MERRILL MED DIRECTOR CLINICAL PERF MGT	(i)	352,262	51,137	3,739	14,237	24,560	445,935	0
	(ii)	0	0	0	0	0	0	0
5 TIMOTHY HALEY MED DIRECTOR MED POLICY & UM	(i)	289,355	42,347	2,390	11,415	23,296	368,803	0
	(ii)	0	0	0	0	0	0	0
6 MARK I JOHNSON SENIOR FINANCE ADVISOR	(i)	337,893	301,283	5,776	131,859	18,865	795,676	102,000
	(ii)	0	0	0	0	0	0	0
7 MICHAEL HUDSON TREASURER & CFO - END 10/19/18	(i)	0	72,019	520,000	0	0	592,019	72,019
	(ii)	0	0	0	0	0	0	0

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) NORTH TOWNS MEDICAL GROUP	SEE PART V	609,489	SEE PART V		No
(2) DONALD W ROBINSON MD	SEE PART V	230,296	SEE PART V		No
(3) D'AVOLIO OLIVE OIL & VINEGAR	SEE PART V	138,470	SEE PART V		No
(4) DOCSITE LLC DBA CONFIDENT HEALTH	SEE PART V	226,249	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: NORTH TOWNS 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 (A) NAME OF INTERESTED PERSON: DOCSITE, LLC DBA CONFIDENT HEALTH (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION: GREATER THAN 35% CONTROLLED ENTITY BY JOHN HAUGHTON, CURRENT KEY EMPLOYEE (D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR ARRANGEMENT, FOR HEALTHCARE CONSULTING

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service
Name of the organization

INDEPENDENT HEALTH ASSOCIATION INC

Employer identification number

16-1080163

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 , PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	<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 PHARMACY BENE FIT 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 TO GIVE THEM THE INFORMATION THEY NEED 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 WHO HELPS MEMBERS EXPLORE TREATMENT OPTIONS, DISCUSS NEEDED HEALTH SCREENINGS AND HELP DETERMINE APPROPRIATE CARE 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 COLLABORATION AMONG KEY STAKEHOLDERS AND THE SECURE SHARING OF CLINICAL INFORMATION, AS WELL AS THE ADOPTION OF HEALTH INFORMATION TECHNOLOGY AND ELECTRONIC MEDICAL RECORDS, THROUGH ORGANIZATIONS SUCH AS HEALTHELINK. IN THE PAST, THE IHA HEALTH COACH PROGRAM OFFERED A BROAD RANGE OF SERVICES, INCLUDING EDUCATION AND CARE COORDINATION, TO IMPROVE THE HEALTH OF IHA MEMBERS AND EMPLOYEES. AS A CURRENT RESOURCE TO ENGAGE WITH MEMBERS AT ANY POINT IN THEIR DAY OR ANY STAGE OF HEALTH, BROOK DIGITAL HEALTH COMPANION IS AN AVAILABLE RESOURCE. BROOK IS AN INNOVATIVE COMPANY THAT HAS DEVELOPED A DIGITAL PERSONAL ASSISTANT TO HELP PEOPLE WITH CHRONIC CONDITIONS, AS WELL AS PEOPLE LOOKING TO MAINTAIN THEIR GENERAL WELL-BEING, BETTER MANAGE THEIR HEALTH VIA THEIR SMARTPHONE. THE FIRST CHRONIC CONDITION BROOK ADDRESSED WAS DIABETES. 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 INPUT 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 AD</p>

