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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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial 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 country, and ZIP + 4
BUFFALO, NY 14221

D Employer identification number
16-1080163

E Telephone number
(716)631-3001

G Gross receipts $ 1,376,723,576

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

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates 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
AN HMO THAT PROVIDES HEALTH CARE BENEFITS AND HEALTH RELATED PRODUCTS AND SERVICES

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**	14
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,183
6	Total number of volunteers (estimate if necessary)	**6**	132
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	63,206,144
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	609,554

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	1,082,999,986	1,207,031,999
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,075,545	12,576,768
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,711,470	63,208,988
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,149,787,001	1,282,817,755
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	529,860	543,850
	14 Benefits paid to or for members (Part IX, column (A), line 4)	921,283,054	1,047,641,195
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	89,077,982	116,261,330
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	73,180,592	105,832,903
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,084,071,488	1,270,279,278
	19 Revenue less expenses Subtract line 18 from line 12	65,715,513	12,538,477

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	639,408,380	672,797,157
	21 Total liabilities (Part X, line 26)	111,382,202	126,927,851
	22 Net assets or fund balances Subtract line 21 from line 20	528,026,178	545,869,306

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 — 2012-11-14 Date

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

Paid Preparer's Use Only

Preparer's signature ▶ LORI BOYCE	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions) P00121981
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DELOITTE TAX LLP, 200 RENAISSANCE CENTER SUITE 3900, DETROIT, MI 482431300			EIN ▶ 86-1065772 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 to any question in this Part III . . . . . ☑

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 HEALTHCARE 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 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 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 $ 1,075,500,628 including grants of $ 543,850) (Revenue $ 1,207,031,999)

SEE SCHEDULE O, PAGE 39INDEPENDENT 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 WITHIN THE 8 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 PARTICIPATING HEALTH CARE PROVIDERS ARE REIMBURSED USING A 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 DEVELOP SOLUTIONS TO HELP CONTROL CURRENT AND PREVENT FUTURE PROBLEMS PROGRAMS FOR COVERED EMPLOYEES AS WELL AS FOR EMPLOYERS HELP THEM MAKE GOOD HEALTH A PART OF THEIR CULTURE IHA OFFERS A 24 HOUR MEDICAL HELP LINE WITH ACCESS TO A REGISTERED NURSE, CASE MANAGEMENT, DISEASE MANAGEMENT AND HEALTH COACHES INDEPENDENT HEALTH ALSO ESTABLISHED AN ADVANCED PATIENT CENTERED MEDICAL HOME (PCMH) PILOT PROGRAM IN JANUARY 2009 THE PCMH PROGRAM INCLUDES 18 DIVERSE PRIMARY CARE PRACTICES ACROSS WNY, 130 PHYSICIANS AND NEARLY 50,000 IHA MEMBERS THE PRACTICES WORK TOWARD IMPROVED QUALITY OF CARE WITH EXPANDED ACCESS TO ALLOW SAME DAY APPOINTMENTS AND AFTER HOURS CARE, ENHANCED TECHNOLOGY TO INCLUDE ELECTRONIC MEDICAL RECORDS AND EMAILS WITH PATIENTS, AND A COMPREHENSIVE CARE TEAM FOR THOSE WITH, OR AT RISK, OF HAVING A CHRONIC CONDITION ADMINISTRATIVE ASSISTANCE IS ALSO PROVIDED TO HELP IMPLEMENT NEW OFFICE PROCEDURES ANOTHER IMPORTANT ASPECT OF THE PCMH MODEL IS THAT 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 130 PHYSICIANS IN THIS PROGRAM TO REDESIGN THEIR PRACTICE IHA ALSO PROVIDES MEMBERS DETAILED INFORMATION TO THIS PROGRAM IN ORDER TO ENABLE OUR PHYSICIANS TO MANAGE CARE OPPORTUNITIES FOR IHA MEMBERS AS OF DECEMBER 31, 2011, THE 18 PRIMARY CARE PRACTICES INVOLVED IN THE PILOT PROGRAM HAVE EACH ACHIEVED THE HIGHEST RECOGNITION BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) THE PATIENT CENTRIC MODEL IS A VIABLE WAY TO ACHIEVE THE TRIPLE AIM BETTER CARE, IMPROVED SATISFACTION AND BENDING THE MEDICAL TREND HEALTH CARE REFORM INITIATIVES ENCOURAGE THIS TYPE OF CARE DELIVERY AND IHA AND THESE PROGRESSIVE PRIMARY CARE PHYSICIAN PRACTICES ARE AT THE FOREFRONT OF WHAT THE NATION WILL BE DOING OTHER MEMBERSHIP SERVICES INCLUDES PREVENTIVE CARE THAT INVOLVES ACTIVE PARTICIPATION BY COMMUNITY ORGANIZATIONS IN INITIATIVES SUCH AS THE P2 COLLABORATIVE OF WESTERN NEW YORK, A NOT-FOR-PROFIT ORGANIZATION DEDICATED TO IMPROVING THE HEALTH OF PEOPLE IN WESTERN NEW YORK IT DEPENDS ON UNPRECEDENTED COLLABORATION AMONG KEY STAKEHOLDERS AND THE SHARING OF CLINICAL INFORMATION, AND THE ADOPTION OF HEALTH INFORMATION TECHNOLOGY AND ELECTRONIC MEDICAL RECORDS THROUGH ORGANIZATIONS SUCH AS HEALTHELINK HEALTH EDUCATION PROGRAMS ARE ALSO OFFERED TO IHA MEMBERS AND NONMEMBERS OUT OF THE 6 MEDICARE INFORMATION CENTERS IN WESTERN NEW YORK OPERATED BY IHA THESE PROGRAMS INCLUDE GENERAL HEALTH EDUCATION, HEALTHY COOKING DEMONSTRATIONS, PHYSICAL FITNESS CLASSES, AND PROGRAMS THAT ADDRESS SPECIFIC CHRONIC CONDITIONS THESE PROGRAMS ARE PROMOTED THROUGH DIRECT MAILINGS TO MEMBERS, APPROXIMATELY 10,000 EVENT CALENDARS DISTRIBUTED TO NON-MEMBERS, AND LIMITED ADVERTISING TO THE GENERAL PUBLIC IN LOCAL NEWSPAPERS SERVICES OFFERED TO NON-MEMBERS ARE ONLY AVAILABLE THROUGH ONE OF THE MIC SITES, AS THE INTENT IS TO ATTRACT CURRENT MEMBERS TO ATTEND HEALTH EDUCATION PROGRAMS

