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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization INDEPENDENT HEALTH ASSOCIATION INC		D Employer identification number 16-1080163
		Doing Business As		E Telephone number (716) 631-3001
		Number and street (or P O box if mail is not delivered to street address) 511 FARBER LAKES DRIVE	Room/suite	G Gross receipts \$ 1,238,210,835
		City or town, state or country, and ZIP + 4 BUFFALO, NY 14221		
	F Name and address of principal officer DR MICHAEL CROPP MD 511 FARBER LAKES DRIVE BUFFALO, NY 14221		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ www.independenthealth.com				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1980	M State of legal domicile NY	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE FORM 990, PART III, LINE 1 		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a) 3 2		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 1		
	5 Total number of employees (Part V, line 2a) 5 1,13		
	6 Total number of volunteers (estimate if necessary) 6 7		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . 7a 49,178,52		
	b Net unrelated business taxable income from Form 990-T, line 34 . . . 7b 1,837,23		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,030,828,194	1,061,671,907
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,695,170	15,288,434
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,249,697	43,106,009
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,087,773,061	1,120,066,350
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	863,338,838	925,736,769
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	87,290,865	80,577,580
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	84,324,125	80,862,817
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,034,953,828	1,087,177,166
	19 Revenue less expenses Subtract line 18 from line 12	52,819,233	32,889,184
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	510,679,272	560,559,310
	21 Total liabilities (Part X, line 26)	88,742,287	103,910,357
	22 Net assets or fund balances Subtract line 21 from line 20	421,936,985	456,648,953

Part II Signature Block	
Sign Here	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
	<div> <div></div> <div>Signature of officer</div> </div> <div> <div></div> <div>2010-11-11</div> </div> <div> <div></div> <div>Date</div> </div>
	<div> <div></div> <div>DR MICHAEL CROPP MD PRESIDENT & CEO</div> </div> <div>Type or print name and title</div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div></div> </div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input type="checkbox"/></div> </div> <div>Preparer's identifying number (see instructions)</div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>Deloitte Tax LLP</div> <div>600 Renaissance Center Suite 900</div> <div>Detroit, MI 482431895</div> </div> </div> <div>EIN</div>
	<div>Phone no (313) 396-3000</div>

