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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 private foundations)

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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

<b>B</b> Check if applicable <input type="checkbox"/> Address change  <input type="checkbox"/> Name change  <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return/terminated  <input type="checkbox"/> Amended return  <input type="checkbox"/> Application pending	<b>C</b> Name of organization INDEPENDENT HEALTH ASSOCIATION INC		<b>D</b> Employer identification number  16-1080163	
	Doing business as			
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	
	511 FARBER LAKES DRIVE		(716) 631-3001	
	City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14221		<b>G</b> Gross receipts \$ 1,580,744,021	
<b>F</b> Name and address of principal officer MICHAEL CROPP MD 511 FARBER LAKES DRIVE BUFFALO, NY 14221		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶		
<b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ WWW.INDEPENDENTHEALTH.COM				

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1980	<b>M</b> State of legal domicile NY
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Part I

Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities PROVIDE HEALTH-RELATED PRODUCTS AND SERVICES THAT ENABLE AFFORDABLE ACCESS TO QUALITY HEALTH CARE		
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	20	
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	14	
<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	<b>5</b>	1,211	
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	245	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	1,357,749,152	1,356,181,916
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,701,403	17,318,844
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	59,650,935	57,141,511
	1,428,101,490	1,430,642,271	
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	1,410,901	1,948,848
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	1,182,143,416	1,257,009,523
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	67,458,262	117,915,471
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	119,971,483	143,739,593
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,370,984,062	1,520,613,435
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	57,117,428	-89,971,164
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16) . . . . .	738,416,788	712,095,782
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	189,108,086	252,101,096
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	549,308,702	459,994,686

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	<div>Signature of officer</div>	<div>2015-11-13</div> Date
	<div>MICHAEL CROPP MD PRESIDENT &amp; CEO</div> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name LORI BOYCE	Preparer's signature LORI BOYCE	Date	Check <input type="checkbox"/> if self-employed	PTIN P00121981
	Firm's name ▶ DELOITTE TAX LLP			Firm's EIN ▶ 86-1065772	
	Firm's address ▶ 200 RENAISSANCE CENTER SUITE 3900  DETROIT, MI 482431300			Phone no (313) 396-3000	

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

Part III

Statement of Program Service Accomplishments

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

☐ Yes☒ No

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 1,289,141,395 including grants of \$ 1,948,848 ) (Revenue \$ 1,356,181,916 )

SEE SCHEDULE O

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 1,289,141,395

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 <b>Section 501(c)(3) organizations.</b> 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  . . . . .	9	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, line 10? 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 and XII  . . . . .	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  . . . . .	12b	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, Parts I and IV  . . . . .	14b	Yes
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  . . . . .	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions) . . . . .	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 hospital facilities? If "Yes," complete Schedule H . . . . .	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country <u>BD</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
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	No
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 this 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records 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 or note to any line in this Part VII

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

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

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

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

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

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

## Part VII

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

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	12,340,385	0	3,475,926

**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 **200**

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	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)	(B)	(C)
Name and business address	Description of services	Compensation
INDIVIDUAL PRACTICE ASSOCIATION OF WNY 511 FARBER LAKES DRIVE BUFFALO, NY 14221	MEDICAL & PHARMACY BENEFITS SERVICES	992,654,456
HEALTHPLEX IPA 333 EARLE OVINGTON BLVD UNIONDALE, NY 115533608	DENTAL BENEFITS COMPANY	13,047,295
COMPUTER TASK GROUP PO BOX 711778 CINCINATTI, OH 452711778	PRODUCTION & PROJECT SUPPORT SERVICES	10,949,510
SIRIUS COMPUTER SOLUTIONS PO BOX 202289 DALLAS, TX 753202289	PRODUCTION & PROJECT SUPPORT SERVICES	8,366,685
EYEMED VISION CARE 15274 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	VISION BENEFITS COMPANY	5,271,167

**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 ►146

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a					
	b	Membership dues . . . . . 1b					
	c	Fundraising events . . . . . 1c					
	d	Related organizations . . . . . 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue	2a	PREMIUMS, COB & REINS	524114	1,356,181,916	1,356,181,916		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		1,356,181,916			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	10,613,355			10,613,355
4		Income from investment of tax-exempt bond proceeds . . . . .					
5		Royalties . . . . .					
6a		(i) Real					
		(ii) Personal					
		Gross rents	70,311				
b		Less rental expenses	9,921				
c		Rental income or (loss)	60,390				
d		Net rental income or (loss) . . . . .	60,390				60,390
7a		(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory	156,796,907	411			
b		Less cost or other basis and sales expenses	149,726,224	365,605			
c		Gain or (loss)	7,070,683	-365,194			
d		Net gain or (loss) . . . . .	6,705,489				6,705,489
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	57,081,121			57,081,121	
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		57,081,121				
12	Total revenue. See Instructions . . . . .		1,430,642,271	1,356,181,916	0	74,460,355	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,948,848	1,948,848		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	1,257,009,523	1,257,009,523		
5	Compensation of current officers, directors, trustees, and key employees	14,015,770		14,015,770	
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	67,832,436	8,080,850	59,751,586	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,979,628	212,887	18,766,741	
9	Other employee benefits	11,358,926	1,396,840	9,962,086	
10	Payroll taxes	5,728,711	636,936	5,091,775	
11	Fees for services (non-employees)				
a	Management				
b	Legal	462,843		462,843	
c	Accounting	295,356		295,356	
d	Lobbying	178,803		178,803	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	806,200		806,200	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,117,808	476,907	27,640,901	
12	Advertising and promotion	4,455,099	83,335	4,371,764	
13	Office expenses	14,958,081	54,159	14,903,922	
14	Information technology	18,765,564	2,846,493	15,919,071	
15	Royalties				
16	Occupancy	4,180,194		4,180,194	
17	Travel	500,470	44,081	456,389	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	460,376	4,738	455,638	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,216,823		27,216,823	
23	Insurance	913,821	32,266	881,555	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	NYS ASSESSMENT/ACA TAX	14,440,253		14,440,253	
b	BAD DEBT & CHARITY, GME	14,063,417	14,063,417		
c	FAMILY CHOICE	6,630,845		6,630,845	
d	UBI TAX EXPENSES	359,457		359,457	
e	All other expenses	6,934,183	2,250,115	4,684,068	
25	Total functional expenses. Add lines 1 through 24e	1,520,613,435	1,289,141,395	231,472,040	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		21,110,394	2	8,678,162
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		133,092,370	4	126,474,512
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		35,633,273	9	24,373,053
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	171,097,272		
	b	Less accumulated depreciation	10b	124,069,975	52,907,683	10c 47,027,297
	11	Investments—publicly traded securities		318,379,950	11	324,912,980
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		2,310,667	14	2,275,417
	15	Other assets See Part IV, line 11		174,982,451	15	178,354,361
	16	Total assets. Add lines 1 through 15 (must equal line 34)		738,416,788	16	712,095,782
Liabilities	17	Accounts payable and accrued expenses		56,070,581	17	87,538,434
	18	Grants payable		2,915	18	2,795
	19	Deferred revenue		25,899,471	19	30,419,265
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		835,294	21	1,989,356
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		106,299,825	25	132,151,246
	26	Total liabilities. Add lines 17 through 25		189,108,086	26	252,101,096
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		380,233,260	27	306,691,641
	28	Temporarily restricted net assets		169,075,442	28	153,303,045
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		549,308,702	33	459,994,686
	34	Total liabilities and net assets/fund balances		738,416,788	34	712,095,782

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,430,642,271
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,520,613,435
3	Revenue less expenses Subtract line 2 from line 1	3	-89,971,164
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	549,308,702
5	Net unrealized gains (losses) on investments	5	657,148
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	459,994,686

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 16-1080163

Name: INDEPENDENT HEALTH ASSOCIATION INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STUART H ANGERT ..... BOARD MEMBER	5 00 ..... 1 00	X						34,000	0	1,452
(1) ANTHONY BAYNES ..... BOARD MEMBER	5 00 ..... 0 00	X						34,000	0	5,345
(2) FRANK J COLANTUONO ..... BOARD MEMBER	5 00 ..... 0 00	X						30,000	0	5,831
(3) SHAWN COTTON ..... BOARD MEMBER	5 00 ..... 0 00	X						34,000	0	5,831
(4) COLLEEN C DIPIRRO ..... BOARD MEMBER	5 00 ..... 0 00	X						34,000	0	5,831
(5) RENE F JONES ..... BOARD MEMBER	5 00 ..... 0 00	X						0	0	0
(6) DONNA M KELSCH ..... BOARD MEMBER	5 00 ..... 0 00	X						37,000	0	5,831
(7) ANTHONY B MARTINO ..... BOARD MEMBER	5 00 ..... 0 00	X						41,000	0	5,831
(8) BRENDA W MCDUFFIE ..... BOARD MEMBER	5 00 ..... 0 00	X						34,000	0	5,831
(9) YVONNE MINOR-RAGAN ..... BOARD MEMBER	5 00 ..... 0 00	X						16,500	0	0
(10) DONALD ROBINSON ..... BOARD MEMBER	5 00 ..... 0 00	X						52,400	0	5,831
(11) EDWARD STEHLIK ..... BOARD MEMBER	5 00 ..... 0 00	X						41,425	0	5,831
(12) MOISES SUDIT ..... BOARD MEMBER	5 00 ..... 0 00	X						41,000	0	0
(13) JOHN N WALSH III ..... BOARD MEMBER	5 00 ..... 1 00	X						41,000	0	0
(14) SIDNEY N WEISS CPA ..... BOARD MEMBER	5 00 ..... 0 00	X						49,000	0	5,831
(15) R MARSHALL WINGATE ..... BOARD MEMBER	5 00 ..... 0 00	X						41,000	0	12,401
(16) JOHN ANTKOWIAK ..... CHAIRPERSON	28 00 ..... 1 00	X		X				94,000	0	5,831
(17) MICHAEL HEIMERL ..... VICE CHAIRPERSON	5 00 ..... 0 00	X		X				41,000	0	5,831
(18) JOHN MINEO ESQ ..... SECRETARY, GENERAL COUNSEL	35 00 ..... 16 00	X		X				458,394	0	142,008
(19) NORA B SULLIVAN ..... BOARD MEMBER	5 00 ..... 0 00	X						34,000	0	5,831
(20) MARK JOHNSON ..... TREASURER & CFO	39 00 ..... 18 00	X		X				1,081,899	0	362,011
(21) MICHAEL W CROPP ..... PRESIDENT & CEO	37 00 ..... 19 00	X		X				1,640,593	0	766,036
(22) DAWN CAROLINE ODRZYWOLSKI ..... CHIEF COMPLIANCE OFFICE	31 00 ..... 11 00			X				106,141	0	21,380
(23) THOMAS J FOELS ..... EVP - CHIEF MED OFFICER	33 00 ..... 17 00			X				994,350	0	253,602
(24) JOHN R RODGERS ..... EVP - COO	32 00 ..... 18 00				X			1,094,590	0	271,398