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** ▶ $ 1,075,500,628

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	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? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 ? *If "Yes," complete Schedule F, Part II and IV*	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 ? *If "Yes," complete Schedule F, Part III and IV*	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? *If "Yes," complete Schedule G, Part 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? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	169		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
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, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,183		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 or securities account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ BD See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**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?			**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**	0			
e	Did the organization 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	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 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**				
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**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? *If "No," provide an explanation in Schedule O* . .			**14b**		

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 to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
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 governing documents since the prior Form 990 was filed?			4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			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	Yes	

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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 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
BUFFALO, NY 14221
(716) 631-3001

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								9,147,048	0	1,943,335

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 133

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
INDIVIDUAL PRACTICE ASSOCIATION OF WNY 511 FARBER LAKES DRIVE BUFFALO, NY 14221	MEDICAL & PHARMACY BENEFIT SERVICES	915,697,511
SIRIUS COMPUTER SOLUTIONS 4810 KIRKWOOD ROAD COHOCTON, NY 14826	SALE AND MAINTENANCE OF SERVERS	15,409,146
COMPUTER TASK GROUP PO BOX 711778 CINCINNATI, OH 452711778	PRODUCTION & PROJECT SUPPORT SERVICES	10,941,716
ORACLE AMERICA INC PO BOX 203448 DALLAS, TX 753203448	NETWORK COMPUTING INFRASTRUCTURE SOLUTIO	4,725,978
EYEMED VISION CARE 15274 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	VISION BENEFITS COMPANY	4,679,402

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 194

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 524114	1,207,031,999	1,207,031,999		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	1,207,031,999			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	11,602,607			11,602,607
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 3,575				
	b	Less rental expenses 731				
	c	Rental income or (loss) 2,844				
	d	Net rental income or (loss) . . . . . ▶	2,844			2,844
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 94,872,318 / 6,933				
	b	Less cost or other basis and sales expenses 93,864,541 / 40,549				
	c	Gain or (loss) 1,007,777 / -33,616				
	d	Net gain or (loss) . . . . . ▶	974,161			974,161
Other Revenue	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 541610	63,206,144		63,206,144	
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	63,206,144			
	12	**Total revenue.** See Instructions . . . ▶	1,282,817,755	1,207,031,999	63,206,144	12,579,612

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	541,900	541,900		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,950	1,950		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	1,047,641,195	1,047,641,195		
5	Compensation of current officers, directors, trustees, and key employees	9,447,393		9,447,393	
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	66,421,195	9,898,509	56,522,686	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	23,529,091	437,664	23,091,427	
9	Other employee benefits	12,060,463	1,967,633	10,092,830	
10	Payroll taxes	4,803,188	758,379	4,044,809	
11	Fees for services (non-employees)				
a	Management				
b	Legal	165,525		165,525	
c	Accounting	191,372		191,372	
d	Lobbying	174,767		174,767	
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	789,612		789,612	
g	Other	31,974,905	298,329	31,676,576	
12	Advertising and promotion	4,509,350	128,553	4,380,797	
13	Office expenses	10,192,368	391,234	9,801,134	
14	Information technology	17,033,091	2,670,360	14,362,731	
15	Royalties				
16	Occupancy	6,837,212		6,837,212	
17	Travel	404,982	49,923	355,059	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	342,651	31,146	311,505	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,379,916		10,379,916	
23	Insurance	2,097,571	1,218,515	879,056	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SURCHARGES	7,963,722	7,963,722	0	0
b	MISCELLANEOUS	4,689,851	1,501,616	3,188,235	0
c	FAMILY CHOICE	4,204,421	0	4,204,421	0
d	NYS ASSESSMENT	2,285,681	0	2,285,681	0
e					
f	All other expenses	1,595,906		1,595,906	
25	**Total functional expenses.** Add lines 1 through 24f	1,270,279,278	1,075,500,628	194,778,650	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	0
	2	Savings and temporary cash investments	95,747,074	2	60,536,178
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	57,043,241	4	86,424,404
	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	11,768,232	9	11,871,620
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 123,283,266			
	b	Less accumulated depreciation — 10b: 78,772,295	23,174,993	10c	44,510,971
	11	Investments—publicly traded securities	289,610,016	11	299,108,574
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	2,396,667
	15	Other assets See Part IV, line 11	162,064,824	15	167,948,743
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	639,408,380	16	672,797,157
Liabilities	17	Accounts payable and accrued expenses	49,727,956	17	58,805,445
	18	Grants payable	6,524	18	6,324
	19	Deferred revenue	7,891,976	19	12,608,512
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*	1,256,920	21	1,260,068
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	52,498,826	25	54,247,502
	26	**Total liabilities.** Add lines 17 through 25	111,382,202	26	126,927,851
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	425,714,394	27	419,149,742
	28	Temporarily restricted net assets	102,311,784	28	126,719,564
	29	Permanently restricted net assets		29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	528,026,178	33	545,869,306
	34	Total liabilities and net assets/fund balances	639,408,380	34	672,797,157