990 Schedule O, Other Information

Return Reference	Explanation
FORM 990 , PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	<p>VANTAGE 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. IHA ALSO OFFERS ASSURE ADVANTAGE HMO C-SNP. THIS IS A MEDICARE ADVANTAGE CHRONIC SPECIAL NEEDS PLAN SPECIFICALLY DEVELOPED FOR ELIGIBLE MEDICARE BENEFICIARIES WHO HAVE BEEN DIAGNOSED WITH BOTH DIABETES AND CHRONIC HEART FAILURE AND RESIDE IN ERIE COUNTY. THIS PLAN INCLUDES PROVIDERS WHO SPECIALIZE IN TREATING CHRONIC HEART FAILURE AND DIABETES. IT INCLUDES BENEFITS AND HEALTH PROGRAMS AND CARE COORDINATION SERVICES DESIGNED TO SERVE THE SPECIALIZED NEEDS OF PEOPLE WITH THESE CONDITIONS. IN ADDITION, ASSURE ADVANTAGE COVERS PRESCRIPTION DRUGS TO TREAT MOST MEDICAL CONDITIONS, INCLUDING THE DRUGS THAT ARE USUALLY USED TO TREAT CHRONIC HEART FAILURE AND DIABETES. 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. 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, PART</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990 , PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>IN PARTNERSHIP 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 MULTIFACETED 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 \$14.5 MILLION DURING 2019.</p>

990 Schedule O, Other Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	<p>IHA'S REDSHIRT VOLUNTEER PROGRAM PROVIDES IHA ASSOCIATES AN OPPORTUNITY TO VOLUNTEER IN THE 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 AND ACCOUNTABLE. IN 2019, 425 IHA ASSOCIATES SERVED AS REDSHIRT VOLUNTEERS. IN TOTAL, THESE INDIVIDUALS VOLUNTEERED AT 136 COMMUNITY EVENTS, WHICH REPRESENTED MORE THAN 1,200 HOURS OF VOLUNTEER TIME. IHA ENCOURAGES ITS MANAGEMENT TEAM AND ASSOCIATES TO SUPPORT THE LOCAL COMMUNITY. TO THIS END, WE ARE PROUD TO SAY MORE THAN 100 MEMBERS OF OUR MANAGEMENT TEAM ARE VOLUNTEERS OR ACTIVE PARTICIPANTS AS DIRECTORS ON COMMUNITY BOARDS. THE IHA ASSOCIATE 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 SUPPORT FOR THE CHARITABLE ORGANIZATIONS IN OUR COMMUNITY AND DEMONSTRATES THE GOODWILL OF IHA ASSOCIATES. THE PROGRAM IS ASSOCIATE-DRIVEN WITH A GOAL TO BROADLY SUPPORT MANY 501(C)(3) ORGANIZATIONS THROUGHOUT WESTERN NEW YORK. TO DATE, IHA HAS RAISED MORE THAN \$30,800 FOR NON-PROFIT ORGANIZATIONS IN OUR COMMUNITY. IN ADDITION, IHA ASSOCIATES SUPPORT THE UNITED WAY 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 MONTH-LONG CAMPAIGN EACH FALL TO RAISE MONEY FOR UNITED WAY. IHA CARES ABOUT MAKING A DIFFERENCE IN THE LIVES OF INDIVIDUALS IN THE COMMUNITIES WE SERVE. TO DATE THE 2020 CAMPAIGN RAISED MORE THAN \$80,300. SINCE 2014, INDEPENDENT HEALTH HAS SUPPORTED GOBIKE BUFFALO IN ITS EFFORTS TO BRING GREATER AWARENESS TO THE HEALTH AND SOCIOECONOMIC BENEFITS OF BICYCLING IN OUR COMMUNITY. THIS SUPPORT INCLUDES PRESENTING SPONSORSHIP OF THE ANNUAL SKYRIDE EVENT. IN ADDITION, THE EFFORTS OF SLOW ROLL BUFFALO, A WEEKLY COMMUNITY BIKE RIDE INITIATIVE, HAS UNITED RIDERS WITH A COMMON INTEREST TO GET OUT, GET ACTIVE AND GET HEALTHY. TO PROVIDE THE COMMUNITY WITH GREATER ACCESS TO BIKES, IHA ENTERED INTO A PARTNERSHIP WITH SHARED MOBILITY, INC. IN 2016 TO ESTABLISH REDDYBIKESHARE. THIS BIKE-SHARING PROGRAM FIRST BROUGHT 200 GPS-ENABLED BIKES TO BUFFALO AND YIELDED SUCH SUCCESS THAT IT EXPANDED INTO THE CITY OF NIAGARA FALLS IN 2019, OFFERING AN ADDITIONAL 150 BIKES TO THE COMMUNITY FOR SHORT-TERM, SHARED USE. STATISTICS FOR 2019 INCLUDE 6,604 SIGN-UPS, 59,649 MILES TRAVELED AND 36,511 TOTAL TRIPS TAKEN. RIDERS HAVE BURNED A COLLECTIVE 7.2 MILLION CALORI</p>

