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DLN: 93493215002168

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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)

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

C Name of organization  
INDEPENDENT HEALTH ASSOCIATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

511 FARBER LAKES DRIVE

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

BUFFALO, NY 14221

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

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

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

H(c) Group exemption number ▶

D Employer identification number  
16-1080163

E Telephone number  
(716) 631-3001

G Gross receipts \$ 1,599,279,305

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

J Website: ▶ WWW.INDEPENDENTHEALTH.COM

K Form of organization  
☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1980

M State of legal domicile NY

Part I Summary

**Part III Statement of Program Service Accomplishments**

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

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

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

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$ 1,267,602,701	including grants of \$ 2,345,360 )	(Revenue \$ 1,393,047,184 )
	See Additional Data			

















<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	Total program service expenses ►	1,267,602,701
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b>	No
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b>	No
<b>3</b> 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 . . . . .	<b>3</b>	No
<b>4 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 . . . . .	<b>4</b>	
<b>5</b> 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 . . . . .	<b>5</b>	No
<b>6</b> 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  . . . . .	<b>6</b>	No
<b>7</b> 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  . . . . .	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  . . . . .	<b>8</b>	No
<b>9</b> 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  . . . . .	<b>9</b>	Yes
<b>10</b> 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  . . . . .	<b>10</b>	No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  . . . . .	<b>11a</b>	Yes
<b>b</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  . . . . .	<b>11b</b>	No
<b>c</b> 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  . . . . .	<b>11c</b>	No
<b>d</b> 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  . . . . .	<b>11d</b>	Yes
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  . . . . .	<b>11e</b>	Yes
<b>f</b> 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  . . . . .	<b>11f</b>	Yes
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  . . . . .	<b>12a</b>	Yes
<b>b</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  . . . . .	<b>12b</b>	Yes
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</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  . . . . .	<b>14b</b>	Yes
<b>15</b> 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  . . . . .	<b>15</b>	No
<b>16</b> 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  . . . . .	<b>16</b>	No
<b>17</b> 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) . . . . .	<b>17</b>	No
<b>18</b> 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 . . . . .	<b>18</b>	No
<b>19</b> 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 . . . . .	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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>	Yes	
<b>22</b> 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>		No
<b>23</b> 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>	Yes	
<b>24a</b> 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>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .		
<b>25a 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>		No
<b>b</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>		No
<b>26</b> 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>		No
<b>27</b> 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>		No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	Yes	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> 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>	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> 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>		No
<b>33</b> 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>	Yes	
<b>34</b> 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>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</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>	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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	241
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	1,257
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	Yes
<b>b</b>	If "Yes," enter the name of the foreign country ▶BD See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<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? . . . . .	<b>8</b>	No
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 21		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 19		
<b>2</b> 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?	<b>2</b>	Yes	
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> 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?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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.	<b>9</b>	Yes	

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	<b>12a</b> Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<b>12c</b> Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> Yes	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b> Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b> Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b> Yes	
<b>b</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?	<b>16b</b>	No

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed: NY	
<b>18</b> 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)	
<b>19</b> 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.	
<b>20</b> 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	

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

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

Form **990** (2017)

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	12,274,743	0	2,597,076

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 ▶ 227

		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> Yes	
<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

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

(A) Name and business address	(B) Description of services	(C) Compensation
INDIVIDUAL PRACTICE ASSOCIATION OF WNY  511 FARBER LAKES DRIVE BUFFALO, NY 14221	MEDICAL & PHARMACY BENEFIT SERVICES	851,282,573
HEALTHPLEX IPA  EARLE OVINGTON BLVD UNIONDALE, NY 115533608	DENTAL BENEFITS COMPANY	18,853,896
SIRIUS COMPUTER SOLUTIONS  PO BOX 202289 DALLAS, TX 753202289	INTEGRATED TECHNOLOGY BASED BUSINESS SOL	7,657,818
SYNTEL INC  525 E BIG BEAVER RD STE 300 TROY, MI 48083	INFORMATION TECHNOLOGY SERVICES	5,828,424
PCI  703 WASHINGTON ST BUFFALO, NY 142031416	INFORMATION TECHNOLOGY SERVICES	5,244,904

**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 ► 145

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶					
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> PREMIUMS, REINSURANCE,	524114	1,393,047,184	1,393,047,184		
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶	1,393,047,184				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		10,639,535			10,639,535
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
		12,445				
	<b>b</b> Less rental expenses	1,777				
	<b>c</b> Rental income or (loss)	10,668				
	<b>d</b> Net rental income or (loss) . . . . . ▶		10,668			10,668
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		195,580,139				
	<b>b</b> Less cost or other basis and sales expenses	196,965,699 49,254				
	<b>c</b> Gain or (loss)	-1,385,560 -49,254				
	<b>d</b> Net gain or (loss) . . . . . ▶		-1,434,814			-1,434,814
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . ▶					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . ▶					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . <b>a</b>					
<b>b</b> Less cost of goods sold . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue	Business Code					
<b>11a</b> PEDIATRIC DENTAL COMMI	621300	2			2	
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		2				
<b>12 Total revenue.</b> See Instructions . . . . . ▶		1,402,262,575	1,393,047,184	0	9,215,391	

**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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,345,360	2,345,360		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.	1,229,000,501	1,229,000,501		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	12,850,804		12,850,804	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	37,564,219	12,915,450	24,648,769	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	7,095,788	351,971	6,743,817	
<b>9</b> Other employee benefits.	15,223,514	2,697,272	12,526,242	
<b>10</b> Payroll taxes.	6,680,228	1,036,254	5,643,974	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	332,008		332,008	
<b>c</b> Accounting.	313,060		313,060	
<b>d</b> Lobbying.	151,675		151,675	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	1,016,341		1,016,341	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	19,535,114	66,934	19,468,180	
<b>12</b> Advertising and promotion.	2,993,224	30,713	2,962,511	
<b>13</b> Office expenses.	6,170,632	192,115	5,978,517	
<b>14</b> Information technology.	13,510,400	26,688	13,483,712	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	1,879,594		1,879,594	
<b>17</b> Travel.	349,063	37,470	311,593	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	271,815	16,272	255,543	
<b>20</b> Interest.	103,795		103,795	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	6,109,987		6,109,987	
<b>23</b> Insurance.	600,204		600,204	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> GME SURCHARGE	15,685,411	15,685,411		
<b>b</b> FAMILY CHOICE	2,102,624	2,102,624		
<b>c</b> NYS ASSESSMENT/CLAIMS A	1,443,799		1,443,799	
<b>d</b> BAD DEBT RESERVE/WRITE	1,073,102	1,073,102		
<b>e</b> All other expenses	373,905	24,564	349,341	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,384,776,167	1,267,602,701	117,173,466	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .			<b>1</b>		
	<b>2</b>	Savings and temporary cash investments . . . . .		11,228,642	<b>2</b>	14,310,020	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		169,818,087	<b>4</b>	174,291,087	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>		
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		26,992,553	<b>9</b>	25,649,704	
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	134,001,655			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	99,049,421	36,990,433	<b>10c</b>	34,952,234
	<b>11</b>	Investments—publicly traded securities . . . . .		302,360,466	<b>11</b>	319,795,826	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>		
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .		2,075,426	<b>14</b>	1,990,417	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		183,794,196	<b>15</b>	186,000,980	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		733,259,803	<b>16</b>	756,990,268		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		38,804,479	<b>17</b>	101,861,913	
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		28,109,187	<b>19</b>	14,469,453	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		3,397,777	<b>21</b>	1,174,013	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		23,000,000	<b>24</b>	0	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		197,653,785	<b>25</b>	194,640,764	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		290,965,228	<b>26</b>	312,146,143	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .		272,223,859	<b>27</b>	291,386,112	
	<b>28</b>	Temporarily restricted net assets . . . . .		170,070,716	<b>28</b>	153,458,013	
	<b>29</b>	Permanently restricted net assets . . . . .			<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>		
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		442,294,575	<b>33</b>	444,844,125	
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		733,259,803	<b>34</b>	756,990,268	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,402,262,575
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,384,776,167
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	17,486,408
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	442,294,575
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	9,263,141
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-24,200,000
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	444,844,125

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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		
<b>2a</b> 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
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> 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	
<b>3a</b> 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	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

# Additional Data

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

Form 990 (2017)