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO IMPROVE HEALTH IN THE COMMUNITY THROUGH LEADERSHIP IN MANAGING AND DEVELOPING INNOVATIVE QUALITY HEALTH CARE SYSTEMS AND PROVIDING INSURANCE PRODUCTS AND SERVICES THAT OFFER 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$)	953,853,924	including grants of \$	(Revenue \$)	1,061,671,907
	INDEPENDENT HEALTH ASSOCIATION (IHA) COORDINATES THE DELIVERY OF QUALITY HEALTH CARE COVERAGE THROUGH CONTRACTS WITH INDIVIDUAL PRACTICE ASSOCIATION OF WESTERN NEW YORK (IPAWNY), A TAXABLE NON-PROFIT, FOR ITS COMMERCIAL AND MEDICARE HMO PRODUCTS, OR, EFFECTIVE JANUARY 1, 2009, DIRECTLY WITH PHYSICIANS, HOSPITAL AND OTHER PROVIDERS FOR ONLY ITS MEDICAID HMO PRODUCT FOR THE ARRANGEMENT OF THESE SERVICES (WHICH INCLUDES PHYSICIAN, HOSPITAL, MEDICALLY NECESSARY HEALTH SERVICES, DIAGNOSTIC, AND PREVENTIVE HEALTH SERVICES) TO THE COMMUNITY WITHIN THE 8 COUNTIES OF WESTERN NEW YORK (WNY) IPA WNY IS COMPENSATED ON A CAPITATED BASIS WHILE OTHER HEALTH CARE PROVIDERS ARE REIMBURSED USING A DISCOUNTED FEE FOR SERVICE PAYMENT METHODOLOGY, WITH SUCH RATES TYPICALLY BELOW THE PROVIDER'S NORMAL AND CUSTOMARY RATES IHA OFFERS ITS MEMBERS HEALTH RISK MANAGEMENT TOOLS INCLUDING AN ONLINE HEALTH RISK ASSESSMENT AND THE USE OF A DATA WAREHOUSE TO ANALYZE AND PREDICT POTENTIAL RISK AND DEVELOPMENT SOLUTIONS TO HELP CONTROL CURRENT AND PREVENT FUTURE PROBLEMS PROGRAMS FOR COVERED EMPLOYEES AS WELL AS FOR EMPLOYERS HELP THEM MAKE GOOD HEALTH A PART OF THEIR CULTURE IHA OFFERS A 24 HOUR MEDICAL HELP LINE WITH ACCESS TO A REGISTERED NURSE, AND ADVANCED PATIENT CENTERED MEDICAL HOME A PILOT PROGRAM LAUNCHED IN JANUARY 2009 THAT INCLUDES 22 DIVERSE PRIMARY CARE PRACTICES ACROSS WNY, 140 PHYSICIANS AND NEARLY 50,000 IHA MEMBERS THE PRACTICES WORK TOWARD IMPROVED QUALITY OF CARE WITH EXPANDED ACCESS TO ALLOW SAME DAY APPOINTMENT AND AFTER HOURS CARE, ENHANCED TECHNOLOGY TO INCLUDE ELECTRONIC MEDICAL RECORDS AND EMAILS WITH PATIENTS, AND A COMPREHENSIVE CARE TEAM FOR THOSE WITH, OR AT RISK, OF HAVING A CHRONIC CONDITION IT ALSO INCLUDES MANY OF THE FEDERAL HEALTH CARE REFORM EFFORTS INCLUDING PREVENTION AND WELLNESS THROUGH COORDINATED CARE, EVIDENCED BASED GUIDELINES TO GAUGE OUTCOMES AND REFORM OF PHYSICIAN PAYMENT TO IMPROVE QUALITY AND EFFICIENCY IHA HAS DEVOTED TIME AND FINANCIAL RESOURCES THAT ENABLE THE 140 PHYSICIANS IN THIS PROGRAM TO REDESIGN THEIR PRACTICE IHA ALSO PROVIDES MEMBER DETAILED INFORMATION TO THIS PROGRAM IN ORDER TO ENABLE OUR PHYSICIANS TO MANAGE CARE OPPORTUNITIES FOR IHA MEMBERS IN ADDITION, IHA HAS QUALITY INCENTIVE PROGRAMS IN PLACE WITH SELECT PROVIDERS IN ORDER TO FACILITATE QUALITY IMPROVEMENT INITIATIVES IN THE COMMUNITY IT ALSO WORKS WITH THE COMMUNITY OF HEALTH CARE PROVIDERS TO MANAGE AND DEVELOP INNOVATIVE HEALTH CARE SYSTEMS TO PROVIDE AFFORDABLE ACCESS TO COVERAGE AND TO REDUCE MEDICAL EXPENSE WITHIN THE COMMUNITY SPECIFICALLY, IHA HAS DEVELOPED AND CONDUCTS EXTENSIVE COMMUNITY WELLNESS AND BENEFIT INITIATIVES THAT HELP MEMBERS LIVE HEALTHIER LIVES AND HELP EMPLOYERS CONTROL HEALTH CARE COSTS, INCLUDED AMONGST THESE INITIATIVES COMMUNITY WELLNESS AWARENESS PROGRAMS, THE NATIONALLY RECOGNIZED PAY FOR PERFORMANCE PROGRAM (PRACTICE EXCELLENCE) AND THE IDEALIZED DESIGN OF CLINICAL OFFICE PRACTICE, A MULTI-FACETED APPROACH TO RE-DESIGNING PHYSICIAN OFFICES TO BE MORE PATIENT-CENTRIC ADDITIONALLY, IHA CONTRACTED WITH THE NEW YORK STATE DEPARTMENT OF HEALTH IN A 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 IHA ALSO SUBSIDIZES INDIGENT CARE AND HEALTH CARE INITIATIVES UNDER THE HEALTH CARE REFORM ACT LAW AND CONTRIBUTES TO A PROFESSIONAL EDUCATION POOL, LARGELY TO FUND GRADUATE MEDICAL EDUCATION EXPENSES IHA IS ALSO RESPONSIBLE FOR COVERED LIVES ASSESSMENT THAT IS BASED ON THE REGION IN WHICH THE MEMBER RESIDES AND THEIR ENROLLMENT STATUS (FAMILY OR INDIVIDUAL) SURCHARGES AND COVERED LIVES REMITTANCES ARE REQUIRED MONTHLY, AND TOTALED APPROXIMATELY \$14.1 MILLION DURING 2009 IHA IS ALSO A PRIMARY DEVELOPER OF MY ONLINE RECORD TO ACCESS RESOURCES (MORTAR), A SOFTWARE PROGRAM DESIGNED SPECIFICALLY FOR UNDERSERVED COMMUNITY POPULATIONS TO IDENTIFY HEALTH CONCERNS AND THEN ASSIST PEOPLE IN CONNECTING WITH SERVICES TO ADDRESS THEIR CONCERNS MORTAR CAPTURES DATA RELATED TO A PERSON'S HEALTH (MEDICATIONS, HEALTH STATUS, FAMILY HISTORY, ETC) BUT ALSO INCORPORATES LIVING CONDITIONS THAT AFFECT HEALTH, LIKE NOT HAVING ELECTRICITY OR LIVING IN AN UNSAFE HOME IHA'S RED SHIRT VOLUNTEER PROGRAM PROVIDES IHA EMPLOYEES AN OPPORTUNITY TO VOLUNTEER IN THEIR COMMUNITY, WHILE PROMOTING IHA AS A COMPANY WHO IS WILLING TO HELP GIVE BACK TO WNY RED SHIRT EMPLOYEE VOLUNTEERS PROVIDE THE RED SHIRT TREATMENT TO THE COMMUNITY THROUGH DIRECT EMPLOYEE INTERACTION AND EXHIBITS IHA'S MESSAGE OF QUALITY CARE THROUGHOUT WNY THE REDSHIRT TREATMENT IS A COMPANY-WIDE COMMITMENT TO DEMONSTRATE OUR CORE VALUES OF BEING PASSIONATE, CARING, RESPECTFUL, COLLABORATIVE AND ACCOUNTABLE, DURING 2009, 79 INDEPENDENT HEALTH EMPLOYEES VOLUNTEERED TO SERVE AS REDSHIRT VOLUNTEERS IN TOTAL, THESE 79 INDIVIDUALS VOLUNTEERED 135 TIMES THE COMMUNITY ALSO BENEFITS FROM IHA'S SPONSORSHIPS THAT PROMOTE HEALTH AND WELLNESS ONE EXAMPLE IS IHA'S FIVE YEAR COMMITMENT OF SUPPORT TO THEATRE OF YOUTH'S (TOY) HEALTH SERIES, A PROFESSIONAL THEATRE FOR YOUNG AUDIENCES THAT FOCUSES ON HEALTH-RELATED ISSUES IN CHILDREN IHA FURTHER COLLABORATES WITH THE WESTERN NEW YORK COMMUNITY IN ITS AFFILIATIONS WITH THE WESTERN NEW YORK CLINICAL INFORMATION EXCHANGE (WNYCIE) - A 501(C) (3) ORGANIZATION THAT OPERATES AN INFORMATION EXCHANGE TO FACILITATE THE ACCESS TO CLINICAL INFORMATION AMONG HEALTH CARE PROVIDERS AND HEALTH INSURERS - AND WNYHEALTHENET, TO FURTHER IHA'S COMMITMENT TO REDUCING THE COST OF AND IMPROVING THE QUALITY OF HEALTH CARE IN THE WESTERN NEW YORK COMMUNITY IHA COORDINATES THE DELIVERY OF HEALTH CARE SERVICES FOR APPROXIMATELY 164,910 SUBSCRIBERS 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 COMBINED, THE COMPANY PROVIDES HEALTH BENEFITS AND SERVICES TO NEARLY 375,000 INDIVIDUALS IN WESTERN NEW YORK AND THROUGHOUT THE COUNTRY THE QUALITY OF SERVICES IS EVIDENCED BY INDEPENDENT HEALTH BEING NAMED THE HIGHEST RATED HEALTH PLAN IN THE NATION FOR CUSTOMER SERVICE, ACCORDING TO THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) QUALITY COMPASS 2009 FOR THE FIFTH CONSECUTIVE YEAR, INDEPENDENT HEALTH IS RANKED AMONG THE BEST HEALTH PLANS IN THE NATION BY U S NEWS & WORLD REPORT AND THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) IN THEIR 2009 RANKINGS OF AMERICA'S BEST HEALTH INSURANCE PLANS 2009-10 IT CONTINUES TO RANK AMONG THE TOP 10 PERCENT OF PLANS IN THE COUNTRY FOR THE COMMERCIAL AND MEDICAID LINES OF BUSINESS THE RANKINGS ARE BASED ON DATA COMPILED THROUGH SURVEY RESULTS FROM A RANDOM SAMPLE OF THE INDIVIDUAL HEALTH PLAN MEMBERS, CLINICAL QUALITY, MEMBER SATISFACTION, AND NCQA ACCREDITATION STANDARDS				