990 Schedule O, Other Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	<p>ES. REDDY BIKESHARE ALLOWS USERS TO EXPLORE THEIR COMMUNITY WHILE SUPPORTING THEIR HEALTH, LOCAL BUSINESSES, AND THE ENVIRONMENT BY ENHANCING ALTERNATIVE TRANSPORTATION OPTIONS. IN LIGHT OF THE CURRENT PANDEMIC, THE CITY OF BUFFALO AND THE CITY OF NIAGARA FALLS ASKED REDDY TO ONLY PROMOTE THE USE OF REDDY BIKES FOR ESSENTIAL TRAVEL RATHER THAN FOR RECREATION. THROUGH A UNIQUE PARTNERSHIP WITH YMCA BUFFALO-NIAGARA, A STATE-OF-THE-ART FACILITY OPENED ITS DOORS IN 2013 TO OFFER PERSONAL AND FAMILY FITNESS OPPORTUNITIES TO THE AMHERST COMMUNITY. THE INDEPENDENT HEALTH FAMILY BRANCH YMCA IS A 92,000-SQUARE-FOOT FACILITY OFFERING A VARIETY OF HEALTH AND WELLNESS PROGRAMS THAT TARGET OBESITY AND OTHER HEALTH CONDITIONS. FURTHERMORE, IHA AND THE YMCA HAVE PARTNERED TOGETHER FOR NINE CONSECUTIVE YEARS TO OFFER FITNESS IN THE PARKS A SERIES OF FREE OUTDOOR FITNESS CLASSES THAT ENCOURAGES ALL MEMBERS OF THE COMMUNITY TO TAKE A MORE ACTIVE ROLE IN THEIR HEALTH. IN AN EFFORT TO FURTHER PROMOTE HEALTHIER LIFESTYLES IN OUR COMMUNITY, IHA JOINED FORCES WITH SNYDER CORPORATION AND FITNESS RIDGE WORLDWIDE IN 2012 TO BRING THE BIGGEST LOSER RESORT NIAGARA TO WESTERN NEW YORK. FOCUSING ON EXERCISE, NUTRITION AND EDUCATION, THE RESORT OFFERS CUSTOM PROGRAMMING THAT PROVIDES PARTICIPANTS WITH THE TOOLS THEY NEED TO ADOPT HEALTHY LIFESTYLE CHANGES TO REDUCE THEIR RISK OF CHRONIC DISEASE, SUCH AS DIABETES AND HEART DISEASE. UNDERSTANDING THAT HEALTHY HABITS MUST BE NURTURED FROM A YOUNG AGE, IHA JOINED TOGETHER WITH THE BUFFALO MUSEUM OF SCIENCE TO OPEN THE FIRST PERMANENT HEALTH-SCIENCE STUDIO IN 2012. "EXPLORE YOUR REPRESENTED BY INDEPENDENT HEALTH" ALLOWS VISITORS OF ALL AGES TO EXPLORE ANATOMY