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ANN M PENTKOWSKI ..... SVP - CHIEF ACT & UNDER	31 00 ..... 16 00				X			832,742	0	167,481
(1) JILL SYRACUSE ..... EVP - CHIEF SERV OFFICER	33 00 ..... 16 00				X			914,277	0	225,604
(2) PATRICIA CLABEAUX ..... SVP - HUMAN RESOURCES	33 00 ..... 16 00				X			352,486	0	113,275
(3) MICHAEL J FASO ..... SVP - FINANCE & BUS DEV	27 00 ..... 15 00				X			633,055	0	141,498
(4) JUDITH ANN FELDMAN ..... SVP - INFORMATION TECH	31 00 ..... 17 00				X			706,817	0	544,274
(5) NORA K MCGUIRE ..... SVP - CMO	31 00 ..... 16 00				X			369,698	0	49,318
(6) PAMELA MENARD ..... SVP - HEALTHCARE SERVICING	30 00 ..... 14 00				X			327,864	0	97,136
(7) JAMES BRIAN WALLESHAUSER ..... SVP - OFFICE OF STRAT MGMT	33 00 ..... 16 00				X			288,864	0	33,131
(8) LOUIS G DISERAFINO ..... CHIEF RISK OFFICER	35 00 ..... 17 00				X			200,366	0	6,987
(9) RICHARD M ARGENTIERI ..... VICE PRESIDENT SALES	29 00 ..... 18 00					X		304,106	0	35,321
(10) WILLIAM RICHARD BASILE ..... VP - ACT/UNDER/INFORM	35 00 ..... 19 00					X		310,636	0	28,585
(11) DAVID W DONOVAN ..... SVP - CHIEF SALES OFFICER	32 00 ..... 17 00					X		376,175	0	15,801
(12) BRIAN J SAME ..... ASSOC MED DIRECTOR	33 00 ..... 14 00					X		330,518	0	43,669
(13) MARGARET M STEFFAN ..... VP - FIN & TREASURY SRVCS	22 00 ..... 24 00					X		287,489	0	68,241

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenue included 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 (ASC 958) relating to these items

a

Revenue 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☒

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

- |    | (a)Current year                                | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|------------------------------------------------|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance                      |               |                     |                     |                    |
| b  | Contributions                                  |               |                     |                     |                    |
| c  | Net investment earnings, gains, and losses     |               |                     |                     |                    |
| d  | Grants or scholarships                         |               |                     |                     |                    |
| e  | Other expenditures for facilities and programs |               |                     |                     |                    |
| f  | Administrative expenses                        |               |                     |                     |                    |
| g  | End of year balance                            |               |                     |                     |                    |
- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (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 XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		542,713		542,713
b Buildings		23,793,181	5,760,842	18,032,339
c Leasehold improvements		11,250,646	2,574,423	8,676,223
d Equipment		25,702,243	23,280,439	2,421,804
e Other		109,808,489	92,454,271	17,354,218
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				47,027,297



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	1,423,792,725
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<b>2e</b>	-1,390,722
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	657,148
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-2,047,870
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-1,390,722
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,425,183,447
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>	<b>4c</b>	5,458,824
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	5,458,824
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	5,458,824
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	1,430,642,271

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	1,496,103,618
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25	<b>2e</b>	-5,458,824
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-5,458,824
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-5,458,824
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,501,562,442
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :	<b>4c</b>	19,050,993
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	19,050,993
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	19,050,993
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	1,520,613,435

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART IV, LINE 2B	LONG TERM INCENTIVE DEFERRED COMPENSATION PLAN IS OFFERED TO KEY EXECUTIVES FUTURE PAYMENT IS BASED ON PERFORMANCE AND HISTORICAL COMPENSATION ASSETS ARE UNDER CUSTODIAL ARRANGEMENT WITH M&T BANK
PART X, LINE 2	INDEPENDENT HEALTH ASSOCIATION & AFFILIATES (THE ASSOCIATION) RECOGNIZED NO LIABILITY FOR UNRECOGNIZED INCOME TAX BENEFITS AT DECEMBER 31, 2014 AND 2013 THE ASSOCIATION DID NOT RECORD INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN 2014 AND 2013 THE ASSOCIATION IS SUBJECT TO U S FEDERAL INCOME TAX AND INCOME TAX IN VARIOUS STATE JURISDICTIONS AS OF DECEMBER 31, 2014, THE ASSOCIATION'S TAX YEARS FOR 2012, 2013, AND 2014 ARE SUBJECT TO EXAMINATIONS BY FEDERAL TAX AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS	BANK CHARGES & INVESTMENT FEES NETTED AGAINST OTHER INCOME -1,108,770 OPERATING GRANT NETTED AGAINST INCOME -939,100
PART XI, LINE 4B - OTHER ADJUSTMENTS	COB REVENUE 1,046,018 RENTAL EXPENSE INCLUDED ON PART VIII, LINE 6B -9,921 MASON & NYS REINSURANCE 1,185,588 REINSURANCE ADJUSTMENT 1,619,094 RX REBATE 1,618,045
PART XII, LINE 2D - OTHER ADJUSTMENTS	COB REVENUE -1,046,018 RENTAL EXPENSE INCLUDED ON PART VIII, LINE 6B 9,921 MASON & NYS REINSURANCE -1,185,588 REINSURANCE ADJUSTMENT -1,619,094 RX REBATE -1,618,045
PART XII, LINE 4B - OTHER ADJUSTMENTS	BANK CHARGES & INVESTMENT FEES NETTED AGAINST OTHER INCOME 1,108,770 OPERATING GRANT NETTED AGAINST INCOME 939,100 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 17,003,123

[illegible]

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.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
INDEPENDENT HEALTH ASSOCIATION INC

Employer identification number  
16-1080163

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) CENTRAL AMERICA & THE CARIBBEAN			INVESTMENTS		3,810,000
( 2 )					
( 3 )					
( 4 )					
( 5 )					
3a Sub-total	0	0			3,810,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			3,810,000

**Part II**

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )									
( 2 )									
( 3 )									
( 4 )									

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.  
Part III can be duplicated 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)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes ☒ No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 16-1080163

**Name:** INDEPENDENT HEALTH ASSOCIATION INC

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### **Part V** Supplemental Information

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

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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

25

3

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

1

**Part III**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

**Part IV**

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

Return Reference	Explanation
PART I, LINE 2	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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AMERICAN HEART ASSOCIATION7272 GREENVILLE AVENUE DALLAS,TX 75231	13-5613797	501(C)(3)	7,500				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AMHERST CHAMBER OF COMMERCE400 ESSJAY ROAD SUITE 150 AMHERST,NY 14221	16-0959485	501(C)(3)	50,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ASPIRE OF WNY2356 NORTH FOREST ROAD GETZVILLE, NY 14068	16-0757756	501(C)(3)	11,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	33,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 URBAN LEAGUE 15 E GENESEE STREET BUFFALO, NY 14203	16-0743940	501(C)(3)	25,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 ZOO (ZOOLOGICAL SOCIETY OF BUFFALO INC)300 PARKSIDE AVENUE BUFFALO ,NY 14214	16-0911204	501(C)(3)	20,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CANISIUS COLLEGE2001 MAIN STREET BUFFALO, NY 14208	16-0743209	501(C)(3)	26,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CANTALICIAN CENTER 2049 GEORGE URBAN BLVD DEPEW,NY 14043	16-1003618	501(C)(3)	15,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CATHOLIC CHARITIES OF BUFFALO NEW YORK741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	12,500				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CATHOLIC HEALTH212 MAIN STREET SUITE 300 BUFFALO, NY 14214	22-2565278	501(C)(3)	15,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ECMC LIFELINE FOUNDATION462 GRIDER STREET NO G-1 BUFFALO, NY 14215	22-3283946	501(C)(3)	7,500				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GREEN OPTIONS BUFFALO (GOBIKE)640 ELLICOTT ST SUITE 447 BUFFALO, NY 14203	27-2501533	501(C)(3)	15,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HERITAGE CENTERS ERIE COUNTY101 OAK STREET BUFFALO, NY 14203	16-0769044	501(C)(3)	17,500				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HILLSIDE WORK SCHOLARSHIP PROGRAM 1183 MONROE AVENUE ROCHESTER, NY 14620	16-1453581	501(C)(3)	100,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
INDEPENDENT HEALTH FOUNDATION777 INTERNATIONAL DRIVE BUFFALO,NY 14221	16-1417199	501(C)(3)	939,100				OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LEADERSHIP BUFFALO 237 MAIN STREET - SUITE 1500 BUFFALO, NY 142032720	16-1363536	501(C)(3)	9,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LEUKEMIA & LYMPHOMA SOCIETY1311 MAMARONECK AVENUE SUITE 310 WHITE PLAINS,NY 10605	13-5644916	501(C)(3)	11,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NATIONAL FEDERATION OF JUST COMMUNITIES OF WNY360 DELAWARE AVENUE BUFFALO ,NY 14202	20-3185568	501(C)(3)	13,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NIAGARA FALLS MEMORIAL MEDICAL CENTER621 TENTH STREET NIAGARA FALLS,NY 14302	16-0743094	501(C)(3)	250,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NIAGARA FRONTIER AUTOMOBILE DEALERS ASSOCIATION1144 WEHRLE DRIVE WILLIAMSVILLE, NY 14221	16-1194880	501(C)(3)	30,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
P2 COLLABORATIVE6225 SHERIDAN DRIVE WILLIAMSVILLE, NY 14221	42-1604185	501(C)(3)	30,400				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
POLICE ATHLETIC LEAGUE65 NIAGARA SQUARE 21ST FLOOR BUFFALO, NY 14202	16-1468698	501(C)(3)	7,500				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SENECA DIABETES FOUNDATIONPO BOX 309 IRVING, NY 140810309	20-3214056	501(C)(3)	70,000				SPONSORSHIPS/FIOM PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 INC 276 GREENWOOD COURT EAST AURORA,NY 14052	16-1390601	501(C)(6)	15,500				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	75,000				SPONSORSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 FOUNDATIONPO BOX 900 BUFFALO,NY 142032720	16-0865182	501(C)(3)	10,000				SPONSORSHIPS