[illegible][illegible]

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

4e	Total program service expenses	\$ 953,853,924
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	9	Yes
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10	No
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> 	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	No

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	126	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,138	
	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 this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
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: <input checked="" type="checkbox"/> BD See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			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?	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		No
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	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	Yes
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	Yes
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the 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		10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b		
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders		11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b		

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	20	
b	Enter the number of voting members that are independent . . .	1b	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

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 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Michael J Faso 511 Farber Lakes Drive Williamsville, NY 14221 (716) 631-3001

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

[illegible]

1b	Total	10,028,368	4,640	2,012,692
----	-------	------------	-------	-----------

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶43

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
INDIVIDUAL PRACTICE ASSOCIATION OF WNY 511 FARBER LAKES DR WILLIAMSVILLE, NY 14221	MEDICAL SERVICES	782,408,168
EYEMED VISION CARE IPA LLC 14664 COLLECTIONS CENTER DR CHICAGO, IL 60693	VISION BENEFITS COMPANY	4,853,175
GELIA WELLS & MOHR 390 SOUTH YOUNGS ROAD WILLIAMSVILLE, NY 14221	ADVERTISING SERVICES	3,606,245
OLIVER WYMAN INC PO BOX 3800-28 BOSTON, MA 02241	CORPORATE STRATEGIC PLANNING & CONSULTIN	3,575,252
SAPIENT CORPORATION 25 FIRST STREET CAMBRIDGE, MA 02141	SOFTWARE PROGRAM/CONSULTING	3,297,530

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶95

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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 \$ _____							
	h	Total. Add lines 1a-1f							
Program Service Revenue			Business Code						
	2a	PREMIUMS,COB & REINS	524,114	1,061,671,907	1,061,671,907				
	b								
	c								
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f		1,061,671,907					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)							
				12,952,139			12,952,139		
	4	Income from investment of tax-exempt bond proceeds . . .							
	5	Royalties							
	6a	Gross Rents	(i) Real	(ii) Personal					
			3,900						
			632						
			3,268						
	b	Less rental expenses			3,268			3,268	
	c	Rental income or (loss)							
	d	Net rental income or (loss)							
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			120,479,959	189					
			117,907,705	236,148					
			2,572,254	-235,959					
	b	Less cost or other basis and sales expenses			2,336,295			2,336,295	
	c	Gain or (loss)							
	d	Net gain or (loss)							
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18							
			a						
b			Less direct expenses	b					
c	Net income or (loss) from fundraising events . . .								
9a	Gross income from gaming activities See Part IV, line 19								
		a							
		b	Less direct expenses					b	
c	Net income or (loss) from gaming activities . . .								
10a	Gross sales of inventory, less returns and allowances								
		a							
		b	Less cost of goods sold					b	
c	Net income or (loss) from sales of inventory . . .								
Miscellaneous Revenue		Business Code							
11a	CONSULTING	541,610	49,178,523		49,178,523				
b	DISSOLUTION - IPACARE	900,099	-6,075,782				-6,075,782		
c									
d	All other revenue								
e	Total. Add lines 11a-11d			43,102,741					
12	Total revenue. See Instructions			1,120,066,350	1,061,671,907	49,178,523	9,215,920		

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	925,736,769	925,736,769		
5	Compensation of current officers, directors, trustees, and key employees	12,045,700		12,045,700	
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	53,038,683	7,688,269	45,350,414	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	-629,381	353,721	-983,102	
9	Other employee benefits	11,721,887	1,459,564	10,262,323	
10	Payroll taxes	4,400,691	592,469	3,808,222	
11	Fees for services (non-employees)				
a	Management				
b	Legal	91,904		91,904	
c	Accounting	150,900		150,900	
d	Lobbying	57,342		57,342	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	813,355		813,355	
g	Other	15,079,065	120,666	14,958,399	
12	Advertising and promotion	3,953,432	54,243	3,899,189	
13	Office expenses	9,567,978	152,747	9,415,231	
14	Information technology	9,802,129	662,287	9,139,842	
15	Royalties				
16	Occupancy	4,089,657		4,089,657	
17	Travel	282,028	35,304	246,724	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	771,291	14,306	756,985	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,301,805		9,301,805	
23	Insurance	1,465,718	620,247	845,471	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	SURCHARGES	14,134,057	14,134,057		
b	FAMILY CHOICE	3,530,365		3,530,365	
c	MISCELLANEOUS	2,503,364	2,229,275	274,089	
d	NYS ASSESSMENT	2,497,814		2,497,814	
e	UBI TAXES	1,999,546		1,999,546	
f	All other expenses	771,067		771,067	
25	Total functional expenses. Add lines 1 through 24f	1,087,177,166	953,853,924	133,323,242	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			38,612,667	2	38,405,039
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			36,732,284	4	54,116,622
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			7,646,049	9	10,893,311
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	88,001,706			
	b	Less accumulated depreciation	10b	63,429,483	24,655,651	10c	24,572,223
	11	Investments—publicly traded securities			244,332,544	11	270,460,995
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			158,700,077	15	162,111,120
	16	Total assets. Add lines 1 through 15 (must equal line 34)			510,679,272	16	560,559,310
Liabilities	17	Accounts payable and accrued expenses			50,478,352	17	56,405,239
	18	Grants payable			4,225	18	100,389
	19	Deferred revenue			6,124,856	19	8,080,049
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			1,625,059	21	1,681,104
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			30,509,795	25	37,643,576
	26	Total liabilities. Add lines 17 through 25			88,742,287	26	103,910,357
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			345,631,900	27	367,676,437
	28	Temporarily restricted net assets			76,305,085	28	88,972,516
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			421,936,985	33	456,648,953
	34	Total liabilities and net assets/fund balances			510,679,272	34	560,559,310

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		No
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 . . .		