AND LEARN ABOUT IMPORTANT CHOICES THAT CAN BE MADE TO IMPROVE AND MAINTAIN ONE'S HEALTH. IN CONNECTION WITH THE EXHIBIT, IHA SPONSORS THE MUSEUM'S COMMUNITY HEALTH DAY EVENT EVERY JANUARY, OFFERING FAMILIES A FREE DAY OF FUN AND INTERACTIVE ACTIVITIES THAT PROMOTE THE IMPORTANCE OF HEALTHY LIVING. IHA IS ALSO PROUD TO PARTNER WITH LARKIN SQUARE TO SPONSOR MANY COMMUNITY EVENTS AND BRING HEALTHY INITIATIVES TO ITS REVITALIZED PUBLIC GATHERING SPACE ALL YEAR LONG. THROUGH THIS PARTNERSHIP, THE INDEPENDENT HEALTH FOUNDATION WAS ABLE TO IMPLEMENT THE HEALTHY OPTIONS BUFFALO PROGRAM INTO FOOD TRUCK TUESDAYS HELD OUTDOORS EACH WEEK, FROM APRIL THROUGH OCTOBER REQUIRING EACH PARTICIPATING FOOD TRUCK TO OFFER AT LEAST ONE PRE-APPROVED HEALTHY MENU ITEM CONSIDERED TO BE LOWER IN FAT, SATURATED FAT, CHOLESTEROL AND SODIUM. SINCE 2014, IHA HAS BEEN PROUD TO SERVE AS THE OFFICIAL HEALTH AND WELLNESS PARTNER OF THE BUFFALO BILLS, WORKING TOGETHER TO IMPROVE THE HEALTH AND WELL-BEING OF WESTERN NEW YORK THROUGH A VARIETY OF INITIATIVES. THIS INCLUDES THE SIX-WEEK HEALTH & WELLNESS CHALLENGE, A COMMUNITY-WIDE FITNESS AND NUTRITION PROGRAM DESIGNED TO ENCOURAGE SMALL CHANGES TOWARD A HEALTHIER LIFESTYLE. TO DATE, MORE THAN 36,900 INDIVIDUALS HAVE REGISTERED FOR THE ONLINE CHALLENGE WITH THE CHANCE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 , PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	E TO WIN DAILY, WEEKLY AND GRAND PRIZES. THE CHALLENGE IS HELD TWICE EACH YEAR, ONCE IN TH E SPRING AND AGAIN THE FALL, AND IS OPEN TO ANYONE IN THE COMMUNITY. FOR 2020, PARTICIPANT S ALSO HAVE THE OPPORTUNITY TO VIRTUALLY ATTEND MONDAY NIGHT FITNESS CLASSES VIA FACEBOOK LIVE LED BY YMCA CERTIFIED INSTRUCTORS THAT ARE HELD ONCE EACH WEEK DURING THE CHALLENGE.