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	1,282,817,755
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,270,279,278
3	Revenue less expenses Subtract line 2 from line 1	3	12,538,477
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	528,026,178
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,304,651
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	545,869,306

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ 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?	3a	Yes	
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 . .	3b	Yes	

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INDEPENDENT HEALTH ASSOCIATION INC

Employer identification number
16-1080163

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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? ☐ Yes ☐ No

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. 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		12,436,551	4,849,161	7,587,390
c Leasehold improvements		4,561,081	2,615,063	1,946,018
d Equipment		28,491,912	19,268,935	9,222,977
e Other		77,251,009	52,039,136	25,211,873
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				44,510,971

Part VII Investments—Other Securities. 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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INVESTMENTS RESTRICTED AS TO USE	56,579,893
(2) INVESTMENTS IN AFFILIATES	111,368,850
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	167,948,743

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
BENEFITS PAYABLE	12,380,738
CAPITATION PAYABLE	28,839,983
INTERCOMPANY PAYABLE	603,986
PENSION LIABILITY OBLIGATION	12,422,795
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	54,247,502

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

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	1,282,817,755
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,270,279,278
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	12,538,477
4	Net unrealized gains (losses) on investments	4	5,304,651
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	5,304,651
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	17,843,128

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	1,283,609,399
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	5,304,648		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-1,337,782		
e	Add lines **2a** through **2d**			2e	3,966,866
3	Subtract line **2e** from line **1**			3	1,279,642,533
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	3,175,222		
c	Add lines **4a** and **4b**			4c	3,175,222
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	1,282,817,755

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,246,950,050
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	-3,175,220		
e	Add lines **2a** through **2d**			2e	-3,175,220
3	Subtract line **2e** from line **1**			3	1,250,125,270
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 XIV)	4b	20,154,008		
c	Add lines **4a** and **4b**			4c	20,154,008
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,270,279,278

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	INDEPENDENT HEALTH ASSOCIATION & AFFILIATES (THE ASSOCIATION) ADOPTED THE PROVISIONS OF ASC 740 RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES EFFECTIVE JANUARY 1, 2009 THE ASSOCIATION RECOGNIZED NO MATERIAL ADJUSTMENT IN THE LIABILITY FOR UNRECOGNIZED INCOME TAX BENEFITS THE ASSOCIATION DID NOT RECORD INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN 2011
PART XII, LINE 2D - OTHER ADJUSTMENTS		BANK CHARGES NETTED AGAINST OTHER INCOME - 1,293,588 P4P GRANT EXPENSE NETTED AGAINST OTHER INCOME -44,194
PART XII, LINE 4B - OTHER ADJUSTMENTS		COB REVENUE 887,627 RENTAL EXPENSE INCLUDED ON PART VIII, LINE 6B -731 NYS REINSURANCE 1,647,116 REINSURANCE ADJUSTMENT 596,130 RX REBATE 45,080
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COB REVENUE -887,627 RENTAL EXPENSE INCLUDED ON PART VIII, LINE 6B 731 NYS REINSURANCE -1,647,116 REINSURANCE ADJUSTMENT -596,128 RX REBATE - 45,080
PART XIII, LINE 4B - OTHER ADJUSTMENTS		BANK CHARGES 1,293,588 P4P GRANT EXPENSE 44,200 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 18,816,220

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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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INDEPENDENT HEALTH ASSOCIATION INC

Employer identification number
16-1080163

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or 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 grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICE	REINSURANCE	6,523,993
3a Sub-total	0	0			6,523,993
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			6,523,993

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V 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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 (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 file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ 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, 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 file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 22

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 INDEPENDENT HEALTH ASSOCIATION SUPPORTS NON-PROFIT ORGANIZATIONS THAT ARE ALIGNED WITH OUR MISSION TO PROVIDE ACCESS TO AFFORDABLE, QUALITY HEALTH CARE, AND/OR WOULD BENEFIT FROM INDEPENDENT HEALTH'S COMMUNITY LEADERSHIP AND GOODWILL AMOUNTS ARE RECORDED IN THE GENERAL LEDGER, PRIMARILY UNDER COMMUNITY RELATIONS, AND HARD COPIES OF ALL PAYMENTS ARE KEPT ON FILE (BOTH PAPER AND ELECTRONICALLY)