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization INDEPENDENT HEALTH ASSOCIATION INC	Employer identification number 16-1080163
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div>YesNo</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div>YesNo</div>	

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)</div><div><input type="checkbox"/> Preservation of an historically importantly land area</div><div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of a certified historic structure</div><div><input type="checkbox"/> Preservation of open space</div></div>
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4	Number of states where property subject to conservation easement is located
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div>YesNo</div>
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div>YesNo</div>
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
	(i) Revenues included in Form 990, Part VIII, line 1
	(ii) Assets included in Form 990, Part X
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a	Revenues included in Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X

Part III

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

3

Using the organization's 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 XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		12,436,551	4,349,611	8,086,940
c Leasehold improvements		3,274,458	2,096,348	1,178,110
d Equipment		19,744,504	14,848,994	4,895,510
e Other		52,003,480	42,134,530	9,868,950
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				24,572,223

Schedule D (Form 990) 2009

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,120,066,350
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,087,177,166
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	32,889,184
4	Net unrealized gains (losses) on investments	4	8,453,613
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-6,630,830
9	Total adjustments (net) Add lines 4 - 8	9	1,822,783
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	34,711,967

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,117,196,210
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	8,453,611
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-8,829,696
e	Add lines 2a through 2d	2e	-376,085
3	Subtract line 2e from line 1	3	1,117,572,295
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 XIV)	4b	2,494,055
c	Add lines 4a and 4b	4c	2,494,055
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,120,066,350

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,082,484,243
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 XIV)	2d	-2,494,055
e	Add lines 2a through 2d	2e	-2,494,055
3	Subtract line 2e from line 1	3	1,084,978,298
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	157,678
b	Other (Describe in Part XIV)	4b	2,041,190
c	Add lines 4a and 4b	4c	2,198,868
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,087,177,166

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part IV, Line 2b		LONG TERM INCENTIVE DEFERRED COMPENSATION PLAN IS OFFERED TO KEY EXECUTIVES. FUTURE PAYMENT IS BASED ON PERFORMANCE AND HISTORICAL COMPENSATION. ASSETS ARE UNDER CUSTODIAL ARRANGEMENT WITH M&T BANK.
		PART XII, LINE 2D - OTHER ADJUSTMENTS: IMPAIRMENT LOSS ON INVESTMENTS \$-6,630,830; BANK CHARGES NETTED AGAINST OTHER INCOME \$-1,247,892; P4P GRANT EXPENSE NETTED AGAINST OTHER INCOME \$-793,298; HEALTH-E-NET EXPENSE NETTED AGAINST OTHER INCOME \$-157,678.
		PART XII, LINE 4B - OTHER ADJUSTMENTS: COB REVENUE \$600,284; RENTAL EXPENSES INCLUDED ON PART VIII, LINE 6B \$-632; NYS REINSURANCE \$1,527,684; REINSURANCE ADJUSTMENT \$352,389; PY RX REBATE \$-670; RX REBATE \$15,000.
		PART XIII, LINE 2D - OTHER ADJUSTMENTS: COB REVENUE \$-600,284; RENTAL EXPENSES INCLUDED ON PART VIII, LINE 6B \$632; NYS REINSURANCE \$-1,527,684; REINSURANCE ADJUSTMENT \$-352,389; PY RX REBATE \$670; RX REBATE \$-15,000.
		PART XIII, LINE 4B - OTHER ADJUSTMENTS: BANK CHARGES \$1,247,892; P4P GRANT EXPENSE \$793,298.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization INDEPENDENT HEALTH ASSOCIATION INC	Employer identification number 16-1080163
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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 in 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 checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input checked="" type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	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) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	DISCRETIONARY SPENDING ACCOUNT. AT THE DISCRETION OF THE CEO, KEY EXECUTIVES (OFFICERS AND KEY EMPLOYEES) ARE ELIGIBLE TO RECEIVE A DISCRETIONARY SPENDING ACCOUNT. THESE AMOUNTS ARE A PERCENTAGE OF BASE COMPENSATION AND ARE CAPPED AT SPECIFIC AMOUNTS. ANY REIMBURSEMENT WHICH IS NOT DEDUCTIBLE UNDER IRS REGULATIONS OR ANY UNCLAIMED AMOUNT AT THE END OF THE CALENDAR YEAR IS TREATED AS INCOME AND ADDED TO THE EXECUTIVE'S W-2. \$307,585 WAS RECEIVED IN 2009 AND \$202,276 WAS REPORTED AS TAXABLE COMPENSATION. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE. KEY EXECUTIVES OF THE ORGANIZATION MAY BE ELIGIBLE TO RECEIVE A HOUSING ALLOWANCE (INCLUDING UTILITIES) IN CONJUNCTION WITH THE ORGANIZATION'S RELOCATION POLICY. IN NO CIRCUMSTANCES CAN THE HOUSING ALLOWANCE EXCEED A PERIOD OF ONE YEAR FROM THE DATE OF HIRE WITHOUT THE APPROVAL FROM THE CEO. ANY REIMBURSEMENT THAT IS NOT DEDUCTIBLE UNDER THE IRS REGULATIONS FOR MOVING EXPENSES ARE TREATED AS INCOME AND ADDED TO THE EXECUTIVE'S W2. DURING 2009 THIS BENEFIT WAS PROVIDED TO A KEY EMPLOYEE OF THE ORGANIZATION. ALL WAS TREATED AS TAXABLE INCOME FOR 2009.
	Part I, Line 4a	THE FOLLOWING LISTED PERSONS FROM PART VII, SECTION A RECEIVED SEVERANCE PAYMENTS AS PART OF A SEPARATION AGREEMENT WITH INDEPENDENT HEALTH. 2009 AMOUNTS RECEIVED AND ACCRUED INCLUDED: SALARY AND HEALTH BENEFIT COMPONENTS. ROBERT HOOVER - RECEIVED \$200,961 DURING 2009 WITH AN END DATE OF 4/10 AND \$90,500 ACCRUED AT 12/31/09. JOHN A. GILLESPIE - RECEIVED \$160,830 DURING 2009 WITH AN END DATE OF 9/10 AND \$432,000 ACCRUED AT 12/31/09. ALAN GONSENHAUSER - RECEIVED \$187,500 DURING 2009 WITH AN END DATE OF 11/09 AND \$0 ACCRUED AT 12/31/09. GRETCHEN FIERLE - RECEIVED \$120,577 DURING 2009 WITH AN END DATE OF 9/09 AND \$0 ACCRUED AT 12/31/09.
Supplemental Information	Part III	THE FOLLOWING LISTED PERSONS FROM PART VII, SECTION A PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN (457 (F)) WITH INDEPENDENT HEALTH. MICHAEL CROPP, M.D. AMOUNT RECEIVED \$0, VALUE INCREASE INCLUDED IN PART VII SECTION A COL (F) \$233,590. MARK JOHNSON AMOUNT RECEIVED \$0, VALUE INCREASE INCLUDED IN PART VII SECTION A COL (F) \$157,064. CAROL CASSELL AMOUNT RECEIVED \$0, VALUE INCREASE INCLUDED IN PART VII SECTION A COL (F) \$54,983. ROBERT HOOVER AMOUNT RECEIVED \$516,106 FOR FINAL PAYOUT IN 2009. JOHN GILLESPIE AMOUNT RECEIVED \$101,019 FOR FINAL PAYOUT IN 2009. GRETCHEN FIERLE AMOUNT RECEIVED \$109,567 FOR FINAL PAYOUT IN 2009. ANN PENTKOWSKI AMOUNT RECEIVED \$0, VALUE INCREASE INCLUDED IN PART VII SECTION A COL (F) \$74,432. JOHN RODGERS AMOUNT RECEIVED \$0, VALUE INCREASE INCLUDED IN PART VII SECTION A COL (F) \$74,187. JILL SYRACUSE AMOUNT RECEIVED \$0, VALUE INCREASE INCLUDED IN PART VII SECTION A COL (F) \$55,987. FREDERICK COHEN AMOUNT RECEIVED \$0, VALUE INCREASE INCLUDED IN PART VII SECTION A COL (F) \$15,027.