990 Schedule O, Other Information

Return Reference	Explanation
<p>FORM 990 , PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>THE BUFFALO BILLS AND IHA ALSO WORK TOGETHER TO ENCOURAGE PHYSICAL ACTIVITY AND HEALTHY EATING AMONG OUR COMMUNITY'S YOUTH THROUGH THE INDEPENDENT HEALTH FOUNDATION'S FITNESS FOR KIDS CHALLENGE IN COLLABORATION WITH THE BUFFALO BILLS PLAY 60 CHALLENGE. IN APRIL, A SPECIAL EDITION OF THE PLAY 60 PROGRAM WAS OFFERED TO PROVIDE HEALTHY ACTIVITIES AND MOTIVATION FOR FAMILIES DURING THIS DIFFICULT TIME. INDEPENDENT HEALTH'S PARTNERSHIP WITH BUFFALO 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, PADDLE BOARDING, ZIP LINING AND MORE WHEN THE WEATHER IS WARM, AND THEN LACE UP THEIR ICE SKATES OR PARTAKE IN A FRIENDLY GAME OF CURLING WHEN THE COLD WEATHER SETS IN. ADVENTURE-SEEKERS CAN ALSO TEST THEIR AGILITY AND STRENGTH ON THE NEW TWO-LEVEL ROPES COURSE, OPEN YEAR-ROUND. AS THE OFFICIAL HEALTH AND WELLNESS PARTNER OF BUFFALO RIVERWORKS, IHA MEMBERS CAN SHOW THEIR ID CARD AND RECEIVE DISCOUNTS FOR ANY HEALTH AND WELLNESS ACTIVITY. ADDITIONALLY, THERE ARE SEVERAL HEALTHY OPTIONS ITEMS ON THE MENU AT RIVERWORKS, MAKING IT EASY TO EAT HEALTHY WHILE DINING OUT. FURTHER CAPITALIZING ON THE OUTDOOR HEALTH AND WELLNESS OPPORTUNITIES AVAILABLE IN OUR COMMUNITY, IHA BECAME THE OFFICIAL HEALTH AND WELLNESS PARTNER OF OUTER HARBOR BUFFALO IN 2016. GUESTS CAN VENTURE TO WILKESON POINTE TO RENT KAYAKS, BIKES, PADDLE BOARDS AND HYDRO BIKES; TAKE PART IN FREE OUTDOOR FITNESS CLASSES; AND EXPLORE THE 3-MILE INDEPENDENT HEALTH WELLNESS TRAIL CONNECTING THE POINTE TO THE NEW LAKESIDE BIKE PARK. THE PARK OFFERS A VARIETY OF TRAILS FOR BIKE AND NATURE ENTHUSIASTS ALIKE, AND ALSO HAS A QUANTITY OF RED BIKES AVAILABLE TO RENT COURTESY OF IHA AS THE SLOW PRESENTING SPONSOR. IHA MEMBERS CAN SHOW THEIR ID CARD TO RECEIVE DISCOUNTS ON ALL OUTER HARBOR OUTDOOR ACTIVITY RENTALS. 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. WNYHEALTHNET FURTHERS IHA'S COMMITMENT TO REDUCING THE COST OF AND IMPROVING THE QUALITY OF HEALTH CARE IN THE WESTERN NEW YORK COMMUNITY. WNYHEALTHNET 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 ("HEALTHELINK") - A 501(C) (3) ORGANIZATION THAT OPERATES AN INFORMATION EXCHANGE TO FACILITATE ACCESS TO CLINICAL INFORMATION AMONG HEALTH CARE PROVIDERS AND HEALTH INSURERS. HEALTHELINK IS PART OF THE STATEWIDE 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. HEALTHELINK HAS BEEN RECOGNIZED FOR ITS WORK</p>