Additional Data

Return to Form

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
THEATRE OF YOUTH203 ALLEN STREET BUFFALO,NY 14201	23-7286004	501(C)(3)	100,000	0			TO IMPACT THE HEALTH OF YOUTH THROUGH LIVE THEATRE STRATEGIC TRANSFORMATION SPONSORSHIP
SENECA DIABETES FOUNDATIONPO BOX 309 IRVING,NY 140810309	20-3214056	501(C)(3)	55,000	0			GENERAL SUPPORT TO SUPPORT THE MISSION TO PROVIDE EDUCATION OUTREACH, PREVENTION AWARENESS, AND FUND RESEARCH TO IMPROVE THE LIVES OF THOSE AFFECTED WITH DIABETES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 PARTNERSHIPPO BOX 53 BUFFALO,NY 14205	16-0365700	501(C)(3)	30,000	0			STRATEGIC SUPPORT FOR COMMUNITY
P2 COLLABORATIVE 6225 SHERIDAN DRIVE SUITE 206 WILLIAMSVILLE,NY 14221	42-1604185	501(C)(3)	30,000	0			SUPPORT THE ORGANIZATION'S COMMITMENT TO COLLABORATION AND IMPROVING THE HEALTH OF ALL INDIVIDUALS IN WNY STRATEGIC TRANSFORMATION SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
SHEA'S PERFORMING ARTS CENTER646 MAIN STREET BUFFALO,NY 142021978	16-1158412	501(C)(3)	26,250				CORPORATE SPONSORSHIP TO SUPPORT THE ARTS AND IMPROVE INDIVIDUALS' WELL-BEING AND QUALITY OF LIFE
CANISIUS COLLEGE2001 MAIN STREET BUFFALO,NY 14208	16-0743942	501(C)(3)	25,000				GENERAL SUPPORT - 2011 REGENTS SCHOLARSHIP BALL & CONFERENCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
KALEIDA HEALTH FOUNDATION726 EXCHANGE STREET BUFFALO,NY 14210	16-1579143	501(C)(3)	5,000				GENERAL SUPPORT
BUFFALO URBAN LEAGUE15 E GENESEE ST BUFFALO,NY 14203	16-0743940	501(C)(3)	25,000				SUPPORT TO EMPOWER MINORITIES AND DISADVANTAGE INDIVDIUALS, SPECIFICALLY IN THE AREAS OF HEALTH AND QUALITY OF LIFE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
UNIVERSITY AT BUFFALO FOUNDATIONBOX 900 BUFFALO,NY 14226	16-0865182	501(C)(3)	25,000				STRATEGIC SUPPORT FOR COMMUNITY
LEADERSHIP BUFFALO237 MAIN STREET - SUITE 1500 BUFFALO,NY 142032720	16-1363536	501(C)(3)	22,000				STRATEGIC SUPPORT COMBINING COMMUNITY SUPPORT, VISIBILIY AND ALIGNMENT WITH OUR MISSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 MEDICAL CAMPUS 640 ELLICOTT STREET BUFFALO,NY 14203	16-1388796	501(C)(3)	20,000				GENERAL SUPPORT FOR A PROGRAM THAT ENCOURAGES USES OF ACTIVE TRANSPORTATION OPTIONS
BUFFALO ZOO (ZOOLOGICAL SOCITY OF BUFFALO INC)300 PARKSIDE AVENUE BUFFALO,NY 14214	16-0911204	501(C)(3)	20,000				GENERAL SUPPORT TO INCOPORATE FUN FAMILY FITNESS ACTIVITIES AT BUFFALO ZOO TO SUPPORT COMMUNITY HEALTH ENGAGEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
TASTE OF BUFFALO INC276 GREENWOOD COURT EAST AURORA, NY 14052	16-1390601	501(C)(6)	10,500				GENERAL SUPPORT FOR THE 2011 TASTE OF BUFFALO
LEUKEMIA & LYMPHOMA SOCIETY1311 MAMARONECK AVENUE SUITE 310 WHITE PLAINS, NY 10605	13-5644916	501(C)(3)	8,000				GENERAL SUPPORT TO ORGANIZATION ALIGNED WITH OUR MISSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 PHILHARMONIC ORCHESTRA499 FRANKLIN STREET BUFFALO,NY 14202	16-0755739	501(C)(3)	12,500				CORPORATE SPONSORHIP TO SUPPORT THE ARTS AND IMPROVE INDIVIDUALS' WELL BEING AND QUALITY OF LIFE AND GENERAL SUPPORT FOR THE ANNUAL GALA
POLICE ATHLETIC LEAGUE65 NIAGARA SQUARE 21ST FL BUFFALO,NY 14202	16-1468698	501(C)(3)	7,500				TO SUPPORT THE IMPROVEMENT OF THE IMMEDIATE AND FUTURE QUALITY OF LIFE FOR THE YOUTH IN THE COMMUNITY THROUGH EDUCATIONAL, RECREATIONAL, CULTURAL, ENVIRONMENTAL, AND PREVENTION PROGRAMMING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
NFADA CHARITABLE FOUNDATION1144 WEHRLE DRIVE PO BOX 9019 WILLIAMSVILLE,NY 14231	16-6486097	501(C)(3)	12,500				GENERAL SUPPORT - 2011 CHARITY GALA AND 2011 SPONSORSHIP
CANISIUS COLLEGE ATHLETICS2001 MAIN STREET BUFFALO,NY 14208	16-0743942	501(C)(3)	6,000				GENERAL SUPPORT - COPORATE SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 STEADFAST FOUNDATION700 WALBRIDGE DRIVE EAST LANSING,MI 48823	20-5894294	501(C)(3)	6,000				GENERAL SUPPORT - CATWALK FOR CHARITY, FOR ORGANIZATION ALIGNED WITH OUR MISSION
NFJC360 DELAWARE AVENUE ROOM 106 BUFFALO,NY 14202	20-3185568	501(C)(3)	5,500				GENERAL SUPPORT - ORGANIZATION ALIGNED WITH OUR MISSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
OPPORTUNITIES UNLIMITED OF NIAGARA1555 FACTORY OUTLET BLVD NIAGARA FALLS,NY 14304	22-2221343	501(C)(3)	5,150				GENERAL SUPPORT - CORPORATE SPONSORSHIP
AMERICAN HEART ASSOCIATION7272 GREENVILLE AVE DALLAS,TX 75231	13-5613797	501(C)(3)	5,000				SUPPORT THE ENCOURAGEMENT OF HEALTHY LIFESTYLES TO PREVENT CARDIOVASCULAR DISEASES AND STROKES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 PREP INCBOX 900 BUFFALO,NY 14226	16-1359846	501(C)(3)	5,000				GENERAL SUPPORT - CELEBRATION OF SPECIAL HONORS SPONSORSHIP - TO SUPPORT ACADEMICS IN BUFFALO
JAMES P WILMOT CANCER CENTER 300 EAST RIVER ROAD BOX 278996 ROCHESTER,NY 14627	16-0743209	501(C)(3)	75,000				GENERAL SUPPORT