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

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY B MARTINO ..... BOARD MEMBER	5 00 ..... 1 00	X						42,500	0	7,038
ANTHONY J BAYNES ..... BOARD MEMBER	5 00 ..... 0 00	X						35,500	0	7,038
COLLEEN C DIPIRRO ..... BOARD MEMBER	5 00 ..... 0 00	X						42,500	0	7,038
DANIEL B WEINTRAUB CPA ..... BOARD MEMBER	5 00 ..... 0 00	X						35,500	0	6,627
DONALD ROBINSON MD ..... BOARD MEMBER	5 00 ..... 0 00	X						46,250	0	7,038
DONNA M FERNANDES PHD ..... BOARD MEMBER	5 00 ..... 0 00	X						35,500	0	7,038
FAUD SHERIFF MD ..... BOARD MEMBER	5 00 ..... 0 00	X						52,538	0	6,627
JOHN N WALSH III ..... BOARD MEMBER	5 00 ..... 2 00	X						42,500	0	0
LISA MENDONZA MD ..... BOARD MEMBER	5 00 ..... 0 00	X						35,500	0	7,038
MOISES SUDIT PHD ..... BOARD MEMBER	5 00 ..... 1 00	X						34,500	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NORA B SULLIVAN JD MBA ..... BOARD MEMBER	5 00 ..... 1 00	X						42,500	0	7,038
PATRICIA SMITH ..... BOARD MEMBER	5 00 ..... 0 00	X						43,871	0	411
RENE F JONES ..... BOARD MEMBER	5 00 ..... 0 00	X						0	0	0
SHAWN COTTON MD ..... BOARD MEMBER	5 00 ..... 0 00	X						35,500	0	7,038
SIDNEY N WEISS CPA ..... BOARD MEMBER	5 00 ..... 1 00	X						50,500	0	7,038
STUART H ANGERT ..... BOARD MEMBER	5 00 ..... 3 00	X						35,500	0	1,044
YVONNE S MINOR-RAGAN PHD ..... BOARD MEMBER	5 00 ..... 0 00	X						35,500	0	411
DAN GAGLIARDO START 417 ..... BOARD MEMBER	5 00 ..... 5 00	X						35,500	0	4,692
JOHN ANTOKOWIAK MD ..... CHAIRPERSON	12 00 ..... 2 00	X		X				96,258	0	7,038
MICHAEL HEIMERL MD ..... VICE CHAIRPERSON	5 00 ..... 0 00	X		X				42,500	0	7,038

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			
MICHAEL W CROPP ..... PRESIDENT & CEO	37 00 ..... 15 00	X		X				1,937,953	0	361,322
JOHN MINEO ESQ ..... SECRETARY - EVP GEN COUNSEL	32 00 ..... 12 00	X		X				510,987	0	130,970
MARK I JOHNSON ..... TREASURER & CFO	36 00 ..... 13 00	X		X				1,227,721	0	320,351
DAWN C ODRZYWOLSKI ..... CHIEF COMPLIANCE OFFICER	26 00 ..... 9 00			X				127,620	0	30,096
THOMAS J FOELS ..... EVP-CHIEF MEDICAL OFFICER	36 00 ..... 13 00			X				658,977	0	234,780
DAVID V NARAMORE ..... VP - ACTUARIAL	12 00 ..... 5 00				X			185,300	0	11,539
ANN M PENTKOWSKI ..... EVP - CHIEF NETWRK/PERFMGT OFFICER	32 00 ..... 11 00				X			556,755	0	133,295
ANNE O'NEILL ..... VP - CHIEF RISK OFFICER	31 00 ..... 11 00				X			199,470	0	36,652
ERIC J DECKER ..... SVP - INFORMATION TECHNOLOGY CIO	36 00 ..... 14 00				X			368,022	0	58,128
J SCOTT DWYER ..... VP - CHIEF AUDIT EXECUTIVE	31 00 ..... 11 00				X			237,549	0	33,054

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			
JAMES B WALLESHAUSER ..... SVP - HCS OPERATIONS	36 00 ..... 18 00				X			347,935	0	72,555
JILL M SYRACUSE ..... EVP - CHIEF ENGMT & SERV OFFICER	34 00 ..... 12 00				X			588,685	0	185,734
MICHAEL J FASO ..... SVP - FINANCE & CHIEF REV/ACC OFFCR	27 00 ..... 15 00				X			427,049	0	133,864
NORA K MCGUIRE ..... SVP - CHIEF MARKETING OFFICER	24 00 ..... 18 00				X			407,317	0	17,442
PATRICIA C CLABEAUX ..... EVP - CHIEF HR OFFICER	35 00 ..... 13 00				X			459,924	0	148,698
ROBERTA D RIFKIN ..... SVP - GOVT PROGS & AFFAIRS	36 00 ..... 13 00				X			320,330	0	87,309
JOHN R RODGERS ..... EVP - COO	36 00 ..... 15 00				X			793,024	0	238,610
JOHN HAUGHTON MD ..... SVP - CHIEF CLINICAL IMPRV OFFICER	30 00 ..... 13 00				X			315,807	0	28,328
AMIN M SEREHALI ..... VP - CLINICAL & BUS INFORMATICS	39 00 ..... 15 00					X		340,976	0	33,229
BRIAN J SAME ..... MEDICAL DIRECTOR - MED POLICY & UM	32 00 ..... 14 00					X		343,126	0	66,673

**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			
RICHARD M ARGENTIERI ..... VP - SALES	25 00 ..... 22 00					X		311,617	0	45,356
MARGARET STEFFAN ..... VP - FINANCE - TREASURY SERVICES	26 00 ..... 20 00					X		298,970	0	78,363
ROGER FORDEN ..... ASST MEDICAL DIRECTOR-UM PT	19 00 ..... 13 00					X		257,386	0	13,498
PAMELA S MENARD END 316 ..... FORMER SVP - HC DELIVERY INNOVATION	0 00 ..... 0 00						X	231,826	0	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493215002168	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>
Name of the organization INDEPENDENT HEALTH ASSOCIATION INC				Employer identification number 16-1080163	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
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" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
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				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1 ► \$					
(ii) Assets included in Form 990, Part X ► \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ► \$					
b Assets included in Form 990, Part X ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
Cat No 52283D		Schedule D (Form 990) 2017			

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☒ No

b

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

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" on Form 990, Part IV, line 10.

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		542,713		542,713
b Buildings		23,772,167	7,369,636	16,402,531
c Leasehold improvements		13,776,668	6,146,720	7,629,948
d Equipment		21,717,741	18,700,688	3,017,053
e Other		74,192,366	66,832,377	7,359,989
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				34,952,234

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) INVESTMENTS RESTRICTED AS TO USE	75,551,637
(2) INVESTMENTS IN AFFILIATES	110,449,343
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	186,000,980

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
BENEFITS PAYABLE	31,394,648
CAPITATION PAYABLE	23,651,683
INTERCOMPANY PAYABLES	128,679,760
MEDICAL LOSS RATIO REBATE RESERVES	10,914,673
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	194,640,764

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	
	Schedule D (Form 990) 2017

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

Return Reference	Explanation

**Additional Data**

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

**Supplemental Information**

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

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	IHA & AFFILIATES (THE ASSOCIATION) RECOGNIZED NO LIABILITY FOR UNRECOGNIZED INCOME TAX BENEFITS AT DECEMBER 31, 2017 AND 2016 THE ASSOCIATION DID NOT RECORD INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN 2017 AND 2016 THE ASSOCIATION IS SUBJECT TO U S FEDERAL INCOME TAX AND INCOME TAX IN VARIOUS STATE JURISDICTIONS AS OF DECEMBER 31, 2017 , THE ASSOCIATION'S TAX YEARS FOR 2014, 2015, AND 2016 ARE SUBJECT TO EXAMINATIONS BY FEDERAL TAX AUTHORITIES

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	BANK CHARGES & INVESTMENT FEES NETTED AGAINST OTHER INCOME -1,430,579 OPERATING GRANT NETTED AGAINST INCOME -1,593,360

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	NYS REINSURANCE 3,676,906 RX REBATE 3,204,211 RENTAL EXPENSE INCLUDED ON PART VIII, LINE 6B -1,777

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSE INCLUDED ON PART VIII, LINE 6B 1,777 NYS REINSURANCE -3,676,906 RX REBATE -3,204,211

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BANK CHARGES & INVESTMENT FEES NETTED AGAINST OTHER INCOME 1,430,579 OPERATING GRANT NETTED AGAINST INCOME 1,593,360 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 4,845,309

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  
  

2017

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		15,189,716
( 2 )					
( 3 )					
( 4 )					
( 5 )					
3a Sub-total	0	0			15,189,716
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			15,189,716

**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.

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

- 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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

**Part V** **Supplemental Information**

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

ReturnReference	Explanation

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INDEPENDENT HEALTH ASSOCIATION INC