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, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
INDEPENDENT HEALTH ASSOCIATION INC

Employer identification number  
16-1080163

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	<div>1b</div> Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	<div>2</div> Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	<div>4a</div> Yes	
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	<div>4b</div> Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div><div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div></div>	<div>4c</div>	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	<div>5a</div>	No
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 5a or 5b, describe in Part III</div></div>	<div>5b</div>	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	<div>6a</div>	No
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 6a or 6b, describe in Part III</div></div>	<div>6b</div>	No
<div><div>7</div><div>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</div></div>	<div>7</div>	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	<div>8</div>	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	<div>9</div>	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

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

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	AT THE DISCRETION OF THE CEO, 15 EXECUTIVES (OFFICERS AND KEY EMPLOYEES) 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.
PART I, LINE 4A	THE FOLLOWING LISTED PERSONS FROM PART VII, SECTION A RECEIVED SEVERANCE PAYMENTS AS PART OF A SEPARATION AGREEMENT WITH INDEPENDENT HEALTH DURING 2014: JUDITH ANN FELDMAN - \$50,093.
PART I, LINE 4B	ELIGIBLE EMPLOYEES PARTICIPATE IN VARIOUS NONQUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F). ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EMPLOYEE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. SUPPLEMENTAL NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII: JOHN RODGERS - \$431,629; THOMAS J. FOELS - \$399,756; JILL M. SYRACUSE - \$356,987; ANN M. PENTKOWSKI - \$334,701; JUDITH ANN FELDMAN - \$299,100; MICHAEL J. FASO - \$257,846.

Additional Data

Software ID:

Software Version:

EIN: 16-1080163

Name: INDEPENDENT HEALTH ASSOCIATION INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN MINEO ESQ, SECRETARY, GENERAL COUNSEL	(i) (ii)	302,797 0	130,370 0	25,227 0	115,714 0	26,294 0	600,402 0	0 0
1 MARK JOHNSON, TREASURER & CFO	(i) (ii)	659,815 0	380,095 0	41,989 0	333,165 0	28,846 0	1,443,910 0	0 0
2 MICHAEL W CROPP, PRESIDENT & CEO	(i) (ii)	941,855 0	662,662 0	36,076 0	730,078 0	35,958 0	2,406,629 0	0 0
3 THOMAS J FOELS, EVP - CHIEF MED OFFICER	(i) (ii)	371,154 0	590,892 0	32,304 0	214,306 0	39,296 0	1,247,952 0	305,038 0
4 JOHN R RODGERS, EVP - COO	(i) (ii)	408,622 0	669,494 0	16,474 0	215,747 0	55,651 0	1,365,988 0	325,586 0
5 ANN M PENTKOWSKI, SVP - CHIEF ACT & UNDER	(i) (ii)	334,157 0	476,309 0	22,276 0	142,714 0	24,767 0	1,000,223 0	255,040 0
6 JILL SYRACUSE, EVP - CHIEF SERV OFFICER	(i) (ii)	331,884 0	577,342 0	5,051 0	193,268 0	32,336 0	1,139,881 0	267,552 0
7 PATRICIA CLABEAUX, SVP - HUMAN RESOURCES	(i) (ii)	254,700 0	95,904 0	1,882 0	96,991 0	16,284 0	465,761 0	0 0
8 MICHAEL J FASO, SVP - FINANCE & BUS DEV	(i) (ii)	262,257 0	345,259 0	25,539 0	121,601 0	19,897 0	774,553 0	197,159 0
9 JUDITH ANN FELDMAN, SVP - INFORMATION TECH	(i) (ii)	241,236 0	395,354 0	70,227 0	528,919 0	15,355 0	1,251,091 0	299,100 0
10 NORA K MCGUIRE, SVP - CMO	(i) (ii)	251,469 0	95,904 0	22,325 0	39,318 0	10,000 0	419,016 0	0 0
11 PAMELA MENARD, SVP - HEALTHCARE SERVICING	(i) (ii)	232,992 0	88,189 0	6,683 0	88,233 0	8,903 0	425,000 0	0 0
12 JAMES BRIAN WALLESCHAUER, SVP - OFFICE OF STRAT MGMT	(i) (ii)	204,129 0	74,510 0	10,225 0	15,558 0	17,573 0	321,995 0	0 0
13 LOUIS G DISERAFINO, CHIEF RISK OFFICER	(i) (ii)	107,544 0	85,664 0	7,158 0	6,639 0	348 0	207,353 0	0 0
14 RICHARD M ARGENTIERI, VICE PRESIDENT SALES	(i) (ii)	174,883 0	126,398 0	2,825 0	17,428 0	17,893 0	339,427 0	0 0
15 WILLIAM RICHARD BASILE, VP - ACT/UNDER/INFORM	(i) (ii)	218,205 0	71,743 0	20,688 0	12,284 0	16,301 0	339,221 0	0 0
16 DAVID W DONOVAN, SVP - CHIEF SALES OFFICER	(i) (ii)	237,788 0	136,340 0	2,047 0	14,482 0	1,319 0	391,976 0	0 0
17 BRIAN J SAME, ASSOC MED DIRECTOR	(i) (ii)	283,341 0	40,095 0	7,082 0	30,903 0	12,766 0	374,187 0	0 0
18 MARGARET M STEFFAN, VP - FIN & TREASURY SRVCS	(i) (ii)	204,390 0	56,943 0	26,156 0	49,960 0	18,281 0	355,730 0	0 0

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2014**  
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), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . .	▶ \$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . .	▶ \$	

Part II

Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No

Total	▶ \$			
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE PART V	SEE PART V	502,730	SEE PART V		No
(2) SEE PART V	SEE PART V	374,755	SEE PART V		No
(3) SEE PART V	SEE PART V	870,767	SEE PART V		No
(4) SEE PART V	SEE PART V	999,922	SEE PART V		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON DONALD W ROBINSON, M D (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION GREATER THAN 35% CONTROLLED ENTITY BY DONALD W ROBINSON, M D , CURRENT BOARD MEMBER (D) DESCRIPTION OF TRANSACTION INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARESCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS (A) NAME OF INTERESTED PERSON NORTHTOWNS MEDICAL GROUP(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION GREATER THAN 35% CONTROLLED ENTITY BY EDWARD STEHLIK, CURRENT BOARD MEMBER(D) DESCRIPTION OF TRANSACTION INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARESCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS (A) NAME OF INTERESTED PERSON ALDEN PHARMACY, INC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION GREATER THAN 35% CONTROLLED ENTITY BY JOHN RODGERS, CURRENT KEY EMPLOYEE(D) DESCRIPTION OF TRANSACTION INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARESCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS (A) NAME OF INTERESTED PERSON WALSH DUFFIELD COMPANIES(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION GREATER THAN 35% CONTROLLED ENTITY BY JOHN WALSH, CURRENT BOARD MEMBER(D) DESCRIPTION OF TRANSACTION INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARE

**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 990-EZ or to provide any additional information.**

**▶ Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

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

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>INDEPENDENT HEALTH ASSOCIATION (IHA) COORDINATES THE DELIVERY OF QUALITY HEALTH CARE COVER AGE THROUGH CONTRACTS WITH THE INDIVIDUAL PRACTICE ASSOCIATION OF WESTERN NEW YORK (IPAWNY ), A TAXABLE NON-PROFIT, FOR ITS COMMERCIAL AND MEDICARE HMO PRODUCTS WITHIN THE 8 COUNTIE S OF WESTERN NEW YORK (WNY) IHA ALSO PROVIDES COVERAGE AND COORDINATES SERVICES TO ITS ME DICAID HMO PRODUCT (WHICH INCLUDES THE FAMILY HEALTH PLUS (FHP) PROGRAM AVAILABLE TO ELIGI BLE RESIDENTS OF ERIE COUNTY AND THE CHILD HEALTH PLUS (CHP) PROGRAM) FOR THE ARRANGEMENT OF PHY SICIAN, HOSPITAL, MEDICALLY NECESSARY HEALTH SERVICES, DIAGNOSTIC AND PREVENTIVE HEA LTH SERVICES TO THE COMMUNITIES LOCATED IN ERIE AND NIAGARA COUNTY HEADQUARTERED IN BUFFA LO, INDEPENDENT HEALTH &amp; AFFILIATES BEGAN OPERATIONS IN 1980 AND HAS CONSISTENTLY BEEN RAT ED AMONG THE TOP HEALTH PLANS IN THE COUNTRY FOR CUSTOMER SERVICE AND MEMBER SATISFACTION INDEPENDENT HEALTH'S COMPREHENSIVE PORTFOLIO OF PROGRESSIVE PRODUCTS INCLUDE HMO, POS, PP O AND EPO PRODUCTS, MEDICARE AND MEDICAID PLANS, TRADITIONAL INDEMNITY INSURANCE, INDIVIDU AL AND SMALL GROUP EXCHANGE PRODUCTS, CONSUMER-DIRECTED PLANS, AND COVERAGE FOR SELF-FUNDE D EMPLOYERS INDEPENDENT HEALTH'S SUBSIDIARY COMPANIES INCLUDE PHARMACY BENEFIT DIMENSIONS , RELIANCE RX, DXID, AND NOVA HEALTHCARE ADMINISTRATORS, INC IHA OFFERS ITS MEMBERS HEALT H RISK MANAGEMENT TOOLS INCLUDING AN ONLINE HEALTH RISK ASSESSMENT AND THE USE OF A DATA W ARE-HOUSE TO ANALYZE AND PREDICT POTENTIAL RISK AND DEVELOP SOLUTIONS TO HELP CONTROL CURRE NT AND PREVENT FUTURE PROBLEMS PROGRAMS FOR COVERED EMPLOYEES AS WELL AS FOR EMPLOYERS HE LP THEM MAKE GOOD HEALTH A PART OF THEIR CULTURE IHA OFFERS A 24-HOUR MEDICAL HELP LINE W ITH ACCESS TO A REGISTERED NURSE, CASE MANAGEMENT, DISEASE MANAGEMENT AND HEALTH COACHES IHA ALSO ESTABLISHED AN ADVANCED PATIENT CENTERED MEDICAL HOME (PCMH) PILOT PROGRAM IN JAN UARY 2009 THE PCMH PROGRAM INCLUDED 18 DIVERSE PRIMARY CARE PRACTICES ACROSS WNY, 130 PHY SICIANS AND NEARLY 50,000 IHA MEMBERS THE PRACTICES WORKED TOWARD IMPROVED QUALITY OF CAR E WITH EXPANDED ACCESS TO ALLOW SAME-DAY APPOINTMENTS AND AFTER-HOURS CARE, ENHANCED TECHN OLOGY 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 ASSISTAN CE WAS ALSO PROVIDED TO HELP IMPLEMENT NEW OFFICE PROCEDURES ANOTHER IMPORTANT ASPECT OF THE PCMH MODEL WAS THAT IT ALSO INCLUDED MANY OF THE FEDERAL HEALTH CARE REFORM EFFORTS IN CLUDING PREVENTION AND WELLNESS THROUGH COORDINATED CARE, EVIDENCED-BASED GUIDELINES TO GA UGE OUTCOMES AND REFORM OF PHY SICIAN PAYMENT TO IMPROVE QUALITY AND EFFICIENCY IHA DEVOTE D TIME AND FINANCIAL RESOURCES THAT ENABLED THE 130 PHY SICIANS IN THIS PROGRAM TO REDESIGN THEIR PRACTICES IHA ALSO PROVIDED DETAILED MEMBER INFORMATION TO ENABLE OUR PHY SICIANS T O MANAGE CARE OPPORTUNITIES FOR IHA MEMBERS AT THE END OF THE PILOT IN DECEMBER, 2011, TH E 18 PRIMARY CARE PRACTICES INVOLVED IN THE PILOT PROGRAM ACHIEVED THE HIGHEST RECOGNITION BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) IN 2012, IHA EVOLVED ITS SUCCESSF UL PCMH CARE MODEL FOR PRIMARY CARE INTO A MORE COMPREHENSIVE PROGRAM CALLED THE PRIMARY C ONNECTION, WHICH OFFICIALLY BEGAN JULY 1, 2012 THE INITIATIVE CONNECTS A STRONG, COLLABOR ATIVE GROUP OF PRIMARY CARE PHY SICIAN PRACTICES WITH SPECIALISTS AND OTHER HEALTH CARE PRO VIDERS PRACTICES ARE UNDERGOING TRANSFORMATION TO IMPROVE CARE COORDINATION, ACCESS AND A VAILABILITY THE PRIMARY CONNECTION FOSTERS INTERDEPENDENCY AND INTENSE COLLABORATION AMON G THE PRACTICES TO CREATE AND IMPLEMENT SPECIFIC CARE COORDINATION PROGRAMS (SUCH AS HOSPI TAL ALTERNATIVE PROGRAMS, CARE TRANSITION PROGRAMS FROM HOSPITAL TO HOME), DESIGNATED PRAC TICE RESOURCES (SUCH AS PHARMACISTS PROVIDING MEDICATION THERAPY MANAGEMENT, IMBEDDED BEHA VIORAL COUNSELORS WITHIN PRACTICES), AND CARE COORDINATION CONTRACTS BETWEEN PRIMARY AND S PECIALTY CARE PHY SICIANS THE PRIMARY CONNECTION PRACTICES ARE CLOSELY MONITORED FOR PERFO RMANCE AND ADHERENCE TO THE TENETS OF THE TRIPLE AIM THE PATIENT CENTRIC MODEL IS A VIABL E WAY TO ACHIEVE THE TRIPLE AIM BETTER HEALTH, BETTER CARE AND LOWER COSTS HEALTH CARE R EFORM INITIATIVES ENCOURAGE THIS TYPE OF CARE DELIVERY , AND IHA AND THESE PROGRESSIVE PRIM ARY CARE PHY SICIAN PRACTICES ARE AT THE FOREFRONT OF WHAT THE NATION WILL BE DOING THESE PRACTICES ARE REIMBURSED UNDER AN INNOVATIVE HYBRID REIMBURSEMENT METHODOLOGY THAT RETAINS ELEMENTS OF FEE-FOR-SERVICE PAYMENT, BUT INCLUDES A RISK-ADJUSTED POPULATION-BASED CARE C OORDINATION FEE AND A SHARED SAVINGS COMPONENT THE HYBRID PAYMENT SYSTEM ALLOWS PRIMARY C ARE PRACTICES TO MORE FULLY UTILIZE ANCILLARY NURSING AND MIDLEVEL STAFF, RECOGNIZES THE P RACTICES' EFFORTS TO IMPLEMENT E-COMMUNICATION STRATEGIES, AND REWARDS EFFORTS TO WORK COO PERATIVELY AND EFFECTIVELY WITH HOSPITALS AND SPECIALTY PHY SICIANS TO REDUCE MEDICALLY UNN ECESSARY SERVICES AND POTENTIALLY AVOIDABLE ADMISS</p>