990 Schedule O, Other Information

Return Reference	Explanation
FORM 990 , PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	<p>K IN BUILDING A REGIONAL HEALTH INFORMATION TECHNOLOGY INFRASTRUCTURE AND FOR TESTING INNOVATIVE APPROACHES BY BOTH STATE AND FEDERAL AGENCIES, INCLUDING BEING NAMED A BEACON COMMUNITY, AN EFFORT FUNDED BY THE OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY. AS OF APRIL 2020, APPROXIMATELY 89 PERCENT OF WESTERN NEW YORK PROVIDER PRACTICES PARTICIPATE WITH HEALTHLINK, MORE THAN 500 DATA SOURCES ARE CONNECTED, APPROXIMATELY 300 MILLION RESULTS (LAB, RADIOLOGY AND TRANSCRIBED REPORTS) ARE AVAILABLE AND MORE THAN 1.3 MILLION COMMUNITY-WIDE CONSENTS HAVE BEEN SIGNED BY PATIENTS AUTHORIZING TREATING PHYSICIANS TO ACCESS THEIR ELECTRONIC MEDICAL RECORDS THROUGH HEALTHLINK. IHA COORDINATES THE DELIVERY OF HEALTH CARE SERVICES FOR APPROXIMATELY 166,046 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 MANAGED CARE PRODUCTS AS ADMINISTERED BY CMS AS OF MAY 2020. INDEPENDENT HEALTH PROVIDES HEALTH BENEFITS AND SERVICES TO INDIVIDUALS IN WESTERN NEW YORK AND THROUGHOUT THE COUNTRY. THE COMPANY HAS CONSISTENTLY BEEN RATED AMONG THE TOP HEALTH PLANS IN THE COUNTRY FOR CUSTOMER SERVICE AND MEMBER SATISFACTION. INDEPENDENT HEALTH HAS RECEIVED THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE'S (NCQA) HIGHEST ACCREDITATION STATUS OF "EXCELLENT" FOR ITS 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 CLINICAL 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, 2018 AND 2020 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 ADDITION, 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. THE RANKINGS ARE BASED ON CLINICAL QUALITY, MEMBER SATISFACTION AND NCQA ACCREDITATION STANDARDS. 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 SERVICES, AGE-EXTENSION RIDERS UP TO 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 CONTINUES TO LOOK FOR OPPORTUNITIES TO IMPROVE THE QUALITY AND AFFORDABILITY OF HEALTH CARE FOR OUR REGION, AS ACHIEVING HEALTH CARE REFORM</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 , PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	<p>WILL REQUIRE COMMUNITY OWNERSHIP, WIDE-RANGING PARTNERSHIPS AND RENEWED COLLABORATION AMONG DIVERSE STAKEHOLDERS. BY FOCUSING ON COLLABORATION AND HEALTH ENGAGEMENT, IHA CAN HELP BUILD A CULTURE OF HEALTH IN OUR REGION. AS A COMMUNITY, WE MUST CONTINUE TO DEVELOP PROGRAMS THAT ENHANCE FITNESS, FOSTER PREVENTION AND ENGAGE PEOPLE IN BETTER HEALTH. THESE EFFORTS WILL HELP PEOPLE MAKE POSITIVE LIFESTYLE CHANGES AND REDUCE CHRONIC DISEASE ESSENTIAL ELEMENTS FOR LOWERING HEALTH CARE COSTS AND IMPROVING 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 SERVICE AREAS FOR QUALITY, ACCESSIBILITY AND AFFORDABILITY OF CARE AND IN 2016 IHA WAS RANKED 62 OUT OF 306 MEDICARE SERVICE AREAS. IHA WAS IN THE TOP 10 PERCENT FOR ACCESS AND AFFORDABILITY 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 THE U.S. AND THE STUDY REVEALED A STRONG CORRELATION BETWEEN POVERTY AND A POOR SCORE AMONG THE RANKED AREAS. ADDITIONALLY, THE COLLABORATIVE WORK UNDER WAY IN WESTERN NEW YORK WAS RECOGNIZED IN A RECENTLY RELEASED CASE STUDY ON REGIONAL HEALTH CARE IMPROVEMENT BY THE COMMONWEALTH FUND, "BUFFALO AND WESTERN NEW YORK: COLLABORATING TO IMPROVE HEALTH SYSTEM PERFORMANCE BY LEVERAGING SOCIAL CAPITAL," WHICH TAKES A CLOSER LOOK AT THE REASONS FOR OUR REGION'S SUCCESS. THESE REPORTS EMPHASIZE THE NEED FOR LOCAL SOLUTIONS AND WIDESPREAD ENGAGEMENT AND COLLABORATION TO ACHIEVE THE QUADRUPLE AIM OF BETTER HEALTH, BETTER CARE, LOWER COSTS AND PROVIDER VITALITY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MICHAEL W. CROPP, ANN PENTKOWSKI, JOHN R. RODGERS, AND JOHN MINEO, ESQ HAVE A BUSINESS RELATIONSHIP (BOARD MEMBERS OF A RELATED TAXABLE ENTITY). SIDNEY N. WEISS, ANTHONY BAYNES, COLLEEN DIPIRRIO AND DANIEL B. WEINTRAUB HAVE A BUSINESS RELATIONSHIP (BOARD MEMBERS OF A RELATED TAXABLE ENTITY). THOMAS J. FOELS, MICHAEL HEIMERL AND DAVID PAWLOWSKI HAVE A BUSINESS RELATIONSHIP (PRIVATE ENTERPRISE). IHA DOES NOT DO BUSINESS WITH THEIR PRIVATE ENTERPRISE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 WAS REVIEWED WITH THE CHAIRMAN 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