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 31

3 Enter total number of other organizations listed in the line 1 table . . . . . 4

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

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC HEALTH 212 MAIN STREET SUITE 300 BUFFALO, NY 14214	22-2565278	501(C)(3)	22,000		FMV		SPONSORSHIP
ECMC LIFELINE FOUNDATION 462 GRIDER STREET NO G-1 BUFFALO, NY 14215	22-3283946	501(C)(3)	8,000		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMHERST CHAMBER OF COMMERCE 400 ESSJAY ROAD SUITE 150 AMHERST, NY 14221	16-0959485	501(C)(6)	50,000		FMV		SPONSORSHIP
NIAGARA FRONTIER AUTOMOBILE DEALERS ASSOCIATION (NFADA) 1144 WEHRLE DRIVE WILLIAMSVILLE, NY 14221	16-1194880	501(C)(3)	40,000		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANISIUS COLLEGE 2001 MAIN STREET BUFFALO, NY 14208	16-0743209	501(C)(3)	32,000		FMV		SPONSORSHIP
ASPIRE OF WNY 2356 NORTH FOREST ROAD GETZVILLE, NY 14068	16-0757756	501(C)(3)	6,500		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF BUFFALO NEW YORK 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	15,000		FMV		SPONSORSHIP
HERITAGE CENTERS ERIE COUNTY 101 OAK STREET BUFFALO, NY 14203	16-0769044	501(C)(3)	8,000		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAY-LONGVIEW 10 SYMPHONY CIRCLE BUFFALO, NY 143041798	16-1559402	501(C)(3)	6,000		FMV		SPONSORSHIP
BROTHERS OF MERCY 4520 RANSOM RD CLARENCE, NY 140312108	16-6074666	501(C)(3)	6,000		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMIT EDUCATIONAL RESOURCES 150 STAHL RD GETZVILLE, NY 140681231	16-1095750	501(C)(3)	6,500		FMV		SPONSORSHIP
HOSPICE FOUNDATION OF WNY INC 225 COMO PARK BLVD CHEEKTOWAGA, NY 142271416	22-3137812	501(C)(3)	7,000		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLSIDE WORK SCHOLARSHIP PROGRAM 1183 MONROE AVENUE ROCHESTER, NY 14620	16-1453581	501(C)(3)	100,000		FMV		SPONSORSHIP FOR HEALTHY LIVING
BUFFALO NIAGARA ENTERPRISE 665 MAIN STREET BUFFALO, NY 142031425	16-1579523	501(C)(3)	50,000		FMV		SPONSORSHIP FOR HEALTHY LIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENECA DIABETES FOUNDATION PO BOX 309 IRVING, NY 140810309	20-3214056	501(C)(3)	35,000		FMV		SPONSORSHIP
BUFFALO NIAGARA PARTNERSHIP 655 MAIN STREET SUITE 200 BUFFALO, NY 142031425	16-0761958	501(C)(6)	39,550		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUFFALO URBAN LEAGUE 15 E GENESEE STREET BUFFALO, NY 14203	16-0743940	501(C)(3)	25,000		FMV		SPONSORSHIP
TASTE OF BUFFALO INC 276 GREENWOOD COURT EAST AURORA, NY 14052	16-1390601	501(C)(6)	15,500		FMV		SPONSORSHIP FOR HEALTHY LIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREEN OPTIONS BUFFALO (GOBIKESLOW ROLL) 640 ELLICOTT ST SUITE 447 BUFFALO, NY 14203	27-2501533	501(C)(3)	70,000		FMV		SPONSORSHIP FOR HEALTHY LIVING
NATIONAL FEDERATION OF JUST COMMUNITIES OF WNY 360 DELAWARE AVENUE BUFFALO, NY 14202	20-3185568	501(C)(3)	13,000		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE SUITE 310 WHITE PLAINS, NY 10605	13-5644916	501(C)(3)	10,000		FMV		SPONSORSHIP
LEADERSHIP BUFFALO 237 MAIN STREET SUITE 1500 BUFFALO, NY 142032720	16-1363536	501(C)(3)	10,000		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLICE ATHLETIC LEAGUE 65 NIAGARA SQUARE 21ST FLOOR BUFFALO, NY 14202	16-1468698	501(C)(3)	8,500		FMV		SPONSORSHIP FOR HEALTHY LIVING
INDEPENDENT HEALTH FOUNDATION 777 INTERNATIONAL DRIVE BUFFALO, NY 14221	16-1417199	501(C)(3)	1,593,360		FMV		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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KALEIDA HEALTH 726 EXCHANGE STREET BUFFALO, NY 14210	16-1533232	501(C)(3)	5,000		FMV		SPONSORSHIP
BUFFALO HEARING & SPEECH 50 E NORTH ST BUFFALO, NY 14203	16-0776186	501(C)(3)	5,000		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
P2 COLLABORATIVE 355 HARLEM ROAD BUILDING C WEST SENECA, NY 14224	42-1604185	501(C)(3)	30,000		FMV		SPONSORSHIP
LARKIN SQUARE 726 EXCHANGE ST STE 825 BUFFALO, NY 14210	45-4273890	501(C)(3)	10,000		FMV		SPONSORSHIP FOR HEALTHY LIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPPORTUNITIES UNLIMITED OF NIAGARA 1555 FACTORY OUTLET BLVD NIAGARA FALLS, NY 143041798	16-1564891	501(C)(3)	5,000		FMV		SPONSORSHIP
THEATRE OF YOUTH (TOY) 203 ALLEN STREET BUFFALO, NY 14201	23-7286004	501(C)(3)	60,000		FMV		SPONSORSHIP FOR HEALTHY LIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF BUFFALO & ERIE COUNTY - ENDOWMENT CAMPAIGN 742 DELAWARE AVENUE BUFFALO, NY 14209	16-0743969	501(C)(3)	20,000		FMV		SPONSORSHIP FOR HEALTHY LIVING
ROSWELL PARK ALLIANCE FOUNDATION ELM CARLTON STREETS BUFFALO, NY 14263	16-1391608	501(C)(3)	18,450		FMV		SPONSORSHIP FOR HEALTHY LIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 5488 SHERIDAN DRIVE STE 300 WILLIAMSVILLE, NY 14221	13-5613797	501(C)(3)	5,000		FMV		SPONSORSHIP
HOSPICE & PALLIATIVE NURSES ASSOCIATION ONE PENN CENTER WEST PITTSBURGH, PA 152760100	33-0267166	501(C)(6)	5,000		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSWELL PARK CANCER INSTITUTE ELM CARLTON STREETS BUFFALO, PA 14263	46-1355351	501(C)(3)	5,000		FMV		SPONSORSHIP

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
INDEPENDENT HEALTH ASSOCIATION INC

Employer identification number

16-1080163

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                          |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

**1b** Yes

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**2** No

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                                         |                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**4a** Yes

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4b** Yes

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

**4c** No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**5a** No

**b** Any related organization?

**5b** No

If "Yes," on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**6a** No

**b** Any related organization?

**6b** No

If "Yes," on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**7** No

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**8** No

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**9**

For each individual whose compensation must be reported on 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.

See Additional Data TableSchedule J (Form 990) 2017

**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, 14 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 2017: PAMELA S. MENARD - \$231,826.
PART I, LINE 4B	ELIGIBLE EMPLOYEES PARTICIPATE IN VARIOUS NON-QUALIFIED 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. THERE WERE NO SUPPLEMENTAL NON-QUALIFIED PLAN PAYMENTS MADE DURING THE YEAR TO PARTICIPANTS IN THE PLAN.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MICHAEL W CROPP PRESIDENT & CEO	(i)	952,959	910,955	74,039	330,029	31,293	2,299,275	0
	(ii)	0	0	0	0	0	0	0
1JOHN MINEO ESQ SECRETARY - EVP GEN COUNSEL	(i)	308,365	191,662	10,960	94,458	36,512	641,957	0
	(ii)	0	0	0	0	0	0	0
2MARK I JOHNSON TREASURER & CFO	(i)	669,464	514,799	43,458	291,450	28,901	1,548,072	0
	(ii)	0	0	0	0	0	0	0
3DAWN C ODRZYWOLSKI CHIEF COMPLIANCE OFFICER	(i)	110,195	16,832	593	5,998	24,098	157,716	0
	(ii)	0	0	0	0	0	0	0
4THOMAS J FOELS EVP-CHIEF MEDICAL OFFICER	(i)	368,366	261,801	28,810	176,136	58,644	893,757	0
	(ii)	0	0	0	0	0	0	0
5DAVID V NARAMORE VP - ACTUARIAL	(i)	103,448	61,782	20,070	4,152	7,387	196,839	0
	(ii)	0	0	0	0	0	0	0
6ANN M PENTKOWSKI EVP - CHIEF NETWRK/PERFMGT OFFICER	(i)	342,343	187,792	26,620	124,338	8,957	690,050	0
	(ii)	0	0	0	0	0	0	0
7ANNE O'NEILL VP - CHIEF RISK OFFICER	(i)	166,761	31,518	1,191	16,999	19,653	236,122	0
	(ii)	0	0	0	0	0	0	0
8ERIC J DECKER SVP - INFORMATION TECHNOLOGY CIO	(i)	264,718	84,679	18,625	37,960	20,168	426,150	0
	(ii)	0	0	0	0	0	0	0
9J SCOTT DWYER VP - CHIEF AUDIT EXECUTIVE	(i)	186,148	44,835	6,566	10,789	22,265	270,603	0
	(ii)	0	0	0	0	0	0	0
10JAMES B WALLESHAUSER SVP - HCS OPERATIONS	(i)	243,853	81,892	22,190	49,981	22,574	420,490	0
	(ii)	0	0	0	0	0	0	0
11JILL M SYRACUSE EVP - CHIEF ENGMT & SERV OFFICER	(i)	340,812	240,021	7,852	159,014	26,720	774,419	0
	(ii)	0	0	0	0	0	0	0
12MICHAEL J FASO SVP - FINANCE & CHIEF REV/ACC OFFCR	(i)	276,674	125,096	25,279	110,540	23,324	560,913	0
	(ii)	0	0	0	0	0	0	0
13NORA K MCGUIRE SVP - CHIEF MARKETING OFFICER	(i)	256,557	131,094	19,666	5,914	11,528	424,759	0
	(ii)	0	0	0	0	0	0	0
14PATRICIA C CLABEAUX EVP - CHIEF HR OFFICER	(i)	293,504	159,145	7,275	107,154	41,544	608,622	0
	(ii)	0	0	0	0	0	0	0
15ROBERTA D RIFKIN SVP - GOVT PROGS & AFFAIRS	(i)	227,519	75,547	17,264	64,714	22,595	407,639	0
	(ii)	0	0	0	0	0	0	0
16JOHN R RODGERS EVP - COO	(i)	451,350	321,748	19,926	185,516	53,094	1,031,634	0
	(ii)	0	0	0	0	0	0	0
17JOHN HAUGHTON MD SVP - CHIEF CLINICAL IMPRV OFFICER	(i)	313,554	0	2,253	8,037	20,291	344,135	0
	(ii)	0	0	0	0	0	0	0
18AMIN M SEREHALI VP - CLINICAL & BUS INFORMATICS	(i)	251,022	83,600	6,354	11,124	22,105	374,205	0
	(ii)	0	0	0	0	0	0	0
19BRIAN J SAME MEDICAL DIRECTOR - MED POLICY & UM	(i)	294,294	41,601	7,231	46,351	20,322	409,799	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>21</b> RICHARD M ARGENTIERI VP - SALES	(i)	201,397	105,196	5,024	25,751	19,605	356,973	0
	(ii)	0	0	0	0	0	0	0
<b>1</b> MARGARET STEFFAN VP - FINANCE - TREASURY SERVICES	(i)	213,834	60,206	24,930	57,406	20,957	377,333	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> ROGER FORDEN ASST MEDICAL DIRECTOR-UM PT	(i)	243,116	10,292	3,978	12,258	1,240	270,884	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> PAMELA S MENARD END 316 FORMER SVP - HC DELIVERY INNOVATION	(i)	231,826	0	0	0	0	231,826	0
	(ii)	0	0	0	0	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