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	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>IONS THIS PROGRESSIVE APPROACH INITIALLY INVOLVED 21 PRACTICES, THEIR 140 PHYSICIANS AND MORE THAN 54,000 PATIENTS AND HAS SINCE GROWN TO 29 PRACTICES AND 188 PHYSICIANS, SERVING 91,838 PATIENTS AS PART OF IHA'S EFFORTS TO IMPROVE THE QUALITY, ACCESS AND AFFORDABILITY OF HEALTH CARE, THE HEALTH CARE INSURER IS ATTEMPTING TO REDUCE UNNECESSARY EMERGENCY ROOM VISITS AND PREVENT HOSPITAL ADMISSIONS AND READMISSIONS THROUGH VARIOUS INITIATIVES IHA RECOGNIZES CARE COORDINATION AMONG PHYSICIANS AND OTHER HEALTH PROVIDERS - INCLUDING HOSPITALS, NURSING HOMES AND OTHERS - IMPROVES EFFICIENCY AND PATIENT OUTCOMES IHA PROVIDES PRACTICE CARE COORDINATORS (PCC) TO THE 29 PHYSICIAN OFFICES OF THE PRIMARY CONNECTION THE PCC'S ARE WORKING RIGHT WITHIN PRIMARY CARE PRACTICES AS EXTENDED CASE MANAGERS TO ENSURE THE DELIVERY OF QUALITY, EFFICIENT AND COORDINATED HEALTH CARE SERVICES USING A TEAM APPROACH WITH THE OFFICE PRACTICES TO OPTIMIZE A MEMBER'S CARE, THE PCC PLANS, COORDINATES AND EVALUATES ALL OPTIONS AND SERVICES AVAILABLE TO DEVELOP AN INDIVIDUALIZED PLAN FOR THE PATIENT IN ADDITION, IHA HAS QUALITY INCENTIVE PROGRAMS IN PLACE WITH SELECT HIGH-PERFORMING PROVIDERS IN ORDER TO FACILITATE QUALITY IMPROVEMENT INITIATIVES IN THE COMMUNITY IT ALSO WORKS WITH THE COMMUNITY OF HEALTH CARE PROVIDERS TO MANAGE AND DEVELOP INNOVATIVE HEALTH CARE SYSTEMS TO PROVIDE AFFORDABLE ACCESS TO COVERAGE AND TO REDUCE MEDICAL EXPENSE WITHIN THE COMMUNITY OTHER MEMBERSHIP SERVICES INCLUDE PREVENTIVE CARE WITH ACTIVE PARTICIPATION BY COMMUNITY ORGANIZATIONS IN INITIATIVES SUCH AS THE P2 COLLABORATIVE OF WESTERN NEW YORK (P2), A NOT-FOR-PROFIT DEDICATED TO IMPROVING THE HEALTH OF PEOPLE IN WESTERN NEW YORK IT DEPENDS ON UNPRECEDENTED COLLABORATION AMONG KEY STAKEHOLDERS AND THE SHARING OF CLINICAL INFORMATION, AS WELL AS THE ADOPTION OF HEALTH INFORMATION TECHNOLOGY AND ELECTRONIC MEDICAL RECORDS, THROUGH ORGANIZATIONS SUCH AS HEALTHELINK THE IHA HEALTH COACH PROGRAM OFFERS A BROAD RANGE OF SERVICES, INCLUDING EDUCATION AND CARE COORDINATION, TO IMPROVE THE HEALTH OF IHA MEMBERS AND EMPLOYEES HEALTH COACHES ARE LICENSED REGISTERED NURSES, DIETITIANS, RESPIRATORY THERAPISTS, SOCIAL WORKERS, AND OTHER CERTIFIED HEALTH PROFESSIONALS WHO ENCOURAGE SELF-MANAGEMENT AND EDUCATE MEMBERS ON LIVING A HEALTHY LIFE THEY PROVIDE PERSONALIZED SERVICES TO HELP MEMBERS MAKE LASTING CHANGES TO ACHIEVE BETTER HEALTH AND WELL-BEING EXAMPLES OF THEIR SUPPORT INCLUDE HELPING DEVELOP A DIET PLAN TO ASSIST WITH WEIGHT LOSS, ASSISTANCE WITH A SPECIFIC MEDICAL CONDITION OR COMPILING A LIST OF QUESTIONS FOR THE MEMBER TO ASK HIS/HER DOCTOR OUR HEALTH COACHES AND DISEASE MANAGER'S FREQUENTLY ENGAGE IN ON-SITE WORKPLACE WELLNESS ACTIVITIES, SUCH AS EMPLOYEE HEALTH FAIRS THEY ALSO REGULARLY REACH OUT TO SUPPORT MEMBERS IDENTIFIED AS HAVING A CHRONIC DISEASE OR CARE OPPORTUNITY IHA IS COMMITTED TO IMPROVING THE QUALITY, ACCESS AND AFFORDABILITY OF HEALTH CARE THROUGH MANY COMMUNITY OUTREACH PROGRAMS IHA COMMUNITY HEALTH OUTREACH WORKERS (CHOWS) ARE BASED IN THE COMMUNITY, MAKING HOME VISITS TO MEDISOURCE MEMBERS IN NEED THROUGHOUT ERIE AND NIAGARA COUNTIES AND BUILDING RELATIONSHIPS IN TARGETED NEIGHBORHOODS TO PROMOTE HEALTH AND WELLNESS BEHAVIORS AND BELIEFS CHOWS SPECIFICALLY WORK WITH MEMBERS WHO INAPPROPRIATELY UTILIZE SERVICES, AS WELL AS HIGH-RISK PATIENTS WHO HAVE UNMANAGED OR END-STAGE CHRONIC DISEASES THESE DEDICATED WORKERS ALSO PROVIDE CARE COORDINATION SERVICES TO MEMBERS IN NEED OF PREVENTIVE SERVICES, SCREENINGS OR A PRIMARY CARE PROVIDER, AND OFFER SPECIAL OUTREACH PROGRAMS SUCH AS THE MAMMOGRAPHY BUS CHOWS COLLABORATE WITH IHA'S CASE MANAGEMENT DEPARTMENT TO BRING MEMBERS HOPE AND AN UNDERSTANDING OF COMPLEX ISSUES IHA'S MEDICARE FAMILY CHOICE PLAN IS A MEDICARE ADVANTAGE SPECIAL NEEDS PLAN OFFERED IN NURSING FACILITIES IN WESTERN NEW YORK FAMILY CHOICE OF NEW YORK IS A CARE MANAGEMENT COMPANY THAT WORKS IN PARTNERSHIP WITH AREA NURSING HOMES, PHY</p>

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	DURING THE UNPRECEDENTED NOVEMBER 2014 SNOWSTORM,	<p>THE INDEPENDENT HEALTH FOUNDATION TEAMED UP WITH TELADOC TO PROVIDE FREE MEDICAL CONSULTATIONS TO ANY WESTERN NEW YORKERS WHO WERE UNABLE TO REACH THEIR PRIMARY CARE PHYSICIANS. THE STORM CAUSED WIDESPREAD CLOSURE OF DOCTORS' OFFICES. THIS NON-EMERGENCY HEALTH CARE OPTION PROVIDES TIMELY ACCESS TO A NETWORK OF HIGH-QUALITY MEDICAL CONSULTATION WITH U.S. BOARD-CERTIFIED, STATE-LICENSED PHYSICIANS WHO CAN DIAGNOSE AND TREAT MANY NON-EMERGENT MEDICAL ISSUES VIA PHONE, SECURE ONLINE VIDEO OR MOBILE APPLICATIONS 24 HOURS A DAY. IHA WAS PROUD TO BE ABLE TO OFFER THIS SERVICE TO HELP COMMUNITY MEMBERS SAFELY ACCESS A PHYSICIAN. IN ADDITION, IHA DEVELOPS AND CONDUCTS EXTENSIVE COMMUNITY WELLNESS AND BENEFIT INITIATIVES THAT HELP MEMBERS LEAD HEALTHIER LIVES AND HELP EMPLOYERS CONTROL HEALTH CARE COSTS. INCLUDED AMONG THESE INITIATIVES ARE PREVIOUS COMMUNITY WELLNESS AWARENESS PROGRAMS, PRACTICE EXCELLENCE, THE NATIONALLY RECOGNIZED PAY FOR PERFORMANCE PROGRAM, AND THE IDEALIZED DESIGN OF CLINICAL OFFICE PRACTICE, A MULTI-FACETED APPROACH TO RE-DESIGN PHYSICIAN OFFICES TO BE MORE PATIENT-CENTRIC. IHA ALSO CONTRACTED WITH THE NEW YORK STATE DEPARTMENT OF HEALTH IN A HEALTH CARE REFORM ACT (HCRA) PAY FOR PERFORMANCE DEMONSTRATION PROJECT (P4P) TO SUPPORT REGIONAL EFFORTS TO IMPROVE THE QUALITY OF HEALTH CARE BY DEVELOPING A STANDARDIZED PHYSICIAN PERFORMANCE MEASUREMENT AND REPORTING SYSTEM. THIS GRANT EXPIRED DECEMBER 31, 2009, HOWEVER AT THE END OF THIS GRANT PERIOD THE THREE REGIONAL HEALTH PLANS ENDORSED A CONTINUATION STRATEGY FOR THE QUALITY MEASURES COLLABORATIVE PROGRAM. THE PLANS CONTINUE TO PROVIDE REGULAR DATA EXTRACTS TO P2 COLLABORATIVE'S DESIGNATED DATA MANAGEMENT VENDOR, VIPS, WHO PERFORMS DATA AGGREGATION AND ANALYSIS. THE P2 COLLABORATIVE THEN REPORTS THIS PERFORMANCE DATA TO PROVIDERS VIA A SECURE INTERNET-BASED PORTAL. EACH PLAN PROVIDES ONGOING FUNDING FOR THE QUALITY MEASURES COLLABORATIVE PROPORTIONATE TO ITS RESPECTIVE MARKET SHARE. IHA ALSO SUBSIDIZES INDIGENT CARE AND HEALTH CARE INITIATIVES UNDER HCRA AND CONTRIBUTES TO A PROFESSIONAL EDUCATION POOL, LARGELY TO FUND GRADUATE MEDICAL EDUCATION EXPENSES. IHA IS ALSO RESPONSIBLE FOR THE COVERED LIVES ASSESSMENT BASED ON THE REGION IN WHICH THE MEMBER RESIDES AND HIS/HER ENROLLMENT STATUS (FAMILY OR INDIVIDUAL). SURCHARGES AND COVERED LIVES REMITTANCES ARE REQUIRED MONTHLY, AND TOTALED APPROXIMATELY \$14 MILLION DURING 2014. IHA IS THE PRIMARY DEVELOPER OF MY ONLINE RECORD TO ACCESS RESOURCES (MORTAR), A SOFTWARE PROGRAM DESIGNED SPECIFICALLY FOR UNDERSERVED COMMUNITY POPULATIONS TO IDENTIFY HEALTH AND SOCIAL CONCERNS AND THEN ASSIST PEOPLE IN CONNECTING WITH SERVICES TO ADDRESS THESE ISSUES. MORTAR CAPTURES DATA RELATED TO A PERSON'S HEALTH (MEDICATIONS, HEALTH STATUS, FAMILY HISTORY, ETC.) BUT ALSO INCORPORATES LIVING CONDITIONS THAT AFFECT HEALTH, SUCH AS NOT HAVING ELECTRICITY OR LIVING IN AN UNSAFE HOME. THE INITIATIVE RECOGNIZES THE SOCIAL AND ENVIRONMENTAL BARRIERS THESE POPULATIONS OFTEN ENCOUNTER IN ACCESSING HEALTH CARE. MORTAR WORKS TO SUPPORT AN INDIVIDUAL'S NEED FOR OBTAINING A VARIETY OF SERVICES, FROM APPLYING FOR HEALTH INSURANCE AND FINDING A PRIMARY CARE PHYSICIAN TO GETTING INFORMATION AND COUNSEL ON MEDICAL CONDITIONS, NUTRITION AND PRESCRIPTION DRUG USE, AS WELL AS ADDRESSING OTHER SOCIAL DETERMINANTS OF HEALTH, FOR EXAMPLE HEATING SUPPORT AND OBTAINING PERSONAL HYGIENE ITEMS. IHA CONTRIBUTED 73 HOURS OF PERSONNEL SUPPORT - THE EQUIVALENT OF \$3,481 - TO THIS INITIATIVE FROM JANUARY THROUGH JUNE 2014. IT IS OUR HOPE THE PROGRAM WILL PROVIDE SUPPORT TO HEALTH AND HUMAN RESOURCE ORGANIZATIONS, SOCIAL SERVICE AGENCIES, COMMUNITY HEALTH WORKERS, HEALTH CARE PROVIDERS, AND OTHERS, AS WE ATTEMPT TO BRIDGE THE GAP BETWEEN SOCIAL AND MEDICAL PROBLEMS. MORTAR WILL SUPPORT THESE ORGANIZATIONS AS THEY ATTEMPT TO IMPROVE THEIR CLIENTS' LIVES AND ADDRESS SOCIAL PROBLEMS WITH SOCIAL SOLUTIONS, RATHER THAN MEDICAL SOLUTIONS. THERE IS AN EXPECTATION THAT THIS PROGRAM CAN BE BROUGHT TO OTHERS LOCATED IN UNDERSERVED AREAS. IHA'S REDSHIRT VOLUNTEER PROGRAM PROVIDES IHA EMPLOYEES AN OPPORTUNITY TO VOLUNTEER IN THEIR COMMUNITY, WHILE PROMOTING IHA AS A COMPANY WHO IS WILLING TO HELP GIVE BACK TO WNY. REDSHIRT EMPLOYEE VOLUNTEERS PROVIDE THE REDSHIRT TREATMENT TO THE COMMUNITY THROUGH DIRECT EMPLOYEE INTERACTION AND EXHIBIT IHA'S MESSAGE OF QUALITY CARE THROUGHOUT WNY. THE REDSHIRT TREATMENT IS A COMPANY-WIDE COMMITMENT TO DEMONSTRATE OUR CORE VALUES OF BEING PASSIONATE, CARING, RESPECTFUL, COLLABORATIVE AND ACCOUNTABLE. DURING 2014, 231 IHA EMPLOYEES SERVED AS REDSHIRT VOLUNTEERS. IN TOTAL, THESE INDIVIDUALS VOLUNTEERED AT 63 COMMUNITY EVENTS, WHICH REPRESENTED 693 HOURS OF VOLUNTEER TIME. IHA ENCOURAGES ITS MANAGEMENT TEAM AND EMPLOYEES TO SUPPORT THE LOCAL COMMUNITY. TO THIS END, WE ARE PROUD TO SAY MORE THAN 80 MEMBERS OF OUR MANAGEMENT TEAM ARE VOLUNTEERS OR ACTIVE PARTICIPANTS AS DIRECTORS ON COMMUNITY BOARDS. THE IHA EMPLOYEE DRESS DOWN DAY.</p>