Return Reference	Explanation
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 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 EMPLOYEES COMPLETE COMPLIANCE ATTESTATIONS, CONFIDENTIAL QUESTIONNAIRES & PLEDGE OF CONFIDENTIALITY AND CONTINUING DISCLOSURES 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>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- CHEIF MEDICAL OFFICER; SENIOR VICE PRESIDENT- HEALTH CARE SERVICES; VICE PRESIDENT - CLINICAL & BUSINESS INFORMATICS; SENIOR VICE PRESIDENT - GOVERNMENT AFFAIRS & STRATEGIC PARTNERSHIPS, AND MEDICAL DIRECTORS CLINICAL PERFORMANCE MANAGEMENT, QUALITY DISEASE & CASE MANAGEMENT AS WELL AS THE MEDICAL DIRECTOR POLICY & UTILIZATION MANAGEMENT .</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 9:	MICHAEL FASO - 9187 BEECH MEADOW CT. CLARENCE CENTER, NY 14032 JOHN HAUGHTON - 536 LAFAYETTE BUFFALO, NY 14222 THOMAS J. FOELS - 8354 BLACK WALNUT DRIVE EAST AMHERST, NY 14051 MICHAEL HUDSON - 243 WEST LANE RIDGEFIELD, CONNECTICUT NY 06877 JILL M. SYRACUSE - 5512 MARTHA'S VINEYARD CLARENCE CENTER, NY 14032

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24E:	(B) PROGRAM SERVICE EXPENSES MISCELLANEOUS - \$43,360 (C) MANAGEMENT AND GENERAL EXPENSES BAD DEBT - \$537,015 DUES - \$522,734 MISCELLANEOUS - \$121,895

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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 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
(1) THE PRIMARY CONNECTION LLC 511 FARBER LAKES DRIVE BUFFALO, NY 14221 47-2349293	HEALTH CARE MANAGEMENT SERVICES	NY	0	0	INDEPENDENT HEALTH ASSOCIATION INC
(2) 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
(1) 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
(1) INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY 511 FARBER LAKES DRIVE BUFFALO, NY 14221 16-1237733	THIRD PARTY CLAIMS ADMINISTRATION	NY	INDEPENDENT HEALTH ASSOCIATION INC	C	-1,626,508	235,534,986	100.000 %	Yes	
(2) INDEPENDENT HEALTH BENEFITS CORPORATION 511 FARBER LAKES DRIVE BUFFALO, NY 14221 16-1483784	POS AND INDEMNITY PRODUCT ADMINISTRATION	NY	INDEPENDENT HEALTH ASSOCIATION INC	C	19,659,824	310,976,479	100.000 %	Yes	
(3) MASON INSURANCE COMPANY LTD FB FERRY BUILDING 40 CHURCH STREE HAMILTON, HM HX BD	REINSURANCE	BD	INDEPENDENT HEALTH ASSOCIATION INC	C	4,860,323	27,147,713	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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	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).

Return Reference	Explanation

Additional Data

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
INDEPENDENT HEALTH FOUNDATION	B	1,972,400	FMV
INDEPENDENT HEALTH FOUNDATION	L	70,275	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	L	626,568,891	FMV
INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	L	1,036,070,860	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	M	58,323,401	FMV
INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	M	1,346,586,009	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	N	19,449,342	FMV
INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	N	4,214,546	FMV
INDEPENDENT HEALTH FOUNDATION	O	315,446	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	O	33,765,701	FMV
INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	O	14,229,374	FMV
INDEPENDENT HEALTH FOUNDATION	P	197,595	FMV
INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	P	695,687,207	FMV
INDEPENDENT HEALTH FOUNDATION	Q	211,097	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	Q	522,843,036	FMV
INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	Q	3,343,745	FMV
MASON INSURANCE COMPANY LTD	R	11,903,220	FMV
INDEPENDENT HEALTH FOUNDATION	R	1,593,360	FMV
MASON INSURANCE COMPANY LTD	S	2,951,102	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	S	54,000,000	FMV
INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	S	436,880,999	FMV