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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" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
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 accured 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**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

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	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 $277,056 WAS RECEIVED IN 2011 AND $171,546 WAS REPORTED AS TAXABLE COMPENSATION
	PART I, LINE 4B	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 $854,623, VALUE INCREASE INCLUDED IN PART VIII, SECTION A, COLUMN F $291,090 MARK JOHNSON AMOUNT RECEIVED $0, VALUE INCREASE INCLUDED IN PART VII, SECTION A, COLUMN F $549,357 JOHN RODGERS AMOUNT RECEIVED $0, VALUE INCREASE INCLUDED IN PART VII, SECTION A, COLUMN F $103,816 ANN PENTKOWSKI AMOUNT RECEIVED $0, VALUE INCREASE INCLUDED IN PART VII, SECTION A, COLUMN F $82,494 JILL SYRACUSE AMOUNT RECEIVED $0, VALUE INCREASE INCLUDED IN PART VII, SECTION A, COLUMN F $74,763 THOMAS J FOELS AMOUNT RECEIVED $0, VALUE INCREASE INCLUDED IN PART VII, SECTION A, COLUMN F $104,487 JUDITH FELDMAN AMOUNT RECEIVED $0, VALUE INCREAE INCLUDED IN PART VII, SECTION A, COLUMN F $67,966 GORDON CUMMING AMOUNT RECEIVED $0, VALUE INCREASE INLCUDED IN PART VII, SECTION A, COLUMN F $76,336

Additional Data

Return to Form

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)	819,079	1,433,452	62,811	332,082	48,389	2,695,813	563,533
	(II)	0	0	0	0	0	0	0
JOHNSON MARK	(I)	554,477	314,520	27,702	265,610	45,883	1,208,192	0
	(II)	0	0	0	0	0	0	0
DIGIULIO LAWRENCE C	(I)	178,064	51,000	14,327	10,965	15,842	270,198	0
	(II)	0	0	0	0	0	0	0
FOELS THOMAS J	(I)	334,942	166,935	25,005	138,817	37,904	703,603	0
	(II)	0	0	0	0	0	0	0
WALLESHAUSER JAMES B	(I)	177,613	51,000	10,369	13,624	16,850	269,456	0
	(II)	0	0	0	0	0	0	0
RODGERS JOHN R	(I)	321,669	177,573	19,224	125,188	54,408	698,062	0
	(II)	0	0	0	0	0	0	0
PENTKOWSKI ANN M	(I)	286,436	104,000	21,997	85,457	23,905	521,795	0
	(II)	0	0	0	0	0	0	0
SYRACUSE JILL	(I)	274,048	90,000	7,981	94,873	30,927	497,829	0
	(II)	0	0	0	0	0	0	0
DISERAFINO LOUIS	(I)	237,196	79,702	21,829	22,020	17,119	377,866	0
	(II)	0	0	0	0	0	0	0
FASO MICHAEL J	(I)	228,708	76,300	21,866	11,227	16,422	354,523	0
	(II)	0	0	0	0	0	0	0
FELDMAN JUDITH ANN	(I)	232,458	90,000	14,405	86,259	18,429	441,551	0
	(II)	0	0	0	0	0	0	0
CUMMING GORDON B	(I)	272,592	88,000	19,280	98,356	17,508	495,736	0
	(II)	0	0	0	0	0	0	0
NAIDOO ALLEN	(I)	236,227	82,250	15,964	12,519	17,937	364,897	0
	(II)	0	0	0	0	0	0	0
DONOVAN DAVID W	(I)	219,015	104,771	1,907	6,842	430	332,965	0
	(II)	0	0	0	0	0	0	0
MYLOTTE KATHLEEN MARIE	(I)	241,271	12,873	2,490	55,412	11,592	323,638	0
	(II)	0	0	0	0	0	0	0
MENARD PAMELA	(I)	196,606	57,010	2,202	51,865	6,486	314,169	0
	(II)	0	0	0	0	0	0	0
BUTLER THEODORE J	(I)	128,646	122,508	392	39,647	16,126	307,319	0
	(II)	0	0	0	0	0	0	0

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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

2011

Open to Public Inspection

Name of the organization
INDEPENDENT HEALTH ASSOCIATION INC

Employer identification number
16-1080163

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	(c) Corrected? 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? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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

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
See Additional Data Table					

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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
EAST AURORA FAMILY PRACTICE	PARTNERSHIP MORE THAN 5% OWNED BY SHAWN COTTON, CURRENT BOARD MEMBER	539,957	INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARE		No
TONAWANDA PEDIATRICS	PARTNERSHIP MORE THAN 5% OWNED BY MICHAEL HEIMERL, CURRENT BOARD MEMBER	2,037,099	INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARE		No
BUFFALO GERIATRIC AND REHABILITATION MEDICINE LLP	PARTNERSHIP MORE THAN 5% OWNED BY KATHLEEN MYLOTTE, CURRENT BOARD MEMBER	384,818	PAYMENTS TO PROVIDER FOR HEALTHCARE SERVICES RENDERED TO IHA MEMBERS		No
WALSH DUFFIELD COMPANIES	ENTITY INDIRECTLY OWNED BY MORE THAN 35% BY JOHN WALSH,CURRENT BOARD MEMBER	507,312	BROKER OF IHA PRODUCTS		No
DONALD W ROBINSON MD	100% OWNERSHIP IN MEDICAL PRACTICE BY DR DONALD ROBINSON	435,000	INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARE		No
WESTERN NEW YORK CLINICAL INFORMATION EXCHANGE	SHARED BOARD MEMBER, DR MICHAEL CROPP	1,980,500	FUNDING OF OPERATIONS		No
WESTERN NEW YORK HEALTHENET	SHARED BOARD MEMBER, JUDITH FELDMAN	200,000	FUNDING OF OPERATIONS		No
ALLIANCE OF COMMUNITY HEALTH PLANS	SHARED BOARD MEMBER, DR MICHAEL CROPP	169,895	SERVICE PROVIDER (MEMBERSHIP DUES, LOBBYING ACTIVITIES)		No
AMERICA'S HEATH INSURANCE PLANS	SHARED BOARD MEMBER, DR MICHAEL CROPP	176,719	SERVICE PROVIDER (MEMBERSHIP DUES, LOBBYING ACTIVITIES)		No
NORTHTOWNS MEDICAL GROUP	PARTNERSHIP MORE THAN 5% OWNED BY EDWARD STEHLIK, CURRENT BOARD MEMBER	312,347	INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARE		No