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	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CROPP MICHAEL W	(i) (ii)775,696 0	516,496 0	13,058 0	278,688 0	59,643 0	1,643,581 0	0 0
JOHNSON MARK	(i) (ii)528,315 0	302,315 0	25,461 0	214,408 0	43,560 0	1,114,059 0	0 0
DIGIULIO LAWRENCE C	(i) (ii)167,523 0	46,460 0	16,186 0	24,003 0	14,500 0	268,672 0	0 0
GILLESPIE JOHN A	(i) (ii)215,693 0	228,352 0	163,533 0	54,067 0	37,488 0	699,133 0	63,070 0
CASELL CAROL M	(i) (ii)347,185 0	167,077 0	17,030 0	92,077 0	47,233 0	670,602 0	0 0
FOELS THOMAS J	(i) (ii)312,866 0	86,748 0	21,337 0	40,733 0	11,057 0	472,741 0	0 0
RODGERS JOHN R	(i) (ii)256,157 0	123,085 0	17,053 0	117,911 0	67,320 0	581,526 0	0 0
PENTKOWSKI ANN M	(i) (ii)234,640 0	86,748 0	20,818 0	98,552 0	23,352 0	464,110 0	0 0
SYRACUSE JILL	(i) (ii)227,677 0	84,472 0	821 0	100,741 0	22,551 0	436,262 0	0 0
DISERAFINO LOUIS	(i) (ii)206,577 0	64,671 0	37,432 0	28,996 0	14,114 0	351,790 0	0 0
FASO MICHAEL J	(i) (ii)213,411 0	67,723 0	19,677 0	37,072 0	14,971 0	352,854 0	0 0
FELDMAN JUDITH ANN	(i) (ii)215,927 0	45,000 0	18,321 0	0 0	16,103 0	295,351 0	0 0
CUMMING GORDON B	(i) (ii)198,350 0	65,701 0	13,134 0	22,249 0	15,553 0	314,987 0	0 0
REHRAUER LINDA R	(i) (ii)122,095 0	76,040 0	186 0	61,921 0	15,506 0	275,748 0	0 0
WALLESHAUSER JAMES B	(i) (ii)152,946 0	30,621 0	4,142 0	9,722 0	15,152 0	212,583 0	0 0
DONOVAN DAVID W	(i) (ii)203,846 0	98,668 0	854 0	16,687 0	558 0	320,613 0	0 0
MENARD PAMELA	(i) (ii)183,499 0	52,049 0	818 0	65,525 0	6,475 0	308,366 0	0 0
BUTLER THEODORE J	(i) (ii)103,080 0	106,011 0	209 0	23,469 0	14,530 0	247,299 0	0 0
MYLOTTE KATHLEEN MARIE	(i) (ii)202,121 0	0 0	2,215 0	32,241 0	4,628 0	241,205 0	0 0
ARGENTIERI RICHARD M	(i) (ii)142,174 0	77,132 0	161 0	25,367 0	10,975 0	255,809 0	0 0
HOOVER ROBERT M	(i) (ii)36,894 0	624,642 0	201,500 0	57,774 0	11,825 0	932,635 0	466,373 0
GONSENHAUSER ALAN	(i) (ii)0 0	120,607 0	187,500 0	0 0	149 0	308,256 0	0 0
COHEN FREDERICK	(i) (ii)308,389 0	0 0	9,190 0	15,027 0	48,972 0	381,578 0	0 0
FIERLE GRETCHEN	(i) (ii)0 0	155,490 0	133,249 0	1,244 0	10,235 0	300,218 0	109,567 0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization INDEPENDENT HEALTH ASSOCIATION INC	Employer identification number 16-1080163
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes No
2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$		
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$		