2017

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?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► \$

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

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

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ALDEN PHARMACY INC	SEE PART V	1,029,909	SEE PART V		No
(2) NORTHTOWNS MEDICAL GROUP	SEE PART V	578,060	SEE PART V		No
(3) DONALD W ROBINSON MD	SEE PART V	379,101	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 ALDEN PHARMACY, INC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION GREATER THAN 35% CONTROLLED ENTITY BY JOHN RODGERS, CURRENT KEY EMPLOYEE(D) DESCRIPTION OF TRANSACTION INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARE(A) NAME OF INTERESTED PERSON NORTHTOWNS MEDICAL GROUP(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION GREATER THAN 35% CONTROLLED ENTITY BY EDWARD STEHLIK, FORMER BOARD MEMBER(D) DESCRIPTION OF TRANSACTION INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARE(A) NAME OF INTERESTED PERSON DONALD W ROBINSON, MD (SOLEPRACTITIONER)(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION GREATER THAN 35% CONTROLLED ENTITY BY DONALD W ROBINSON, MD, CURRENT BOARD MEMBER (D) DESCRIPTION OF TRANSACTION INDEPENDENT CONTRACTOR ARRANGEMENT, DELIVERY OF HEALTH CARE

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<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .		OMB No 1545-0047
			<b>2017</b>
Department of the Treasury <del>Internal Revenue Service</del>			<b>Open to Public Inspection</b>
Name of the organization INDEPENDENT HEALTH ASSOCIATION INC		Employer identification number  16-1080163	

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Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>HEADQUARTERED IN BUFFALO, INDEPENDENT HEALTH BEGAN OPERATIONS IN 1980 AND HAS CONSISTENTLY BEEN RATED AMONG THE TOP HEALTH PLANS IN THE COUNTRY FOR CUSTOMER SERVICE AND MEMBER SATISFACTION. INDEPENDENT HEALTH'S COMPREHENSIVE PORTFOLIO OF PROGRESSIVE PRODUCTS INCLUDE HMO, POS, PPO AND EPO PRODUCTS, MEDICARE AND MEDICAID PLANS, TRADITIONAL INDEMNITY INSURANCE, INDIVIDUAL AND SMALL GROUP EXCHANGE PRODUCTS, AND CONSUMER-DIRECTED PLANS, PLUS COVERAGE FOR SELF-FUNDED EMPLOYERS. INDEPENDENT HEALTH'S SUBSIDIARY COMPANIES INCLUDE PHARMACY BENEFIT DIMENSIONS, RELIANCE RX, DXID, NOVA HEALTHCARE ADMINISTRATORS, INC., AND EVOLVE PRACTICE PARTNERS. IHA OFFERS ITS MEMBERS HEALTH RISK MANAGEMENT TOOLS INCLUDING AN ONLINE HEALTH RISK ASSESSMENT AND THE USE OF A DATA WAREHOUSE TO ANALYZE AND PREDICT POTENTIAL RISK AND DEVELOP SOLUTIONS TO HELP CONTROL CURRENT AND PREVENT FUTURE PROBLEMS. PROGRAMS FOR COVERED EMPLOYEES AS WELL AS FOR EMPLOYERS HELP THEM MAKE GOOD HEALTH A PART OF THEIR CULTURE. IHA OFFERS A 24-HOUR MEDICAL HELP LINE WITH ACCESS TO A REGISTERED NURSE, CASE MANAGEMENT, DISEASE MANAGEMENT AND HEALTH COACHES. IHA ALSO ESTABLISHED AN ADVANCED PATIENT-CENTERED MEDICAL HOME (PCMH) PILOT PROGRAM IN JANUARY 2009. THE PCMH PROGRAM INCLUDED 18 DIVERSE PRIMARY CARE PRACTICES ACROSS WNY, 130 PHYSICIANS AND NEARLY 50,000 IHA MEMBERS. THE PRACTICES WORKED TOWARD IMPROVED QUALITY OF CARE WITH EXPANDED ACCESS TO ALLOW SAME-DAY APPOINTMENTS AND AFTER-HOURS CARE, ENHANCED TECHNOLOGY TO INCLUDE ELECTRONIC MEDICAL RECORDS AND E-MAILS WITH PATIENTS, AND A COMPREHENSIVE CARE TEAM FOR THOSE WITH OR AT RISK OF HAVING A CHRONIC CONDITION. ADMINISTRATIVE ASSISTANCE WAS ALSO PROVIDED TO HELP IMPLEMENT NEW OFFICE PROCEDURES. ANOTHER IMPORTANT ASPECT OF THE PCMH MODEL WAS THAT IT ALSO INCLUDED MANY OF THE FEDERAL HEALTH CARE REFORM EFFORTS INCLUDING PREVENTION AND WELLNESS THROUGH COORDINATED CARE, EVIDENCE-BASED GUIDELINES TO GAUGE OUTCOMES AND REFORM OF PHYSICIAN PAYMENT TO IMPROVE QUALITY AND EFFICIENCY. IHA DEVOTED TIME AND FINANCIAL RESOURCES THAT ENABLED THE 130 PHYSICIANS IN THIS PROGRAM TO REDESIGN THEIR PRACTICES. IHA ALSO PROVIDED DETAILED MEMBER INFORMATION TO ENABLE OUR PHYSICIANS TO MANAGE CARE OPPORTUNITIES FOR IHA MEMBERS. AT THE END OF THE PILOT IN DECEMBER, 2011, THE 18 PRIMARY CARE PRACTICES INVOLVED IN THE PILOT PROGRAM ACHIEVED THE HIGHEST RECOGNITION BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA). IN 2012, INDEPENDENT HEALTH EVOLVED ITS SUCCESSFUL PATIENT-CENTERED MEDICAL HOME (PCMH) CARE MODEL FOR PRIMARY CARE INTO A MORE COMPREHENSIVE PROGRAM CALLED THE PRIMARY CONNECTION, WHICH OFFICIALLY BEGAN JULY 1, 2012. AN INNOVATIVE, PHYSICIAN-LED INITIATIVE, THE PRIMARY CONNECTION TAKES A COORDINATED APPROACH TO ENHANCE QUALITY, ACCESS AND AFFORDABILITY. USING PCMH PRINCIPLES AS THE FOUNDATION, THIS INNOVATIVE ALLIANCE PROMOTES BETTER CARE COORDINATION AND A COLLABORATIVE, SHARED RESPONSIBILITY AMONG PRIMARY CARE AND SPECIALTY PHYSICIANS, AS WELL AS HOSPITALS.</p>