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INDEPENDENT HEALTH ASSOCIATION INC

Employer identification number
16-1080163

Identifier	Return Reference	Explanation
	FORM 990, PART VI	FORM 990, PART VI, SECTION B, LINE 9 LAWRENCE DIGIULIO - 385 MT VERNON RD SYNDER, NY 14226, GORD CUMMING - 210 LORD BYRON LANE, WILLIAMSVILLE, NY 14221

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	THOMAS J FOELS AND KATHLEEN MARIE MYLOTTE HAVE A BUSINESS RELATIONSHIP (BOARD MEMBERS OF AN AFFILIATED ENTITY) MICHAEL W CROPP, MARK JOHNSON, JOHN R RODGERS, THOMAS J FOELS, LAWRENCE C DIGIULIO, AND MICHAEL J FASO HAVE A BUSINESS RELATIONSHIP (BOARD MEMBERS OF AFFILIATED ENTITIES) SIDNEY N WEISS, R MARSHALL WINGATE, STUART H ANGERT, JAMES R COPPOLA, FRANK J COLANTUONO, MICHAEL W CROPP, MOISES SUDIT, LAWRENCE C DIGIULIO, JOHN R RODGERS, NORA B SULLIVAN, AND JAMES B WALLESHAUSER HAVE A BUSINESS RELATIONSHIP (BOARD MEMBERS OF AN AFFILIATED ENTITY) FRANK J COLANTUONO, JAMES R COPPOLA, AND THOMAS J FOELS HAVE A BUSINESS RELATIONSHIP (BOARD MEMBERS OF AN AFFILIATED ENTITY) R MARSHALL WINGATE, FRANK J COLANTUONO, MARK JOHNSON, AND ANN M PENTKOWSKI HAVE A BUSINESS RELATIONSHIP (PRIVATE ENTERPRISE) MICHAEL W CROPP, GORDON B CUMMING, BARRY N WINNICK, JOHN N WALSH, III, BRENDA W MCDUFFIE, STUART H ANGERT & JOHN ANTKOWIAK HAVE A BUSINESS RELATIONSHIP (BOARD MEMEBERS OF AN AFFILIATED NOT FOR PROFIT)

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE FOLLOWING CHANGES WERE MADE TO IHA'S BY-LAWS DURING 2011 THE AUDIT & FINANCE COMMITTEE WAS SPLIT INTO TWO INDIVDIUAL COMMITTEES THE AUDIT COMMITTEE SHALL BE COMPOSED ENTIRELY OF INDEPENDENT DIRECTORS AND SHALL REPRESENT AND REPORT TO THE BOARD OF DIRECTORS IN DISCHARGING ITS OVERSIGHT RESPONSIBILITIES RELATING TO FINANCIAL STATEMENT REVIEW, INTERNAL CONTROL REVIEW, INTERNAL AUDIT REVIEW, THE SELECTION AND MANAGEMENT OF EXTERNAL AUDITORS THE AUDIT COMMITTEE SHALL ADHERE TO A CHARTER APPROVED BY THE BOARD THAT SETS FORTH ITS RESPONSIBILITIES AND SHALL REVIEW ITS CHARTER AT LEAST ANNUALLY, SOONER IF NECESSARY, TO ENSURE THAT ITS PURPOSE AND RESPONSIBILITIES ARE IN CONCERT WITH THE MISSION, VISION AND VALUES OF THE CORPORATION AND TO ENSURE THE CHARTER MEETS ALL APPLICABLE REGULATORY REQUIREMENTS THE FINANCE COMMITTEE SHALL BE COMPOSED OF A MAJORITY OF NON-MANAGEMENT DIRECTORS AND SHALL BE RESPONSIBLE FOR ADVISING THE BOARD OF DIRECTORS ON FINANCIAL MATTERS RELATED TO THE CORPORATION THE FINANCE COMMITTEE SHALL ADHERE TO A CHARTER APPROVED BY THE BOARD WHICH SETS FORTH ITS RESPONSIBILITIES AND SHALL REVIEW ITS CHARTER AT LEAST ANNUALLY, SOONER IF NECESSARY, TO ENSURE THAT ITS PURPOSE AND RESPONSIBILITIES ARE IN CONCERT WITH THE MISSION, VISION AND VALUES OF THE CORPORATION IN ADDITION, THERE WERE CHANGES TO THE DIRECTOR TERMS, SPECIFICALLY, EACH DIRECTOR SHALL BE LIMITED TO 5 CONSECUTIVE TERMS BEGINNING WITH THE TERMS COMMENCING ON MAY 1, 2010 AND MAY 1, 2011 AFTER SERVING 5 CONSECUTIVE TERMS, A DIRECTOR SHALL BE ELIGIBLE TO RETURN TO THE BOARD ONCE ONE YEAR HAS LAPSED SINCE THE CONCLUSION OF HIS OR HER LAST TERM