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
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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
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Additional Data

Software ID:

Software Version:

EIN: 16-1080163

Name: INDEPENDENT HEALTH ASSOCIATION INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
TONAWANDA PEDIATRICS	PARTNERSHIP MORE THAN 5% OWNED BY MICHAEL HEIMERL, CURRENT BOARD MEMBER	1,821,007	INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARE		No
WALSH DUFFIELD COMPANIES INC	ENTITY INDIRECTLY OWNED BY MORE THAN 35% BY JOHN WALSH,CURRENT BOARD MEMBER	669,647	BROKER OF IHA PRODUCTS		No
EAST AURORA FAMILY PRACTICE	PARTNERSHIP MORE THAN 5% OWNED BY SHAWN COTTON, CURRENT BOARD MEMBER	515,819	INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARE		No
NORTHTOWNS MEDICAL GROUP	PARTNERSHIP MORE THAN 5% OWNED BY EDWARD STEHLIK, CURRENT BOARD MEMBER	323,479	INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARE		No
WESTERN NEW YORK CLINICAL INFORMATION EXCHANGE	SHARED BOARD MEMBER, DR MICHAEL CROPP	727,928	FUNDING OF OPERATIONS		No
ALLIANCE OF COMMUNITY HEALTH PLANS	SHARED BOARD MEMBER, DR MICHAEL CROPP	128,820	SERVICE PROVIDER (MEMBERSHIP DUES, LOBBYING ACTIVITIES)		No
AMERICA'S HEALTH INSURANCE PLANS	SHARED BOARD MEMBER, DR MICHAEL CROPP	320,962	SERVICE PROVIDER (MEMBERSHIP DUES, LOBBYING ACTIVITIES)		No
ROSWELL PARK CANCER INSTITUTE	SHARED BOARD MEMBER, NORA SULLIVAN	65,594,452	INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARE		No
DONALD W ROBINSON MD	100% OWNERSHIP IN MEDICAL PRACTICE BY DR DONALD ROBINSON	385,908	INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARE		No
BUFFALO GERIATRIC REHABILITATION MEDICINE LLP	PTNRSHIP >5% OWNED BY KATHLEEN MYLOTTE,M D , HIGHLY COMPENSATED EMPLOYEE	403,526	INDEPENDENT CONTRACTOR AGREEMENT, DELIVERY OF HEALTH CARE		No
WESTERN NEW YORK HEALTHENET	SHARED BOARD MEMBER, JUDITH FELDMAN	120,000	FUNDING OF OPERATIONS		No

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
		2009
		Open to Public Inspection
Department of the Treasury Internal Revenue Service		
Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.		
Name of the organization INDEPENDENT HEALTH ASSOCIATION INC		Employer identification number 16-1080163

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		DONALD ROBINSON AND KATHLEEN MARIE MYLOTTE HAVE A BUSINESS RELATIONSHIP (BOARD MEMBERS OF AN AFFILIATED ENTITY) MICHAEL CROPP, MARK JOHNSON, FREDERICK COHEN, JOHN GILLESPIE, LAWRENCE DIGIULIO, CAROL CASSELL, JOHN RODGERS, MICHAEL FASO HAVE A BUSINESS RELATIONSHIP (BOARD MEMBERS OF AFFILIATED ENTITIES) BARRY WINNICK, R MARSHAL WINGATE, STUART ANGERT, JAMES COPPOLA, MICHAEL CROPP, MOISES SUDIT, NORA SULLIVAN, JOHN ANTKOWIAK, LAWRENCE DIGIULIO, JOHN RODGERS, AND MICHAEL FASO HAVE A BUSINESS RELATIONSHIP (BOARD MEMBERS OF AN AFFILIATED ENTITY) FRANK COLANTUONO, JAMES COPPOLA, AND THOMAS FOELS HAVE A BUSINESS RELATIONSHIP (BOARD MEMBERS OF AN AFFILIATED ENTITY) JUDITH FELDMAN AND STUART ANGERT HAVE A BUSINESS RELATIONSHIP (BOARD MEMBERS OF AN UNRELATED NOT FOR PROFIT) MARSHALL WINGATE, FRANK COLANTUONO, MARK JOHNSON, AND ANN PENTKOWSKI HAVE A BUSINESS RELATIONSHIP (PRIVATE ENTERPRISE)
Form 990, Part VI, Section B, line 11		FORM 990 WAS REVIEWED WITH THE EXECUTIVE COMMITTEE OF IHA'S BOARD OF DIRECTORS THE FINAL FORM 990 WAS DISTRIBUTED TO THE BOARD OF DIRECTORS AT THE BOARD MEETING PRIOR TO THE FILING OF THE RETURN
Form 990, Part VI, Section B, line 12c		IHA'S CONFLICT OF INTEREST REPORTING POLICY ENCOMPASSES ALL CURRENT IHA OFFICERS AND EMPLOYEES (INCLUDING KEY EMPLOYEES) OF THE ORGANIZATION THE CEO, CHIEF LEGAL COUNSEL, CORPORATE COMPLIANCE/PRIVACY OFFICER, OR SPECIAL INVESTIGATIONS UNIT MAY MAKE THE DETERMINATION THAT A CONFLICT OF INTEREST EXISTS AND WILL REVIEW THE ACTUAL CONFLICT AS CONFLICTS ARE REPORTED TO THEM CONFLICTS ARE ALSO IDENTIFIED ANNUALLY WHEN THE SIGNED EMPLOYEE ATTESTATIONS, CONFIDENTIAL QUESTIONNAIRES & PLEDGE OF CONFIDENTIALITY AND CONTINUING DISCLOSURE FORM (FOR BOD MEMBERS) ARE RECEIVED IF A CONFLICT OF INTEREST IS IDENTIFIED, THE INDIVIDUAL IS PROHIBITED FROM PARTICIPATING IN THE DELIBERATIONS OR DECISIONS RELATED TO THIS TRANSACTION
Form 990, Part VI, Section B, line 15		THE GOVERNING BOARD OF DIRECTORS OF INDEPENDENT HEALTH ASSOCIATION, INC 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 FUNCTIONALITY 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 CEO EXCLUDES HIMSELF/HERSELF FROM THESE DELIBERATIONS WHEN DISCUSSING HIS/HER COMPENSATION 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 2009) AND WAS USED TO ESTABLISH COMPENSATION FOR THE FOLLOWING POSITIONS EXECUTIVE VICE PRESIDENT - CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENT - CHIEF MARKETING OFFICER, EXECUTIVE VICE PRESIDENT - CHIEF MEDICAL OFFICER, EXECUTIVE VICE PRESIDENT - HEALTH MANAGEMENT & CARE DELIVERY, VICE PRESIDENT BUSINESS TRANSFORMATION, SENIOR VICE PRESIDENT MEMBER SERVICES, SENIOR VICE PRESIDENT INFORMATION TECHNOLOGY CIO, VICE PRESIDENT & GENERAL COUNSEL, VICE PRESIDENT HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT, AND VICE PRESIDENT GOVERNMENT AFFAIRS
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
SECTION A, COLUMN B	HOURS WORKED PER WEEK FOR RELATED ORGANIZATIONS	INCLUDED IN THE HOURS REPORTED ON FORM 990, PART VII, THE FOLLOWING INDIVIDUALS DEVOTED TIME EACH WEEK TO RELATED ORGANIZATIONS CROPP, MICHAEL W - 23 HOURS COHEN, FREDERICK - 1 HOUR JOHNSON, MARK I - 20 HOURS DIGIULIO, LAWRENCE C - 24 HOURS DISERAFINO, LOUIS G - 7 HOURS GILLESPIE, JOHN A - 2 HOURS RODGERS, JOHN R - 8 HOURS TULYK-ROSSI, LAURA - 7 HOURS CASSELL, CAROL M - 18 HOURS CUMMING, GORDON B - 21 HOURS FASO, MICHAEL J - 26 HOURS MENARD, PAMELA S - 19 HOURS PENTKOWSKI, ANN M - 19 HOURS SYRACUSE, JILL M - 31 HOURS FOELS, THOMAS J - 19 HOURS REHRAUER, LINDA R - 1 HOUR FELDMAN, JUDITH - 24 HOURS DONOVAN, DAVID W - 20 HOURS ARGENTIERI, RICHARD M - 28 HOURS BUTLER, THEODORE - 39 HOURS WALLESCHAUSER, JAMES B - 19 HOURS
FORM 990, PART XI, LINE 3A	CONTRACT AUDIT	ALTHOUGH AN AUDIT UNDER OBM CIRCULAR A-133 WAS NOT REQUIRED FOR THE HCRA PAY 4 PERFORMANCE GRANT, IHA UNDERWENT A CONTRACT SPECIFIC GRANT AUDIT AS REQUIRED BY THE NEW YORK STATE DEPARTMENT OF HEALTH