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FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	<p>ALS, HEALTH PLANS, MEMBERS AND OTHER KEY STAKEHOLDERS TO ACHIEVE THE GOALS OF THE QUADRUPL E AIM BETTER HEALTH, BETTER CARE, LOWER COSTS AND PROVIDER VITALITY HEALTH CARE REFORM I NITIATIVES ENCOURAGE THIS TYPE OF CARE DELIVERY, AND INDEPENDENT HEALTH AND THESE PROGRESS IVE PRIMARY CARE PHYSICIAN PRACTICES HAVE BEEN AT THE FOREFRONT OF WHAT THE NATION WILL BE DOING THE PRIMARY CONNECTION FOSTERS INTERDEPENDENCY AND INTENSE COLLABORATION AMONG THE PRACTICES TO CREATE AND IMPLEMENT SPECIFIC CARE COORDINATION PROGRAMS, SUCH AS HOSPITAL A LTERNATIVE PROGRAMS AND CARE TRANSITION PROGRAMS FROM HOSPITAL TO HOME OTHER RESOURCES IN CLUDE PHARMACISTS PROVIDING MEDICATION THERAPY MANAGEMENT, EMBEDDED BEHAVIORAL COUNSELORS WITHIN PRACTICES, AND CARE COORDINATION CONTRACTS BETWEEN PRIMARY AND SPECIALTY CARE PHYSI CIANS THE PRIMARY CONNECTION PRACTICES' CLINICAL AND OPERATIONAL PERFORMANCES ARE TRACKED FOR QUALITY IMPROVEMENT AND ADHERENCE TO THE TENETS OF THE QUADRUPLE AIM 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 COORDINATI ON FEE AND A SHARED SAVINGS COMPONENT THE HYBRID PAYMENT SYSTEM ALLOWS PRIMARY CARE PRACT ICES TO MORE FULLY UTILIZE ANCILLARY NURSING AND MID-LEVEL STAFF, RECOGNIZES THE PRACTICES ' EFFORTS TO IMPLEMENT E-COMMUNICATION STRATEGIES, AND REWARDS EFFORTS TO WORK COOPERATIVE LY AND EFFECTIVELY WITH HOSPITALS AND SPECIALTY PHYSICIANS TO REDUCE MEDICALLY UNNECESSARY SERVICES AND POTENTIALLY AVOIDABLE ADMISSIONS THE PRIMARY CONNECTION INITIALLY INVOLVED 21 PRACTICES, THEIR 140 PHYSICIANS AND MORE THAN 54,000 PATIENTS, AND HAS SINCE GROWN TO 32 PRACTICES AND 189 PHYSICIANS, IMPACTING 121,000 INDEPENDENT HEALTH MEMBERS THIS PROGRES SIVE ALLIANCE HAS LED TO IMPROVED CARE COORDINATION, AND REDUCING THE REDUNDANCIES AND INE FFICIENT CARE THAT CAUSE HEALTH CARE COSTS TO INCREASE UNNECESSARILY A SAMPLE OF RESULTS FOLLOWS - FROM 2013 TO 2017, THE PRIMARY CONNECTION PHYSICIANS DECREASED UNNECESSARY REFE RRALS TO SPECIALIST PHYSICIANS BY 19 PERCENT - THEY ALSO INCREASED REFERRALS TO HIGH-PERF ORMING SPECIALISTS BY 7 PERCENT DURING THAT TIME - THE PRIMARY CONNECTION PRACTICES DECRE ASED PRESCRIPTIONS TO COSTLY BRAND-NAME MEDICATIONS BY 23 PERCENT - THE PRIMARY CONNECTIO N REDUCED THE AMOUNT OF POTENTIALLY PREVENTABLE HOSPITAL ADMISSIONS BY 17 PERCENT AND READ MISSION RATES BY 25 PERCENT, BY TREATING PATIENTS IN MORE APPROPRIATE CARE SETTINGS AT LOW ER COSTS - PRIMARY CONNECTION PATIENTS RECEIVED 10,000 MORE PREVENTIVE AND WELLNESS SERVI CES THAN OTHER MEMBERS IN JUST ONE YEAR OTHER MEMBERSHIP SERVICES INCLUDE PREVENTIVE CARE WITH ACTIVE PARTICIPATION BY COMMUNITY ORGANIZATIONS IN INITIATIVES SUCH AS THE P2 COLLAB ORATIVE OF WESTERN NEW YORK (P2), A NOT-FOR-PROFIT DEDICATED TO IMPROVING THE HEALTH OF PE OPLE IN WESTERN NEW YORK IT DEPENDS ON UNPRECEDENTED COLLABORATION AMONG KEY STAKEHOLDERS AND THE SHARING OF CLINICAL I</p>

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FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	<p>INFORMATION, AS WELL AS THE ADOPTION OF HEALTH INFORMATION TECHNOLOGY AND ELECTRONIC MEDICAL RECORDS, THROUGH ORGANIZATIONS SUCH AS HEALTH-E-LINK THE IHA HEALTH COACH PROGRAM OFFER S 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 MANAGERS 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 INDEPENDENT HEALTH HAS A TEAM OF FOUR COMMUNITY HEALTH OUTREACH WORKERS (CHOWS) BASED IN THE COMMUNITY, WHO MAKE HOME VISITS TO MEDISOURCE MEMBERS IN NEED TO BUILD RELATIONSHIPS IN TARGETED NEIGHBORHOODS, TO PROMOTE HEALTH AND WELLNESS BEHAVIORS AND BELIEFS CHOWS SPECIFICALLY WORK WITH MEMBERS WHO INAPPROPRIATELY UTILIZE SERVICES THEY FOCUS ON GETTING MEMBERS IN NEED OF CARE TO A VISIT, SCHEDULING APPOINTMENTS, COORDINATING TRANSPORTATION AND BRIDGING LANGUAGE BARRIERS THESE DEDICATED WORKERS, WHO ARE ALL CERTIFIED DIABETES AND CHRONIC DISEASE PEER EDUCATORS, PROVIDE CARE COORDINATION SERVICES TO MEMBERS IN NEED OF PREVENTIVE SERVICES, SCREENINGS OR A PRIMARY CARE PROVIDER CHOWS COLLABORATE WITH IHA'S CASE MANAGEMENT DEPARTMENT TO BRING MEMBERS HOPE AND AN UNDERSTANDING OF COMPLEX ISSUES</p>

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SOME OF THE SERVICES THE CHOWS PROVIDE INCLUDE	<p>- TEACHING DIABETES AND CHRONIC DISEASE SELF-MANAGEMENT GROUP CLASSES IN COMMUNITY CENTERS , - ONE-ON-ONE DIABETES EDUCATION TO MEMBERS WHO ARE UNABLE TO LEAVE THEIR HOMES, - HELP RUN A GRANT-FUNDED PROGRAM CALLED "BABY AND ME, TOBACCO FREE," A SMOKING CESSATION PROGRAM FOR PREGNANT WOMEN, - PROVIDING NEW MEMBER ORIENTATION TO HELP MEMBERS UNDERSTAND HOW TO USE THEIR BENEFITS, ALIGN THEM WITH A PRIMARY CARE PHYSICIAN, CLOSE GAPS IN CARE, AND APPROPRIATE EMERGENCY ROOM USE. IHA'S MEDICARE FAMILY CHOICE PLAN IS A MEDICARE ADVANTAGE SPECIAL NEEDS PLAN OFFERED IN NURSING FACILITIES IN WESTERN NEW YORK. FAMILY CHOICE OF NEW YORK IS A CARE MANAGEMENT COMPANY THAT WORKS IN PARTNERSHIP WITH AREA NURSING HOMES, PHYSICIANS AND HOSPITALS TO BRING ADDITIONAL CARE - INCLUDING ENHANCED HEALTH CARE AND SOCIAL SERVICES - TO THE PATIENTS WHO NEED SPECIALIZED MEDICAL AND NURSE MANAGEMENT. THE PROGRAM ACCOMPLISHES THIS BY ASSIGNING A NURSE PRACTITIONER WHO IS SPECIALLY TRAINED IN GERIATRICS TO NURSING HOME RESIDENTS. THE GOAL IS TO IMPROVE NOT ONLY THE MEMBER'S QUALITY OF CARE, BUT ALSO THEIR QUALITY OF LIFE. FAMILY CHOICE'S SPECIALLY TRAINED NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS ARE ON CALL 24 HOURS A DAY, SEVEN DAYS A WEEK TO PROVIDE CARE AND SUPPORT AS NEEDED. THEY WORK IN COLLABORATION WITH THE MEMBER'S PHYSICIANS AND THE NURSING FACILITY'S STAFF TO IDENTIFY POTENTIAL PROBLEMS BEFORE THEY BECOME SERIOUS, AND MINIMIZE UNNECESSARY AND DISRUPTIVE EMERGENCY ROOM VISITS AND HOSPITAL STAYS. WHENEVER IT'S SAFE AND APPROPRIATE. PART OF THE AFFORDABLE CARE ACT AND MEDICAID REFORM EFFORTS, HEALTH HOMES ARE COMMUNITY NETWORKS OF PROVIDERS DESIGNATED BY THE STATE TO COORDINATE CARE AND SOCIAL NEEDS FOR MEDICAID MEMBERS WITH CHRONIC CONDITIONS, SUCH AS HIV/AIDS, SERIOUS MENTAL ILLNESS OR MULTIPLE CHRONIC HEALTH PROBLEMS. IHA ASSIGNS MEMBERS TO HEALTH HOMES AND SUPPORTS THESE NETWORKS ADMINISTRATIVELY, BILLING FOR SERVICES RENDERED AND REIMBURSING THEM. FOR FRAIL ELDERLY MEMBERS AND THEIR CAREGIVERS, THE CAREPARTNERS PROGRAM IS AVAILABLE AT NO ADDITIONAL COST. THIS HOME-BASED PROGRAM FACILITATES THE RIGHT CARE AND LIVING ENVIRONMENT AND IS DESIGNED TO PREVENT EMERGENCY ROOM VISITS AND HOSPITALIZATIONS. THROUGH HOME VISITS AND PHONE CALLS, REGISTERED NURSES AND SOCIAL WORKERS HELP COORDINATE CARE AND OFFER PSYCHO-SOCIAL SUPPORT, INCLUDING LINKING MEMBERS AND CAREGIVERS TO COMMUNITY AND FINANCIAL RESOURCES, ASSESSING THE SAFETY OF THE MEMBER AND HELPING COMPLETE ADVANCE DIRECTIVES IN ACCORDANCE WITH THE MEMBER'S WISHES. MEMBERS ALSO HAVE 24-HOUR ACCESS TO A REGISTERED NURSE THROUGH THIS PROGRAM. IHA OFFERS AN ADDITIONAL LEVEL OF SUPPORT AT NO COST TO MEMBERS FACING SERIOUS ILLNESS AND THEIR FAMILIES THROUGH OUR PALLIATIVE CARE PROGRAM. THE PALLIATIVE CARE TEAM, WHICH INCLUDES A REGISTERED NURSE, SOCIAL WORKER AND MEDICAL DIRECTOR, PARTNERS WITH THE MEMBER'S PHYSICIAN TO COORDINATE CARE AND REDUCE AVOIDABLE HOSPITAL VISITS AND ADMISSIONS. THE PALLIATIVE CARE PROFESSIONALS</p>