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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 2011) AND WAS USED TO ESTABLISH COMPENSATION FOR THE FOLLOWING POSITIONS: EXECUTIVE VICE PRESIDENT - CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENT - CHIEF SERVICING OFFICER, EXECUTIVE VICE PRESIDENT - CHIEF OPERATING OFFICER, SENIOR VICE PRESIDENT - CHIEF ADMINISTRATIVE OFFICER, EXECUTIVE VICE PRESIDENT - CHIEF MEDICAL OFFICER, VICE PRESIDENT & GENERAL COUNSEL, AND VICE PRESIDENT - GOVERNMENT AFFAIRS

Identifier	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

Identifier	Return Reference	Explanation
AVG HOURS DEVOTED TO RELATED ORG(S) WHEN RELATED COMP IS REPORTED	FORM 990, PART VII	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 - 20 HOURS JOHNSON, MARK - 18 HOURS DIGIULIO, LAWRENCE C - 21 HOURS DISERAFINO, LOUIS - 9 HOURS RODGERS, JOHN R - 11 HOURS TULYK-ROSSI, LAURA - 17 HOURS CUMMING, GORDON B - 17 HOURS FASO, MICHAEL J - 18 HOURS PENTKOWSKI, ANN M - 17 HOURS SYRACUSE, JILL - 26 HOURS FOELS, THOMAS J - 15 HOURS NAIDOO, ALLEN - 18 HOURS FELDMAN, JUDITH ANN - 20 HOURS DONOVAN, DAVID W - 17 HOURS MENARD, PAMELA - 15 HOURS BUTLER, THEODORE J - 38 HOURS WALLESHAUSER, JAMES B - 17 HOURS MYLOTTE, KATHLEEN MARIE - 11 HOURS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 5,304,651

Identifier	Return Reference	Explanation
DESCRIPTION OF CHANGE TO COMMITTEE OVERSIGHT REVIEW PROCESS FROM PRIOR YEAR	FORM 990, PART XII, LINE 2C	DURING 2011, THE AUDIT & FINANCE COMMITTEE WAS SPLIT INTO TWO INDIVIDUAL COMMITTEES THE AUDIT COMMITTEE SHALL BE COMPOSED ENTIRELY OF INDEPENDENT DIRECTORS AND SHALL REPRESENT AND REPORT TO THE BOARD OF DIRECTORS IN DISCHARGING ITS OVERSIGHT RESPONSIBILITIES RELATING TO FINANCIAL STATEMENT REVIEW, INTERNAL CONTROL REVIEW, INTERNAL AUDIT REVIEW, THE SELECTION AND MANAGEMENT OF EXTERNAL AUDITORS THE AUDIT COMMITTEE SHALL ADHERE TO A CHARTER APPROVED BY THE BOARD THAT SETS FORTH ITS RESPONSIBILITIES AND SHALL REVIEW ITS CHARTER AT LEAST ANNUALLY, SOONER IF NECESSARY, TO ENSURE THAT ITS PURPOSE AND RESPONSIBILITIES ARE IN CONCERT WITH THE MISSION, VISION AND VALUES OF THE CORPORATION AND TO ENSURE THE CHARTER MEETS ALL APPLICABLE REGULATORY REQUIREMENTS THE FINANCE COMMITTEE SHALL BE COMPOSED OF A MAJORITY OF NON-MANAGEMENT DIRECTORS AND SHALL BE RESPONSIBLE FOR ADVISING THE BOARD OF DIRECTORS ON FINANCIAL MATTERS RELATED TO THE CORPORATION THE FINANCE COMMITTEE SHALL ADHERE TO A CHARTER APPROVED BY THE BOARD WHICH SETS FORTH ITS RESPONSIBILITIES AND SHALL REVIEW ITS CHARTER AT LEAST ANNUALLY, SOONER IF NECESSARY, TO ENSURE THAT ITS PURPOSE AND RESPONSIBILITIES ARE IN CONCERT WITH THE MISSION, VISION AND VALUES OF THE CORPORATION

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

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 of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) 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)	LINE 9 509(A)(2)	INDEPENDENT HEALTH ASSOCIATION INC		No

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? Yes	(h) Disproportionate allocations? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) LIGHTHOUSE NATURALS LLC 525 OVERLOOK DRIVE N PALM BEACH, FL 33408 26-2015851	RETAIL SALES OF FOOD-BASED NUTRITIONAL SUPPLEMENTS	FL	INDEPENDENT HEALTH CORPORATION	RELATED	62,670	50,352		No			No	
(2) SPECIALTY PHARMACY MANAGEMENT LLC 45 EARHART DRIVE WILLIAMSVILLE, NY 14221 27-2204019	SPECIALTY PHARMACEUTICAL MANAGEMENT	NY	INDEPENDENT HEALTH CORPORATION	RELATED	1,314,013	7,534,014		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
(1) INDEPENDENT HEALTH CORPORATION & SUBSIDIARIES 511 FARBER LAKES DRIVE BUFFALO, NY 14221 16-1237733	THIRD PARTY CLAIMS ADMINISTRATION	NY	INDEPENDENT HEALTH ASSOCIATION	C	26,665,276	25,825,562	100 000 %
(2) INDEPENDENT HEALTH BENEFITS CORPORATION 511 FARBER LAKES DRIVE BUFFALO, NY 14221 16-1483784	POS AND INDEMNITY PRODUCT ADMINISTRATION	NY	INDEPENDENT HEALTH ASSOCIATION	C	478,530,717	168,952,831	100 000 %
(3) MASON INSURANCE COMPANY LTD 16 CHURCH STREET HAMILTON BD	REINSURANCE	BD	INDEPENDENT HEALTH ASSOCIATION	C	12,891,981	13,409,521	100 000 %