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	<p>DURING THE UNPRECEDENTED NOVEMBER 2014 SNOWSTORM,</p>	<p>ND MONTH PROGRAM ALLOWS EMPLOYEES TO MAKE A CHARITABLE CONTRIBUTION IN EXCHANGE FOR THE PRIVILEGE OF DRESSING DOWN FOR WORK. THIS PROGRAM HAS RESULTED IN SUBSTANTIAL SUPPORT FOR THE CHARITABLE ORGANIZATIONS IN OUR COMMUNITY AND DEMONSTRATES THE GOODWILL OF IHA EMPLOYEES. THE PROGRAM IS EMPLOYEE-DRIVEN WITH A GOAL TO BROADLY SUPPORT MANY 501(C)(3) ORGANIZATIONS THROUGHOUT WESTERN NEW YORK. IN 2014, IHA RAISED NEARLY \$126,000 FOR NON-PROFIT ORGANIZATIONS IN OUR COMMUNITY. IN ADDITION, IHA EMPLOYEES SUPPORT THE UNITED WAY OF BUFFALO AND ERIE COUNTY'S COMMUNITY CARE CAMPAIGN. THE UNITED WAY OF BUFFALO AND ERIE COUNTY WORKS TO ADVANCE THE COMMON GOOD BY FOCUSING ON WELLNESS, INCOME AND EDUCATION. IT PROMOTES LONG-TERM GOOD HEALTH AND INDEPENDENCE, AND WORKS TO CREATE LONG-LASTING CHANGES THAT WILL IMPROVE THE LIVES OF PEOPLE LIVING IN POVERTY IN ERIE COUNTY. IHA CONDUCTS A MONTH-LONG CAMPAIGN EACH FALL TO RAISE MONEY FOR UNITED WAY. IHA CARES ABOUT MAKING A DIFFERENCE IN THE LIVES OF INDIVIDUALS IN THE COMMUNITIES WE SERVE. THE 2014-2015 CAMPAIGN RAISED MORE THAN \$90,000. THE COMMUNITY ALSO BENEFITS FROM IHA'S SPONSORSHIPS THAT PROMOTE HEALTH AND WELLNESS. ONE EXAMPLE IS IHA'S COMMITMENT OF SUPPORT TO THEATRE OF YOUTH'S (TOY) HEALTH SERIES, A PROFESSIONAL THEATRE FOR YOUNG AUDIENCES THAT FOCUSES ON HEALTH-RELATED ISSUES IN CHILDREN. THERE IS ALSO A UNIQUE PARTNERSHIP WITH THE YMCA BUFFALO NIAGARA AND IHA THAT INTEGRATES PERSONAL AND FAMILY FITNESS OPPORTUNITIES WITH ON-SITE MEDICAL SERVICES IN A NEW STATE-OF-THE-ART, 92,000-SQUARE-FOOT FACILITY THAT OPENED IN EARLY 2013. IHA HAS PROVIDED \$2 MILLION TOWARDS THIS INITIATIVE. THE NEW YMCA HAS AN ON-SITE PRESENCE OFFERING HEALTH AND WELLNESS PROGRAMS INCLUDING CUSTOMIZED FITNESS PROGRAMS TARGETING OBESITY. YMCA BUFFALO NIAGARA AND IHA ALSO TEAMED UP WITH LOCAL PARKS THIS SUMMER TO PROMOTE THE VALUE OF A HEALTHY LIFESTYLE AND ENCOURAGE WESTERN NEW YORK RESIDENTS TO PARTICIPATE IN PHYSICAL ACTIVITY. BETWEEN JUNE AND AUGUST, 2014 THE WNY COMMUNITY WAS ABLE TO PARTICIPATE IN FREE 60-MINUTE FITNESS CLASSES WITH YMCA-CERTIFIED INSTRUCTORS AT 12 AREA PARKS. IHA AND THE YMCA ALSO DEVELOPED THE FITNESS PROGRAM FITSTART, A STRUCTURED, EVIDENCE-BASED, 12-WEEK EXERCISE PROGRAM DESIGNED AROUND THE CONCEPT OF SMALL GROUP PERSONAL TRAINING (8-10 PARTICIPANTS TO TWO PERSONAL TRAINERS) TO TEACH MEMBERS HOW TO SAFELY AND EFFECTIVELY EXERCISE. PARTICIPANTS LEARN HOW TO DESIGN AN EXERCISE PROGRAM, AS WELL AS DEVELOP A SENSE OF BELONGING AND BUILD RELATIONSHIPS WITH OTHER PARTICIPANTS TO GIVE A FOUNDATION OF SUPPORT TO IMPROVE THEIR HEALTH. THIS COLLABORATIVE EFFORT WITH THE YMCA IS A VISIBLE SHOW OF SUPPORT FOR THE HEALTH OF PEOPLE IN OUR COMMUNITY, AN INITIATIVE THAT IS IN LINE WITH IHA'S EFFORTS TO TRANSFORM HEALTH CARE AND DEVELOP WESTERN NEW YORK AS A HIGH-QUALITY, HIGH PERFORMING COMMUNITY.</p>