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2009
		Open to Public Inspection

Name of the organization INDEPENDENT HEALTH ASSOCIATION INC	Employer identification number 16-1080163
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Part I

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

(a) Name, address, and EIN 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
INDEPENDENT HEALTH'S PHARMACY BENEFIT DIMENSIONS LLC 511 FARBER LAKES DRIVE 511 FARBER LAKES DRIVE WILLIAMSVILLE, NY 14221 65-1261165	PHARMACY BENEFIT MANAGEMENT	NY			INDEPENDENT HEALTH CORPORATION

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
INDEPENDENT HEALTH FOUNDATION 777 INTERNATIONAL DRIVE WILLIAMsvILLE, NY 14221 16-1417199	TO PROMOTE GOOD HEALTH IN WESTERN NY & TO SUPPORT THE ACTIVITIES OF IHA, INC	NY	501(c) (3)	509(a)(2)	INDEPENDENT HEALTH ASSOCIATION INC

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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
LIGHTHOUSE NATURALS LLC 525 OVERLOOK DRIVE N PALM BEACH, FL33408 26-2015851	RETAIL SALES OF FOOD-BASED NUTRITIONAL SUPPLEMENTS	FL	INDEPENDENT HEALTH CORPORATION	RELATED	-576,606	786,695		No			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
INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY 511 FARBER LAKES DRIVE WILLIAMSVILLE, NY14221 16-1237733	THIRD PARTY CLAIMS ADMINISTRATION	NY	INDEPENDENT HEALTH ASSOCIATION	C	16,381,364	35,253,494	100 000 %
IPA CARE INC 511 FARBER LAKES DRIVE WILLIAMSVILLE, NY14221 16-1393707	PROVIDES AND ARRANGES MEDICAL SERVICES	NY	INDEPENDENT HEALTH ASSOCIATION	C			100 000 %
INDEPENDENT HEALTH BENEFITS CORPORATION 511 FARBER LAKES DRIVE WILLIAMSVILLE, NY14221 16-1483784	POS AND INDEMNITY PRODUCT ADMINISTRATION	NY	INDEPENDENT HEALTH ASSOCIATION	C	483,782,305	164,024,632	100 000 %
NOVA INC 511 FARBER LAKES DRIVE WILLIAMSVILLE, NY14221 16-6443379	THIRD PARTY CLAIMS ADMINISTRATION	NY	INDEPENDENT HEALTH CORPORATION	C			100 000 %
MASON INSURANCE COMPANY LTD 16 CHURCH STREET HAMILTON, BERMUDA BD	REINSURANCE	BD	INDEPENDENT HEALTH ASSOCIATION	C	12,225,155	13,061,521	100 000 %
AZEROS HEALTH PLANS INC 6215 SHERIDAN DRIVE SUITE 100 WILLIAMSVILLE, NY14221 27-0722677	PROVIDING SFS ADMINISTRATION	NY	NOVA INC	C			100 000 %

Part V

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

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

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 (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

No

No

No

No

No

Yes

No

No

No

Yes

Yes

Yes

Yes

No

Yes

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

[illegible]