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SOME OF THE SERVICES THE CHOWS PROVIDE INCLUDE	<p>HAVE OPEN AND SUPPORTIVE DISCUSSIONS ABOUT TREATMENT CHOICES WITH THE MEMBER AND PROVIDE THE SAME OUTREACH AND SERVICES AS CAREPARTNERS WITH THE GOAL OF HELPING MEMBERS LIVE MORE COMFORTABLY BY MANAGING SYMPTOMS IN ACCORDANCE WITH THEIR HEALTH CARE WISHES TO PROVIDE A BETTER QUALITY OF LIFE. IN ADDITION, IHA DEVELOPS AND CONDUCTS EXTENSIVE COMMUNITY WELLNESS AND BENEFIT INITIATIVES THAT HELP MEMBERS LEAD HEALTHIER LIVES AND HELP EMPLOYERS CONTROL HEALTH CARE COSTS. INCLUDED AMONG THESE INITIATIVES ARE PREVIOUS COMMUNITY WELLNESS AWARENESS PROGRAMS, PRACTICE EXCELLENCE, THE NATIONALLY RECOGNIZED PAY FOR PERFORMANCE PROGRAM, AND THE IDEALIZED DESIGN OF CLINICAL OFFICE PRACTICE, A MULTI-FACETED APPROACH TO RE-DESIGN PHYSICIAN OFFICES TO BE MORE PATIENT-CENTRIC. IHA ALSO CONTRACTED WITH THE NEW YORK STATE DEPARTMENT OF HEALTH IN A HEALTH CARE REFORM ACT (HCRA) PAY FOR PERFORMANCE DEMONSTRATION PROJECT (P4P) TO SUPPORT REGIONAL EFFORTS TO IMPROVE THE QUALITY OF HEALTH CARE, BY DEVELOPING A STANDARDIZED PHYSICIAN PERFORMANCE MEASUREMENT AND REPORTING SYSTEM. THIS GRANT EXPIRED DECEMBER 31, 2009, HOWEVER AT THE END OF THIS GRANT PERIOD THE THREE REGIONAL HEALTH PLANS ENDORSED A CONTINUATION STRATEGY FOR THE QUALITY MEASURES COLLABORATIVE PROGRAM. THE PLANS CONTINUE TO PROVIDE REGULAR DATA EXTRACTS TO 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 TOTALLED APPROXIMATELY \$15.7 MILLION DURING 2017. IHA'S REDSHIRT VOLUNTEER PROGRAM PROVIDES IHA ASSOCIATES AN OPPORTUNITY TO VOLUNTEER IN THEIR COMMUNITY, WHILE PROMOTING IHA AS A COMPANY WHO IS WILLING TO HELP GIVE BACK TO WNY. REDSHIRT ASSOCIATES VOLUNTEERS PROVIDE THE REDSHIRT TREATMENT TO THE COMMUNITY THROUGH DIRECT ASSOCIATE INTERACTION AND EXHIBIT IHA'S MESSAGE OF QUALITY CARE THROUGHOUT WESTERN NEW YORK. THE REDSHIRT TREATMENT IS A COMPANY-WIDE COMMITMENT TO DEMONSTRATE OUR CORE VALUES OF BEING PASSIONATE, CARING, RESPECTFUL, COLLABORATIVE AND ACCOUNTABLE. DURING 2017, 212 IHA ASSOCIATES SERVED AS REDSHIRT VOLUNTEERS. IN TOTAL, THESE INDIVIDUALS VOLUNTEERED AT 85 COMMUNITY EVENTS, WHICH REPRESENTED 700 HOURS OF VOLUNTEER TIME. IHA ENCOURAGES ITS MANAGEMENT TEAM AND ASSOCIATES TO SUPPORT THE LOCAL COMMUNITY. TO THIS END, WE ARE PROUD TO SAY MORE THAN 117 MEMBERS OF OUR MANAGEMENT TEAM ARE VOLUNTEERS OR ACTIVE PARTICIPANTS AS DIRECTORS.</p>

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SOME OF THE SERVICES THE CHOWS PROVIDE INCLUDE	<p>ON COMMUNITY BOARDS THE IHA ASSOCIATE DRESS DOWN DAY AND MONTH PROGRAM ALLOWS ASSOCIATES TO MAKE A CHARITABLE CONTRIBUTION IN EXCHANGE FOR THE PRIVILEGE OF DRESSING DOWN FOR WORK THIS PROGRAM HAS RESULTED IN SUBSTANTIAL SUPPORT FOR THE CHARITABLE ORGANIZATIONS IN OUR COMMUNITY AND DEMONSTRATES THE GOODWILL OF IHA ASSOCIATES THE PROGRAM IS ASSOCIATE-DRIVE N WITH A GOAL TO BROADLY SUPPORT MANY 501(C)(3) ORGANIZATIONS THROUGHOUT WESTERN NEW YORK IN 2017, IHA RAISED MORE THAN \$111,000 FOR NON-PROFIT ORGANIZATIONS IN OUR COMMUNITY IN ADDITION, IHA ASSOCIATES SUPPORT THE UNITED WAY OF BUFFALO AND ERIE COUNTY'S COMMUNITY CARE CAMPAIGN THE UNITED WAY OF BUFFALO AND ERIE COUNTY WORKS TO ADVANCE THE COMMON GOOD BY FOCUSING ON WELLNESS, INCOME AND EDUCATION IT PROMOTES LONG-TERM GOOD HEALTH AND INDEPENDENCE, AND WORKS TO CREATE LONG-LASTING CHANGES THAT WILL IMPROVE THE LIVES OF PEOPLE LIVING IN POVERTY IN ERIE COUNTY IHA CONDUCTS A MONTH-LONG CAMPAIGN EACH FALL TO RAISE MONEY FOR UNITED WAY IHA CARES ABOUT MAKING A DIFFERENCE IN THE LIVES OF INDIVIDUALS IN THE COMMUNITIES WE SERVE THE 2017-2018 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 ANOTHER EXAMPLE OF IHA IN THE COMMUNITY IS EVIDENT IN OUR SPONSORSHIP AND ACTIVE PARTICIPATION IN SLOW ROLL BUFFALO, A FAMILY-FRIENDLY BIKE EVENT THAT KICKED OFF IN BUFFALO IN 2015 IN ADDITION TO BEING A MAJOR SPONSOR OF THE PROGRAM, WHICH DREW THOUSANDS OF PEOPLE OUT ON MONDAYS IN THE SUMMER FOR A GUIDED BIKE RIDE THROUGH THE CITY, OUR REDSHIRTS VOLUNTEERED AND MANY OF OUR ASSOCIATES PARTICIPATED THIS IS JUST ANOTHER EXAMPLE OF INDEPENDENT HEALTH'S COMMITMENT TO BUILDING A HEALTHIER COMMUNITY 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 OF FERING HEALTH AND WELLNESS PROGRAMS INCLUDING CUSTOMIZED FITNESS PROGRAMS TARGETING OBESITY</p>