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	<p>IN AN EFFORT TO FURTHER PROMOTE HEALTHIER LIFESTYLES IN OUR COMMUNITY,</p>	<p>IHA JOINED FORCES WITH SNYDER CORPORATION AND FITNESS RIDGE WORLDWIDE TO BRING THE BIGGEST LOSER RESORT NIAGARA TO WNY AT THE BEAVER HOLLOW CONFERENCE CENTER IN WYOMING COUNTY. THE RESORT FOCUSES ON EXERCISE, HEALTH NUTRITION AND EDUCATION. THE PROGRAM ENGAGES PARTICIPANTS IN THEIR OWN HEALTH AND GIVES THEM THE TOOLS THEY NEED TO ADOPT LIFESTYLE CHANGES TO STAY HEALTHY AND REDUCE THEIR RISK OF CHRONIC DISEASE LIKE DIABETES AND HEART DISEASE. IHA IS EXPECTED TO PROVIDE \$3 MILLION TOWARDS THIS INITIATIVE. THIS INCLUDED \$50,000 IN FULLY FUNDED SCHOLARSHIPS PRESENTED IN 2014 TO KEY EMPLOYER GROUPS FOR ONE-WEEK STAYS AT THE RESORT. SCHOLARSHIP RECIPIENTS EXPERIENCED A FULL-IMMERSION PROGRAM OF NUTRITION, LIFE COACHING AND FITNESS EDUCATION IN A CONTROLLED AND SUPPORTIVE ENVIRONMENT. THEY ALSO HAD A CHANCE TO TRY A VARIETY OF FITNESS CLASSES TAILORED TO ALL FITNESS LEVELS. IHA HAS ALSO JOINED TOGETHER WITH THE BUFFALO MUSEUM OF SCIENCE TO OPEN THE FIRST OF EIGHT PERMANENT SCIENCE STUDIOS AT THE MUSEUM CALLED "EXPLORE YOU PRESENTED BY INDEPENDENT HEALTH;" THE THEMED STUDIO ALLOWS VISITORS TO EXPLORE ANATOMY AND LEARN ABOUT IMPORTANT CHOICES THEY CAN MAKE TO IMPROVE AND MAINTAIN THEIR HEALTH. THE EXHIBIT OPENED IN MARCH OF 2012 AND WILL BE OPEN FOR 10 YEARS. IN CONNECTION TO THE EXHIBIT, IN FEBRUARY 2013 AND 2014, IHA HOSTED AN "EXPLORE TOGETHER" FREE EVENT FOR PARENTS AND CHILDREN TO LEARN ABOUT HEALTH TOPICS THROUGH INTERACTIVE ACTIVITIES AND PRESENTATIONS. IHA IS ALSO PROUD TO PARTNER WITH LARKIN SQUARE TO SPONSOR MANY COMMUNITY EVENTS AND HELP BRING HEALTHY INITIATIVES TO THIS NEWLY REVITALIZED PUBLIC GATHERING SPACE ALL YEAR LONG. IHA COLLABORATED WITH FOOD TRUCKS PARTICIPATING IN LARKIN SQUARE'S FOOD TRUCK TUESDAYS EVENTS FROM MAY THROUGH OCTOBER, 2014 TO HELP THEM OFFER HEALTHY MENU ITEMS THAT ARE CONSIDERED TO BE LOWER IN FAT, SATURATED FAT, CHOLESTEROL AND SODIUM. NEW IN 2014, IHA TEAMED UP WITH THE BUFFALO BILLS AS THEIR OFFICIAL HEALTH AND WELLNESS PARTNER. IHA AND THE BILLS ARE WORKING TOGETHER TO IMPROVE THE HEALTH AND WELL-BEING OF THE WESTERN NEW YORK COMMUNITY THROUGH A VARIETY OF INITIATIVES, INCLUDING THE INDEPENDENT HEALTH AND BUFFALO BILLS HEALTH &amp; WELLNESS CHALLENGE, A COMMUNITY-WIDE FITNESS AND NUTRITION PROGRAM TO ENCOURAGE HEALTHY LIVING. OVERALL, MORE THAN 2,300 INDIVIDUALS IN THE REGION COMPLETED THE FIRST CHALLENGE, WHICH RAN FROM OCTOBER 6 THROUGH NOVEMBER 16, 2014. THE BUFFALO BILLS AND IHA WILL ALSO WORK TOGETHER TO ENCOURAGE PHYSICAL ACTIVITY AND HEALTHY EATING AMONG OUR COMMUNITY'S YOUTH IN SCHOOL AND AT HOME THROUGH THE INDEPENDENT HEALTH FOUNDATION'S FITNESS FOR KIDS CHALLENGE AND THE BUFFALO BILLS PLAY 60 CHALLENGE. IN ADDITION, IHA SPONSORS THE HILLSIDE WORK SCHOLARSHIP CONNECTION TO HELP ENSURE OUR COMMUNITY'S YOUTH HAVE THE OPPORTUNITY TO REACH THEIR FULL POTENTIAL BY ENGAGING OUR YOUTH THROUGH EVIDENCE-BASED PROGRAMS SUCH AS HILLSIDE'S, IHA CAN MAKE A SUSTAINABLE IMPACT IN THE COMMUNITY'S FUTURE. AS AN EMPLOYMENT PARTNER, IHA NOT ONLY RECOGNIZES THE IMPORTANCE OF HELPING STUDENTS STAY IN SCHOOL AND ACHIEVE ACADEMIC SUCCESS, BUT GRADUATE WITH THE SKILLS AND CONFIDENCE THEY NEED FOR LIFELONG SUCCESS. IHA FURTHER COLLABORATES WITH THE WESTERN NEW YORK COMMUNITY IN ITS AFFILIATION WITH THE HEALTH SCIENCES CHARTER SCHOOL THAT WAS DEVELOPED TO PROVIDE OPPORTUNITIES FOR HIGH SCHOOL STUDENTS FOR CAREERS IN THE MEDICAL FIELD. IN ADDITION TO COMMUNITY STAKEHOLDERS, IHA IN 2014 FORMED A STRATEGIC ALLIANCE WITH CAPITAL DISTRICT PHYSICIANS HEALTH PLAN (CDPHP), AN ALBANY-BASED HEALTH PLAN, TO EXPLORE OPPORTUNITIES TO COLLABORATE ON A NUMBER OF LEVELS TO FURTHER TRANSFORM HEALTH CARE IN OUR RESPECTIVE COMMUNITIES, WHILE REMAINING INDEPENDENT LEADERS. FROM BOTH ORGANIZATIONS ARE WORKING COLLABORATIVELY, UTILIZING COMBINED INTELLECTS AND JOINT EXPERTISE TO SEEK WAYS TO IMPROVE OUR TECHNOLOGIES, MANAGE RESOURCES EFFECTIVELY, AND GROW OUR REVENUES. THE LEARNING AND DISCIPLINE THAT WILL COME FROM WORKING TOGETHER WILL GREATLY ACCELERATE BOTH ORGANIZATIONS' RESPECTIVE ABILITIES TO MEET THE NEEDS OF PROVIDER PARTNERS AND CUSTOMERS. WNYHEALTHENET FURTHERS IHA'S COMMITMENT TO REDUCING THE COST OF AND IMPROVING THE QUALITY OF HEALTH CARE IN THE WESTERN NEW YORK COMMUNITY. WNYHEALTHENET OPTIMIZES THE DELIVERY OF PATIENT INFORMATION THAT SPEEDS THE DELIVERY AND ACCURACY OF VITAL ELIGIBILITY, CLAIM STATUS, REFERRAL AND AUTHORIZATION INFORMATION TO THE PROVIDER COMMUNITY, AND WESTERN NEW YORK'S CLINICAL INFORMATION EXCHANGE ("HEALTHELINK") - A 501(C)(3) ORGANIZATION THAT OPERATES AN INFORMATION EXCHANGE TO FACILITATE ACCESS TO CLINICAL INFORMATION AMONG HEALTH CARE PROVIDERS AND HEALTH INSURERS. HEALTHELINK IS PART OF THE STATEWIDE HEALTH INFORMATION NETWORK OF NEW YORK (SHIN-NY), A TECHNOLOGY FRAMEWORK SPANNING THE ENTIRE STATE THAT ALLOWS HEALTH CARE PROVIDERS EFFICIENT ACCESS TO THEIR PATIENTS' DATA. HEALTHELINK HAS BEEN RECOGNIZED FOR ITS WORK IN BUILDING A REGIONAL HEALTH INFORMATION TECHNOLOGY INF</p>

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	IN AN EFFORT TO FURTHER PROMOTE HEALTHIER LIFESTYLES IN OUR COMMUNITY ,	RASTRUCTURE AND FOR TESTING INNOVATIVE APPROACHES BY BOTH STATE AND FEDERAL AGENCIES, INCL UDING BEING NAMED A BEACON COMMUNITY , AN EFFORT FUNDED BY THE OFFICE OF THE NATIONAL COORD INATOR FOR HEALTH INFORMATION TECHNOLOGY