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 other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	INDEPENDENT HEALTH FOUNDATION	B	1,100,000
(2)	IPA CARE INC	H	8,721,063
(3)	INDEPENDENT HEALTH BENEFITS CORPORATION	L	9,406,482
(4)	INDEPENDENT HEALTH BENEFITS CORPORATION	M	13,560,052
(5)	INDEPENDENT HEALTH CORPORATION INC	M	2,810,835
(6)	INDEPENDENT HEALTH BENEFITS CORPORATION	N	23,531,847
(7)	INDEPENDENT HEALTH CORPORATION INC	N	9,275,789
(8)	INDEPENDENT HEALTH BENEFITS CORPORATION	O	24,113,116
(9)	INDEPENDENT HEALTH CORPORATION INC	O	6,069,062
(10)	INDEPENDENT HEALTH FOUNDATION	Q	600,000
(11)	MASON INSURANCE COMPANY LTD	Q	5,815,302
(12)	MASON INSURANCE COMPANY LTD	R	8,920,282

Additional Data

Software ID:

Software Version:

EIN: 16-1080163

Name: INDEPENDENT HEALTH ASSOCIATION INC

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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CROPP MICHAEL W PRESIDENT & CEO	45 00	X		X				1,305,250	0	338,331
JOHNSON MARK EVP-CHIEF FINANCIAL OFFI	46 00	X		X				856,091	0	257,968
DIGIULIO LAWRENCE C VP & GENERAL COUNSEL	48 00	X		X				230,169	0	38,503
WINNICK BARRY N CHAIRPERSON	1 00	X						44,100	400	4,583
WINGATE R MARSHALL VICE CHAIRPERSON	1 00	X						20,200	800	4,946
WALSH III JOHN N SECOND VICE CHAIRPERSON	1 00	X						28,800	0	0
MCDUFFIE BRENDA W CORRESPONDING SECRETARY	1 00	X						20,560	0	0
ANGERT STUART H BOARD MEMBER	1 00	X						26,200	400	1,308
ANTKOWIAK JOHN BOARD MEMBER	1 00	X						19,200	600	0
COLANTUONO FRANK J BOARD MEMBER	1 00	X						19,480	0	0
COPPOLA JAMES R BOARD MEMBER	1 00	X						19,600	800	5,221
COTTON SHAWN BOARD MEMBER	1 00	X						15,800	0	5,221
CULKIN JOHN J BOARD MEMBER	1 00	X						22,800	0	5,221
HEIMERL MICHAEL BOARD MEMBER	1 00	X						26,000	0	0
KELSCH DONNA M BOARD MEMBER	1 00	X						27,600	0	4,946
ROBINSON DONALD BOARD MEMBER	1 00	X						14,800	0	4,946
STEHLIK EDWARD BOARD MEMBER	1 00	X						29,800	0	5,221
SUDIT MOISES BOARD MEMBER	1 00	X						19,080	840	0
SULLIVAN NORA B BOARD MEMBER	1 00	X						17,200	800	5,221
SUNDELL DUANE J BOARD MEMBER	1 00	X						19,200	0	0
TILLOTSON JR RICHARD T BOARD MEMBER	1 00	X						24,000	0	2,611
WEISS SYDNEY N BOARD MEMBER	1 00	X						23,880	0	5,221
PAULY MD MARK V BOARD MEMBER	1 00	X						7,080	0	0
GILLESPIE JOHN A EVP-CHIEF MEDICAL OFFICE	26 00			X				607,578	0	91,555
TULYK-ROSSI LAURA COMPLIANCE OFFICER	37 00			X				77,934	0	13,102

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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CASELL CAROL M EVP-HEALTH MANAGEMENT &	37 00				X			531,292	0	139,310
FOELS THOMAS J EVP-CHIEF MEDICAL OFFICE	44 00				X			420,951	0	51,790
RODGERS JOHN R EVP-CHIEF MARKETING OFFI	48 00				X			396,295	0	185,231
PENTKOWSKI ANN M SVP-CHIEF ACT & UNDERWRI	40 00				X			342,206	0	121,904
SYRACUSE JILL SVP-MEMBER SERVICES	45 00				X			312,970	0	123,292
DISERAFINO LOUIS CHIEF RISK OFFICER	41 00				X			308,680	0	43,110
FASO MICHAEL J SVP-FINANCE & ANCILL BUS	43 00				X			300,811	0	52,043
FELDMAN JUDITH ANN SVP-INFORMATION TECHNOLO	47 00				X			279,248	0	16,103
CUMMING GORDON B VP-HUMAN RESOURCES & ORG	41 00				X			277,185	0	37,802
REHRAUER LINDA R DIRECTOR-GOVERNMENT SALE	42 00				X			198,321	0	77,427
WALLESHAUSER JAMES B VP-BUSINESS TRANSFORMATI	37 00				X			187,709	0	24,874
DONOVAN DAVID W VICE PRESIDENT-SALES	44 00					X		303,368	0	17,245
MENARD PAMELA VP-HEALTH PROMOTION & CA	42 00					X		236,366	0	72,000
BUTLER THEODORE J NATIONAL SALES DIRECTOR	40 00					X		209,300	0	37,999
MYLOTTE KATHLEEN MARIE ASSOCIATE MEDICAL DIRECT	32 00					X		204,336	0	36,869
ARGENTIERI RICHARD M DIRECTOR-ACCOUNT MANAGEM	42 00					X		219,467	0	36,342
HOOVER ROBERT M SVP INFORMATION TECHNOLO	0 00						X	863,036	0	69,599
GONSENHAUSER ALAN EVP-CHIEF MARKETING OFFI	0 00						X	308,107	0	149
COHEN FREDERICK SR COUNSEL	1 00						X	317,579	0	63,999
FIERLE GRETCHEN VP-COMMUNITY & GOVERNMEN	0 00						X	288,739	0	11,479

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SURCHARGES	14,134,057	14,134,057		
FAMILY CHOICE	3,530,365		3,530,365	
MISCELLANEOUS	2,503,364	2,229,275	274,089	
NYS ASSESSMENT	2,497,814		2,497,814	
UBI TAXES	1,999,546		1,999,546	