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YMCA BUFFALO NIAGARA AND IHA ALSO TEAMED UP WITH LOCAL PARKS	<p>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 2017 THE WNY COMMUNITY WAS ABLE TO PARTICIPATE IN FREE 60-MINUTE FITNESS CLASSES WITH YMCA-CERTIFIED INSTRUCTORS IN 2017 THE PROGRAM EXPANDED TO 21 AREA PARKS AND INCLUDED 33 SESSIONS WEEKLY, COMPARED TO 2016 WHICH HAD 18 AREA PARKS AND 30 WEEKLY CLASSES IN AN EFFORT TO FURTHER PROMOTE HEALTHIER LIFESTYLES IN OUR COMMUNITY, IHA JOINED FORCES WITH SNYDER CORPORATION AND FITNESS RIDGE WORLDWIDE TO BRING THE BIGGEST LOSER RESORT NIAGARA TO WNY AT THE BEAVER HOLLOW CONFERENCE CENTER IN WYOMING COUNTY THE RESORT FOCUSES ON EXERCISE, HEALTH NUTRITION AND EDUCATION THE PROGRAM ENGAGES PARTICIPANTS IN THEIR OWN HEALTH AND GIVES THEM THE TOOLS THEY NEED TO ADOPT LIFESTYLE CHANGES TO STAY HEALTHY AND REDUCE THEIR RISK OF CHRONIC DISEASE LIKE DIABETES AND HEART DISEASE IHA IS EXPECTED TO PROVIDE \$3 MILLION TOWARDS THIS INITIATIVE IHA HAS ALSO JOINED TOGETHER WITH THE BUFFALO MUSEUM OF SCIENCE TO OPEN THE FIRST OF EIGHT PERMANENT SCIENCE STUDIOS AT THE MUSEUM CALLED "EXPLORE YOU PRESENTED BY INDEPENDENT HEALTH," THE THEMED STUDIO ALLOWS VISITORS TO EXPLORE ANATOMY AND LEARN ABOUT IMPORTANT CHOICES THEY CAN MAKE TO IMPROVE AND MAINTAIN THEIR HEALTH THE EXHIBIT OPENED IN MARCH OF 2012 AND WILL BE OPEN FOR 10 YEARS IN CONNECTION TO THE EXHIBIT, IN FEBRUARY 2013, 2014, 2015, 2016 AND 2017, 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 2017, TO HELP THEM OFFER HEALTHY MENU ITEMS THAT ARE CONSIDERED TO BE LOWER IN FAT, SATURATED FAT, CHOLESTEROL AND SODIUM IHA AND THE BUFFALO 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, IN 2017 MORE THAN 40,100 INDIVIDUALS IN THE REGION PARTICIPATED IN THE SPRING AND FALL CHALLENGE, WHICH RAN FROM APRIL 24 THROUGH JUNE 4 AND OCTOBER 9 THROUGH NOVEMBER 19, 2017 NEW THIS YEAR, A "COMMUNITY GOAL" WAS ADDED, WHICH ENCOURAGED PARTICIPANTS TO COLLECTIVELY REACH 1,000,000 FITNESS MINUTES DURING THE CHALLENGE THAT GOAL WAS MET ON NOVEMBER 13, 2017 AND ANY PARTICIPANT WHO TRACED AT LEAST 20 FITNESS MINUTES DURING THE CHALLENGE WAS AWARDED AN ADDITIONAL 25 POINTS TOWARD THE PRIZE DRAWINGS CURRENTLY, PARTICIPANTS HAVE TRACKED MORE THAN 1.4 MILLION FITNESS MINUTES THE BUFFALO BILLS AND IHA ALSO WORKED TOGETHER TO ENCOURAGE PHYSICAL ACT</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
YMCA BUFFALO NIAGARA AND IHA ALSO TEAMED UP WITH LOCAL PARKS	<p>TIVITY 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 WNYHEALTH-E-NET FURTHERS IHA'S COMMITMENT TO REDUCING THE COST OF AND IMPROVING THE QUALITY OF HEALTH CARE IN THE WESTERN NEW YORK COMMUNITY WNYHEALTH-E-NET OPTIMIZES THE DELIVERY OF PATIENT INFORMATION THAT SPEEDS THE DELIVERY AND ACCURACY OF VITAL ELIGIBILITY, CLAIM STATUS, REFERRAL AND AUTHORIZATION INFORMATION TO THE PROVIDER COMMUNITY, AND WESTERN NEW YORK'S CLINICAL INFORMATION EXCHANGE (HEALTH-E-LINK) - A 501(C) (3) ORGANIZATION THAT OPERATES AN INFORMATION EXCHANGE TO FACILITATE ACCESS TO CLINICAL INFORMATION AMONG HEALTH CARE PROVIDERS AND HEALTH INSURERS HEALTH-E-LINK 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 HEALTH-E-LINK HAS BEEN RECOGNIZED FOR ITS WORK IN BUILDING A REGIONAL HEALTH INFORMATION TECHNOLOGY INFRA STRUCTURE AND FOR TESTING INNOVATIVE APPROACHES BY BOTH STATE AND FEDERAL AGENCIES, INCLUDING BEING NAMED A BEACON COMMUNITY, AN EFFORT FUNDED BY THE OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY AS OF NOVEMBER 2017, APPROXIMATELY 85 PERCENT OF WESTERN NEW YORK PRACTICES PARTICIPATE WITH HEALTH-E-LINK, 300 DATA SOURCES ARE CONNECTED, MORE THAN 205 MILLION RESULTS (LAB, RADIOLOGY AND TRANSCRIBED REPORTS) ARE AVAILABLE, AND MORE THAN ONE MILLION COMMUNITY-WIDE CONSENTS HAVE BEEN SIGNED BY PATIENTS AUTHORIZING TREATING PHYSICIANS TO ACCESS THEIR ELECTRONIC MEDICAL RECORDS THROUGH HEALTH-E-LINK IHA COORDINATES THE DELIVERY OF HEALTH CARE SERVICES FOR APPROXIMATELY 170,248 MEMBERS OF IHA'S COMMERCIAL PRODUCTS UNDER ARTICLE 44 OF THE NEW YORK PUBLIC HEALTH LAW, MEDICAID MANAGED CARE PRODUCTS AS ADMINISTERED BY THE STATE OF NEW YORK, AND MEDICARE MANAGED CARE PRODUCTS AS ADMINISTERED BY CMS AS OF NOVEMBER 2017 INDEPENDENT HEALTH PROVIDES HEALTH BENEFITS AND SERVICES TO INDIVIDUALS IN WESTERN NEW YORK AND THROUGHOUT THE COUNTRY THE COMPANY HAS CONSISTENTLY BEEN RATED AMONG THE TOP HEALTH PLANS IN THE COUNTRY FOR CUSTOMER SERVICE AND MEMBER SATISFACTION INDEPENDENT</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
YMCA BUFFALO NIAGARA AND IHA ALSO TEAMED UP WITH LOCAL PARKS	NT HEALTH HAS RECEIVED THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE'S (NCQA) HIGHEST ACCREDITATION STATUS OF "EXCELLENT" FOR ITS COMMERCIAL HMO/POS AND MEDICARE LINES OF BUSINESS FOR 18 CONSECUTIVE YEARS "EXCELLENT" ACCREDITATION IS GRANTED ONLY TO THOSE HEALTH PLANS THAT EXHIBIT LEVELS OF SERVICE AND CLINICAL QUALITY THAT MEET OR EXCEED NCQA'S RIGOROUS REQUIREMENTS FOR CONSUMER PROTECTION AND QUALITY IMPROVEMENT INDEPENDENT HEALTH WAS ALSO RANKED AS THE TOP HEALTH INSURANCE PLAN IN THE NEW YORK/NEW JERSEY REGION, ACCORDING TO J D POWER'S 2010, 2011, 2012, 2013, 2016 AND 2017 U S MEMBER HEALTH INSURANCE PLAN STUDIES, AND RANKED SECOND IN THE NEW YORK/NEW JERSEY REGION IN THE J D POWER 2014 AND 2015 U S MEMBER HEALTH PLAN STUDIES IN ADDITION, INDEPENDENT HEALTH WAS RANKED AMONG THE HIGHEST-RANKED HEALTH PLANS IN THE NATION FOR ALL LINES OF BUSINESS - COMMERCIAL, MEDICARE AND MEDICAID - ACCORDING TO THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) IN ITS HEALTH INSURANCE PLAN RANKINGS 2016-2017 THE RANKINGS ARE BASED ON CLINICAL QUALITY, MEMBER SATISFACTION AND NCQA ACCREDITATION STANDARDS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
LONG BEFORE THE ENACTMENT OF THE AFFORDABLE CARE ACT (ACA),	<p>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 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 QUADRUPLE AIM OF BETTER HEALTH, BETTER CARE, LOWER COSTS AND PROVIDER VITALITY</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MICHAEL W CROPP, MARK I JOHNSON, JOHN R RODGERS, THOMAS J FOELS, JOHN MINEO, ESQ , AND MICHAEL J FASO HAVE A BUSINESS RELATIONSHIP (BOARD MEMBERS OF A RELATED TAXABLE ENTITY) SIDNEY N WEISS, STUART H ANGERT, MICHAEL W CROPP, MOISES SUDIT, NORA B SULLIVAN, MARK I JOHNSON, ANTHONY B MARTINO, DANIEL B WEINTRAUB, AND JOHN MINEO, ESQ HAVE A BUSINESS RELATIONSHIP (BOARD MEMBERS OF A RELATED TAXABLE ENTITY) THOMAS J FOELS AND MICHAEL HEIMERL HAVE A BUSINESS RELATIONSHIP (PRIVATE ENTERPRISE)