Return Reference	Explanation
<p>AS OF DECEMBER 2014, NEARLY 3,300 WESTERN NEW YORK PROVIDERS HAVE</p>	<p>SIGNED PARTICIPATION AGREEMENTS, MORE THAN 50 DATA SOURCES ARE CONNECTED TO HEALTHELINK, APPROXIMATELY 139 MILLION RESULTS (LAB, RADIOLOGY AND TRANSCRIBED REPORTS, AND MORE THAN 701,000 COMMUNITY-WIDE CONSENTS HAVE BEEN SIGNED BY PATIENTS AUTHORIZING TREATING PHYSICIANS TO ACCESS THEIR ELECTRONIC MEDICAL RECORDS THROUGH HEALTHELINK IHA COORDINATES THE DELIVERY OF HEALTH CARE SERVICES FOR APPROXIMATELY 182,524 MEMBERS OF IHA'S COMMERCIAL PRODUCTS UNDER ARTICLE 44 OF THE NEW YORK PUBLIC HEALTH LAW, MEDICAID MANAGED CARE PRODUCTS AS ADMINISTERED BY THE STATE OF NEW YORK, AND MEDICARE MANAGED CARE PRODUCTS AS ADMINISTERED BY CMS THE COMPANY PROVIDES HEALTH BENEFITS AND SERVICES TO INDIVIDUALS IN WESTERN NEW YORK AND THROUGHOUT THE COUNTRY THE QUALITY OF SERVICES IS EVIDENCED BY IHA BEING NAMED A J D POWER 2014 CUSTOMER CHAMPION FOR DELIVERING EXCELLENCE IN CUSTOMER SERVICE IHA WAS ALSO THE SECOND HIGHEST RANKED HEALTH INSURANCE PLAN IN THE NEW YORK/NEW JERSEY REGION, ACCORDING TO J D POWER AND ASSOCIATES 2014 MEMBER HEALTH PLAN STUDY (SM) THE ANNUAL STUDY RANKS MEMBERS' EXPERIENCES IN SIX CATEGORIES, INCLUDING COVERAGE AND BENEFITS, INFORMATION AND COMMUNICATION, PROVIDER CHOICE, CUSTOMER SERVICE, CLAIMS PROCESSING AND COST WITHIN THE NEW YORK/NEW JERSEY REGION, IHA ACHIEVED THE FIRST OR SECOND HIGHEST MEMBER SATISFACTION RATING IN THE REGION FOR NEARLY EVERY CATEGORY THE STUDY, CONDUCTED THROUGH AN ONLINE SURVEY, WAS BASED ON THE RESPONSES OF 34,315 MEMBERS IN 138 HEALTH PLANS THROUGHOUT THE UNITED STATES FOR THE 17TH CONSECUTIVE YEAR, IHA ALSO RECEIVED THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE'S (NCQA) HIGHEST ACCREDITATION STATUS OF "EXCELLENT" FOR OUR COMMERCIAL HMO/POS AND MEDICARE LINES OF BUSINESS, AS WELL AS THE 2ND HIGHEST ACCREDITATION STATUS OF "COMMENDABLE" FOR OUR COMMERCIAL PPO AND MEDICAID LINES OF BUSINESS IHA IS AGAIN THE ONLY LOCAL PLAN IN WESTERN NEW YORK TO RECEIVE THIS RECOGNITION, WHICH IS PROOF THAT ITS PROGRAMS AND INITIATIVES TO ACHIEVE IMPROVED PATIENT CARE AND SATISFACTION ARE WORKING LONG BEFORE THE ENACTMENT OF THE AFFORDABLE CARE ACT (ACA), IHA WAS TAKING STEPS TO TRANSFORM HEALTH CARE IN WESTERN NEW YORK, PROVIDING OUR MEMBERS WITH MANY OF THE QUALITY COVERAGE AND MARKET REFORM PROVISIONS CONTAINED IN THE LAW (\$0 COPAY FOR PREVENTIVE SERVICES, AGE-EXTENSION RIDERS UP TO AGE 26, NO LIFETIME LIMITS ON MEMBERS' COVERAGE, AND COMPREHENSIVE INTERNAL AND EXTERNAL REVIEW PROCESSES TO ENSURE OUR MEMBERS RECEIVED NEEDED HEALTH CARE SERVICES) IHA CONTINUES TO LOOK FOR OPPORTUNITIES TO IMPROVE THE QUALITY AND AFFORDABILITY OF HEALTH CARE FOR OUR REGION, AS ACHIEVING HEALTH CARE REFORM WILL REQUIRE COMMUNITY OWNERSHIP, WIDE-RANGING PARTNERSHIPS AND RENEWED COLLABORATION AMONG DIVERSE STAKEHOLDERS BY FOCUSING ON COLLABORATION AND HEALTH ENGAGEMENT, IHA CAN HELP BUILD A CULTURE OF HEALTH IN OUR REGION AS A COMMUNITY, WE MUST CONTINUE TO DEVELOP PROGRAMS THAT ENHANCE FITNESS, FOSTER PREVENTION AND ENGAGE PEOPLE IN BETTER HEALTH THESE EFFORTS WILL HELP PEOPLE MAKE POSITIVE LIFESTYLE CHANGES AND REDUCE CHRONIC DISEASE - ESSENTIAL ELEMENTS FOR LOWERING HEALTH CARE COSTS AND IMPROVING THE OVERALL HEALTH STATUS OF OUR COMMUNITY IHA'S COLLABORATIVE EFFORTS ARE HAVING AN IMPACT RECENTLY, THE COMMONWEALTH FUND REPORT RANKED BUFFALO 54TH BEST AMONG 306 MEDICARE SERVICE AREAS FOR QUALITY, ACCESSIBILITY AND AFFORDABILITY OF CARE IHA WAS IN THE TOP 10 PERCENT FOR ACCESS AND AFFORDABILITY AND IN THE TOP QUARTILE FOR PREVENTION, TREATMENT AND OVERALL PERFORMANCE THIS RANKING IS EVEN MORE IMPRESSIVE GIVEN THAT BUFFALO IS CITED AS THE THIRD-POOREST CITY IN THE U S AND THE STUDY REVEALED A STRONG CORRELATION BETWEEN POVERTY AND A POOR SCORE AMONG THE RANKED AREAS ADDITIONALLY, THE COLLABORATIVE WORK UNDER WAY IN WESTERN NEW YORK WAS RECOGNIZED IN A RECENTLY RELEASED CASE STUDY ON REGIONAL HEALTH CARE IMPROVEMENT BY THE COMMONWEALTH FUND, "BUFFALO AND WESTERN NEW YORK COLLABORATING TO IMPROVE HEALTH SYSTEM PERFORMANCE BY LEVERAGING SOCIAL CAPITAL," WHICH TAKES A CLOSER LOOK AT THE REASONS FOR OUR REGION'S SUCCESS THESE REPORTS EMPHASIZE THE NEED FOR LOCAL SOLUTIONS AND WIDESPREAD ENGAGEMENT AND COLLABORATION TO ACHIEVE THE "TRIPLE AIM" OF BETTER HEALTH, BETTER CARE AND LOWER COSTS</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MICHAEL CROPP, MARK JOHNSON, JOHN RODGERS, THOMAS J FOELS, JOHN MINEO, AND MICHAEL FASO HAVE A BUSINESS RELATIONSHIP (BOARD MEMBERS OF A RELATED TAXABLE ENTITY) SIDNEY N WEISS, R MARSHALL WINGATE, STUART ANGERT, FRANK COLANTUONO, MICHAEL CROPP, MOISES SUDIT, NORA SULLIVAN, MARK JOHNSON, JAMES WALLESCHAUER, JOHN RODGERS, AND JOHN MINEO HAVE A BUSINESS RELATIONSHIP (BOARD MEMBERS OF A RELATED TAXABLE ENTITY) R MARSHALL WINGATE, FRANK COLANTUONO, MARK JOHNSON, AND ANN PENTKOWSKI HAVE A BUSINESS RELATIONSHIP (PRIVATE ENTERPRISE)

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 AND THE CHAIRMAN OF THE FINANCE AND AUDIT COMMITTEE. THE FINAL FORM 990 WAS MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE RETURN.

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE GOVERNING BOARD OF DIRECTORS OF INDEPENDENT HEALTH ASSOCIATION, INC (IHA) APPOINTED A GROUP OF BOARD MEMBERS TO ACT AS THE COMPENSATION COMMITTEE. COMPENSATION OF THE CEO IS SUBJECT TO REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE AND THE BOD ANNUALLY. ADDITIONALLY, THE RECOMMENDATIONS OF THE CEO PERTAINING TO THE COMPENSATION OF HIS/HER DIRECT REPORTS ARE SUBJECT TO REVIEW AND ADVISEMENT BY THE COMPENSATION COMMITTEE. TO DETERMINE EXECUTIVE COMPENSATION AND INCENTIVE ELIGIBILITY OF THE CEO, THE EXECUTIVE TEAM AND OTHER SENIOR MANAGEMENT, THE COMPENSATION COMMITTEE ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT TO REVIEW THE RECOMMENDATIONS AND ANY COMPARABLE DATA (COMPENSATION OF SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SIZED ORGANIZATIONS). COMPARABILITY DATA MAY BE OBTAINED VIA THE FORM 990 OF OTHER ORGANIZATIONS AND/OR COMPENSATION SURVEYS OR STUDIES. THE COMPENSATION COMMITTEE, IN DELIBERATIONS WITH THE INDEPENDENT CONSULTANT, DETERMINES THE COMPENSATION AND INCENTIVE FOR THE CEO. THE COMPENSATION COMMITTEE WILL DOCUMENT THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS. THE BOD WILL THEN RATIFY ALL DECISIONS OF THE COMPENSATION COMMITTEE AT ITS REGULARLY SCHEDULED BOARD MEETING. IHA'S EXECUTIVE COMPENSATION POLICY/PROCESS IS AN ANNUAL PROCESS (LAST PERFORMED IN 2014). THE CEO EXCLUDES HIMSELF/HERSELF FROM DELIBERATIONS WHEN DISCUSSING HIS/HER COMPENSATION.</p>

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 9	JUDY FELDMAN - 8421 LAKEWOOD CT , EAST AMHERST, NY 14051 LOU DISERAFINO - 40274 WARREN GLEN LN , LEEBURG, VA 20175

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

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

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) INDEPENDENT HEALTH FOUNDATION 777 INTERNATIONAL DRIVE  WILLIAMSVILLE, NY 14221 16-1417199	TO PROMOTE GOOD HEALTH IN WESTERN NY & TO SUPPORT THE ACTIVITIES OF IHA, INC	NY	501(C)(3)	11A, I	INDEPENDENT HEALTH ASSOCIATION INC	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY  511 FARBER LAKES DRIVE BUFFALO, NY 14221 16-1237733	THIRD PARTY CLAIMS ADMINISTRATION	NY	INDEPENDENT HEALTH ASSOCIATION INC	C	2,150,222	100,496,407	100 000 %	Yes	
(2) INDEPENDENT HEALTH BENEFITS CORPORATION  511 FARBER LAKES DRIVE BUFFALO, NY 14221 16-1483784	POS AND INDEMNITY PRODUCT ADMINISTRATION	NY	INDEPENDENT HEALTH ASSOCIATION INC	C	9,090,586	171,943,557	100 000 %	Yes	
(3) MASON INSURANCE COMPANY LTD  16 CHURCH STREET HAMILTON BD	REINSURANCE	BD	INDEPENDENT HEALTH ASSOCIATION INC	C	1,722,786	12,184,805	100 000 %	Yes	

Part V

Transactions With Related Organizations

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2014

**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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 16-1080163

Name: INDEPENDENT HEALTH ASSOCIATION INC

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
INDEPENDENT HEALTH FOUNDATION	B	939,100	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	M	11,427,623	FMV
INDEPENDENT HEALTH FOUNDATION	N	116,627	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	N	20,367,427	FMV
INDEPENDENT HEALTH CORPORATION	N	3,468,015	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	O	29,102,607	FMV
INDEPENDENT HEALTH CORPORATION	O	4,878,277	FMV
INDEPENDENT HEALTH FOUNDATION	P	141,699	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	P	25,440,251	FMV
INDEPENDENT HEALTH CORPORATION	P	107,181,880	FMV
INDEPENDENT HEALTH FOUNDATION	Q	147,015	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	Q	60,806,245	FMV
INDEPENDENT HEALTH CORPORATION	Q	8,119,968	FMV
INDEPENDENT HEALTH FOUNDATION	R	610,841	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	S	8,583,102	FMV
MASON INSURANCE CORPORATION	S	5,268,931	FMV
INDEPENDENT HEALTH CORPORATION	S	213,141,306	FMV