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

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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related organization(s)	1r	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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

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 ($)	(d) Method of determining amount involved
(1)	INDEPENDENT HEALTH FOUNDATION	B	346,000	FMV
(2)	INDEPENDENT HEALTH BENEFITS CORPORATION	L	11,274,404	FMV
(3)	INDEPENDENT HEALTH BENEFITS CORPORATION	M	22,278,226	FMV
(4)	INDEPENDENT HEALTH CORPORATION	M	3,403,900	FMV
(5)	INDEPENDENT HEALTH BENEFITS CORPORATION	N	24,497,448	FMV
(6)	INDEPENDENT HEALTH CORPORATION	N	12,816,309	FMV
(7)	INDEPENDENT HEALTH FOUNDATION	O	296,841	FMV
(8)	INDEPENDENT HEALTH FOUNDATION	P	306,757	FMV
(9)	INDEPENDENT HEALTH FOUNDATION	Q	661,518	FMV
(10)	INDEPENDENT HEALTH FOUNDATION	L	81,991	FMV
(11)	INDEPENDENT HEALTH BENEFITS CORPORATION	O	19,594,417	FMV
(12)	INDEPENDENT HEALTH CORPORATION	O	182,175,887	FMV
(13)	INDEPENDENT HEALTH CORPORATION	P	250,000	FMV
(14)	MASON INSURANCE CORPORATION	Q	9,924,257	FMV
(15)	MASON INSURANCE CORPORATION	R	11,161,187	FMV
(16)	INDEPENDENT HEALTH BENEFITS CORPORATION	R	4,658,591	FMV
(17)	INDEPENDENT HEALTH CORPORATION	R	174,514,000	FMV

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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			
WINNICK BARRY N CHAIRPERSON	1 00	X						37,042	0	5,419
WINGATE R MARSHALL VICE CHAIRPERSON	1 00	X						40,000	0	5,837
WALSH III JOHN N SECOND VICE CHAIRPERSON	1 00	X						40,000	0	0
MCDUFFIE BRENDA W CORRESPONDING SECRETARY	1 00	X						32,667	0	0
ANGERT STUART H BOARD MEMBER	1 00	X						43,500	0	2,076
ANTKOWIAK JOHN BOARD MEMBER	1 00	X						61,308	0	0
COLANTUONO FRANK J BOARD MEMBER	1 00	X						40,000	0	5,837
COPPOLA JAMES R BOARD MEMBER	1 00	X						33,000	0	5,837
COTTON SHAWN BOARD MEMBER	1 00	X						35,400	0	5,837
CULKIN JOHN J BOARD MEMBER	1 00	X						33,000	0	5,837
HEIMERL MICHAEL BOARD MEMBER	1 00	X						39,850	0	5,837
KELSCH DONNA M BOARD MEMBER	1 00	X						36,500	0	5,837
ROBINSON DONALD BOARD MEMBER	1 00	X						38,250	0	5,837
STEHLIK EDWARD BOARD MEMBER	1 00	X						41,400	0	5,837
SUDIT MOISES BOARD MEMBER	1 00	X						40,000	0	0
SULLIVAN NORA B BOARD MEMBER	1 00	X						32,333	0	5,837
SUNDELL DUANE J BOARD MEMBER	1 00	X						33,000	0	0
TILLOTSON JR RICHARD T BOARD MEMBER	1 00	X						33,000	0	5,837
WEISS SYDNEY N BOARD MEMBER	1 00	X						40,000	0	5,837
CROPP MICHAEL W PRESIDENT & CEO	47 00	X		X				2,315,342	0	380,471
JOHNSON MARK EVP & CFO	48 00			X				896,699	0	311,493
DIGIULIO LAWRENCE C VP & GENERAL COUNSEL	47 00			X				243,391	0	26,807
TULYK-ROSSI LAURA COMPLIANCE OFFICER	43 00			X				86,106	0	18,876
FOELS THOMAS J EVP-CHIEF MED OFFICER	47 00			X				526,882	0	176,721
WALLESHAUSER JAMES B VP - OFFICE STRATEGY	38 00				X			238,982	0	30,474

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			
RODGERS JOHN R EVP-CHIEF MARKETING OFF	46 00				X			518,466	0	179,596
PENTKOWSKI ANN M SVP-CHIEF ACT & UNDERWRI	44 00				X			412,433	0	109,362
SYRACUSE JILL SVP-MEMBER SERVICES	45 00				X			372,029	0	125,800
DISERAFINO LOUIS CHIEF RISK OFFICER	45 00				X			338,727	0	39,139
FASO MICHAEL J SVP-FINANCE & ANCILL BUS	40 00				X			326,874	0	27,649
FELDMAN JUDITH ANN SVP-INFORMATION TECHNOLO	46 00				X			336,863	0	104,688
CUMMING GORDON B VP-HUMAN RESOURCES & ORG	43 00				X			379,872	0	115,864
NAIDOO ALLEN VP- CLINICAL & BUS INFO	42 00					X		334,441	0	30,456
DONOVAN DAVID W VP - SALES	43 00					X		325,693	0	7,272
MYLOTTE KATHLEEN MARIE ASSOC MED DIRECTOR	38 00					X		256,634	0	67,004
MENARD PAMELA VP - HEALTH PROM & CARE	45 00					X		255,818	0	58,351
BUTLER THEODORE J NATIONAL DIR - SF, ANC	38 00					X		251,546	0	55,773