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 WAS REVIEWED WITH THE CHAIRMAN OF THE BOARD OF DIRECTORS AND THE PRESIDENT OF INDEPENDENT HEALTH THE FINAL FORM 990 WAS DISTRIBUTED TO THE BOARD OF DIRECTORS VIA A SECURE EMAIL FOR REVIEW AND COMMENTS PRIOR TO THE FILING OF THIS RETURN

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE GOVERNING BOARD OF DIRECTORS OF INDEPENDENT HEALTH ASSOCIATION, INC (IHA) APPOINTED A GROUP OF BOARD MEMBERS TO ACT AS THE COMPENSATION COMMITTEE. COMPENSATION OF THE CEO IS SUBJECT TO REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE AND THE BOD ANNUALLY. ADDITIONALLY, THE RECOMMENDATIONS OF THE CEO PERTAINING TO THE COMPENSATION OF HIS/HER DIRECT REPORTS ARE SUBJECT TO REVIEW AND ADVISEMENT BY THE COMPENSATION COMMITTEE. TO DETERMINE EXECUTIVE COMPENSATION AND INCENTIVE ELIGIBILITY OF THE CEO AND HIS/HER DIRECT REPORTS, THE COMPENSATION COMMITTEE ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT TO REVIEW THE RECOMMENDATIONS AND ANY COMPARABLE DATA (COMPENSATION OF SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SIZED ORGANIZATIONS). COMPARABILITY DATA MAY BE OBTAINED VIA THE FORM 990 OF OTHER ORGANIZATIONS AND/OR COMPENSATION SURVEYS OR STUDIES. THE COMPENSATION COMMITTEE, IN DELIBERATIONS WITH THE INDEPENDENT CONSULTANT, DETERMINES THE COMPENSATION AND INCENTIVE FOR THE CEO. THE COMPENSATION COMMITTEE WILL DOCUMENT THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS. THE BOD WILL THEN RATIFY ALL DECISIONS OF THE COMPENSATION COMMITTEE AT ITS REGULARLY SCHEDULED BOARD MEETING. IHA'S EXECUTIVE COMPENSATION POLICY/PROCESS IS AN ANNUAL PROCESS (LAST PERFORMED IN 2017) AND WAS USED TO ESTABLISH COMPENSATION FOR THE FOLLOWING POSITIONS: EXECUTIVE VICE PRESIDENT - CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENT - CHIEF ENGAGEMENT &amp; SERVICING OFFICER, EXECUTIVE VICE PRESIDENT - CHIEF OPERATING OFFICER, EXECUTIVE VICE PRESIDENT - CHIEF MEDICAL OFFICER, EXECUTIVE VICE PRESIDENT - GENERAL COUNSEL, EXECUTIVE VICE PRESIDENT - CHIEF HR OFFICER, EXECUTIVE VICE PRESIDENT - CHIEF NETWORK &amp; PERFORMANCE MANAGEMENT, SENIOR VICE PRESIDENT - CHIEF HEALTH INNOVATION OFFICER, AND VICE PRESIDENT - CHIEF AUDIT EXECUTIVE. THE CEO EXCLUDES HIMSELF/HERSELF FROM DELIBERATIONS WHEN DISCUSSING HIS/HER COMPENSATION.</p>

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	DAVID V NARAMORE - 692 WHITTIER RD , SPENCERPORT, NY 14559 PAMELA S MENARD (END 3/16) - 29 EAGLE TRACE DR , WILLIAMSVILLE, NY 14221

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 8	DURING 2017, THE ASSOCIATION DISCOVERED CERTAIN ERRORS IN DATA PREVIOUSLY SUBMITTED TO CMS IN CONNECTION WITH THE CMS RISK ADJUSTMENT PROCESS FOR THE FINANCIAL STATEMENT YEARS 2012, 2014, AND 2015 THE ASSOCIATION IDENTIFIED AND QUANTIFIED THE EFFECT OF THE OVERPAYMENT AND PROVIDED THE REQUIRED INFORMATION FOR THE SUBMISSION OF CORRECTED DATA AND RETRACTION OF AMOUNTS RESULTING FROM THE DATA SUBMISSION ERRORS FOR SUCH YEARS IN ACCORDANCE WITH CMS INSTRUCTIONS THE ASSOCIATION CORRECTED THE ERROR AS AN ADJUSTMENT TO REDUCE BEGINNING NET ASSETS FOR THE PRIOR YEARS' WITH A CORRESPONDING INCREASE TO ACCOUNTS PAYABLE AND ACCRUED EXPENSES THE ESTIMATED IMPACT OF THE MEDICARE OVERPAYMENT BY YEAR WAS NOT MATERIAL AND DID NOT AFFECT THE ASSOCIATION'S COMPLIANCE WITH STATUTORY RESERVE REQUIREMENTS

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

2017

Open to Public Inspection

Name of the organization  
INDEPENDENT HEALTH ASSOCIATION INC

Employer identification number  
16-1080163

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) THE PRIMARY CONNECTION LLC 511 FARBER LAKES DRIVE BUFFALO, NY 14221 47-2349293	HEALTH CARE MANAGEMENT SERVICES	NY	0	0	INDEPENDENT HEALTH ASSOCIATION INC
(2) THE PRIMARY CONNECTION 2 LLC 511 FARBER LAKES DRIVE BUFFALO, NY 14221 81-2770810	HEALTH CARE MANAGEMENT SERVICES	NY	0	0	INDEPENDENT HEALTH ASSOCIATION INC

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)INDEPENDENT HEALTH FOUNDATION 777 INTERNATIONAL DRIVE  BUFFALO, NY 14221 16-1417199	TO PROMOTE GOOD HEALTH IN WESTERN NEW YORK & SUPPORT THE ACTIVITIES OF IHA	NY	501(C)(3)	12A, I	INDEPENDENT HEALTH ASSOCIATION INC	Yes	

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY 511 FARBER LAKES DRIVE BUFFALO, NY 14221 16-1237733	THIRD PARTY CLAIMS ADMINISTRATION	NY	INDEPENDENT HEALTH ASSOCIATION INC	C	6,829,841	206,202,107	100 000 %	Yes	
<b>(2)</b> INDEPENDENT HEALTH BENEFITS CORPORATION 511 FARBER LAKES DRIVE BUFFALO, NY 14221 16-1483784	POS AND INDEMNITY PRODUCT ADMINISTRATION	NY	INDEPENDENT HEALTH ASSOCIATION INC	C	-1,256,329	293,793,676	100 000 %	Yes	
<b>(3)</b> MASON INSURANCE COMPANY LTD FB PERRY BUILDING 40 CHURCH STREE HAMILTON BD	REINSURANCE	BD	INDEPENDENT HEALTH ASSOCIATION INC	C	2,080,000	15,198,000	100 000 %	Yes	

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

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

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

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

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

[illegible]

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

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

Additional Data

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
INDEPENDENT HEALTH FOUNDATION	B	1,599,360	FMV
INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	M	2,889,139	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	M	564,761,813	FMV
INDEPENDENT HEALTH FOUNDATION	N	283,101	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	N	23,067,439	FMV
INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	N	2,386,818	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	O	34,767,724	FMV
INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	O	8,837,955	FMV
INDEPENDENT HEALTH FOUNDATION	P	164,723	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	P	5,416,920	FMV
INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	P	44,005,712	FMV
INDEPENDENT HEALTH FOUNDATION	Q	164,209	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	Q	582,838,435	FMV
INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	Q	34,536,258	FMV
INDEPENDENT HEALTH FOUNDATION	R	1,522,211	FMV
INDEPENDENT HEALTH CORPORATION AND SUBSIDIARY	R	20,282,266	FMV
INDEPENDENT HEALTH BENEFITS CORPORATION	S	8,307,376	FMV