Form, **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public

. Department of the Treasury Internal Revenue Service

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.

	Ā	For th	e 2015 calendar year, or tax year beginning , 2015, and endi	ng	, 20	
	D		C Name of organization	D Employer ide	ntification number	
A. Car			VISION BENEFITS OF AMERICA, INC.	25-114	25-1149206	
		Addre	Doing business as			
3	, ${ extstyle }$	7 1	change Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone nu	ımber	
مفتق		Initial	return 300 WEYMAN ROAD 400	(412) 88	1-4900	
المرتجرة		Final termi	City or town, state or province, country, and ZIP or foreign postal code			
		Amer	ded PITTSBURGH, PA 15236-1588	G Gross receipt	s\$ 58,418,160.	
, ;		Apple	Name and address of pnncipal officer JAMES R. DAVIES, PRESIDENT	H(a) Is this a gro	oup return for Yes X No	
3	_		300 WEYMAN RD, STE 400, PITTSBURGH, PA 15236	Subordinates H(b) Are all subord		
3	` 	Tax-ex			ch a list (see instructions)	
ં (ંગ	. <u> </u>	Websi	te > WWW.VBAPLANS.COM		nption number	
J '	, <u>K</u>			of formation 1973 M	· · · · · · · · · · · · · · · · · · · _ · · · · · · · · · · · · · · · · · _ ·	
	_	Part I Summary				
		_	1 Briefly describe the organization's mission or most significant activities VISION BENEFITS OF AMERICA FOSTERS			
÷ *.	۰ .	'	THE CONSERVATION OF HUMAN EYESIGHT / MAKES AVAILABLE A SPECIALIZED			
D # 2	າ ≌		VISION SERVICE PLAN.			
	7	,	Check this box ▶ ☐ If the organization discontinued its operations or disposed of more the	an 25% of its not asset	·	
	Gover	3	Number of voting members of the governing body (Part VI, line 1a)		9.	
Ū	ن مع				4 6.	
o	es	"	Number of independent voting members of the governing body (Part VI, line 1b)		5 49.	
→	ctivities	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a) UNIT	• • • • • • • • • •	6	
	Act	70	Total unrelated business revenue from Part VIII, column (C), IrrRECEIVED		 	
4	•	'a	Not unrelated business revenue from Part VIII, column (C), III PART VIII.	• • • • • • • • • •	7a 0.	
W	_	10	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year	
4			•		0. 0.	
_	ä	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) TPR BRANCH TPR BRANCH	43,092,19		
	Revenue	9	Program service revenue (Part VIII, line 2g)	563,64		
	8		Investment income (Part VIII, column (A), lines 3, 4, and 7d). OGDEN			
		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	*		
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
7		14	Benefits paid to or for members (Part IX, column (A), line 4)			
202	Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
∞	ë	16 a	Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.	
=	EX	D	Total fundraising expenses (Part IX, column (D), line 25) ▶0.	27 252 02	20 407 150	
			Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
MAY		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			
\geq	<u> </u>	19	Revenue less expenses Subtract line 18 from line 12			
Ω	ts o		T	49, 332, 16		
"	SSe	20	Total assets (Part X, line 16)			
٥	e d	20 21 22	Total liabilities (Part X, line 26)	7,119,77		
SCANINE			Net assets or fund balances Subtract line 21 from line 20	42,212,38	31. 43,454,014.	
\mathcal{S}	Part II Signature Block Under parallels of particular declare that I have examined this return includes accompanying schedules and distances and to the best of my knowledge and be					
40	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge an true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
				09/1	5/2016	
	Sig	yn 💮	Signature of officer	Date	3/2010	
	He	re	JAMES R. DAVIES PRESIDENT			
			Type or print name and title			
			Print/Type preparer's name Preparer's signature Date	Check	, PTIN	
	Par	d	AARON HERSHBERGER	self-employ	red P00961884	
		parer	Firm's name ▶BKD, LLP		14 0160260	
	Use	Only		Phone no	513-621-8300	
	Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)	ECEIVED IN CO	HRES X Yes No	
			work Reduction Act Notice, see the separate instructions.	: : : : : : : : : : : : : : : : : : : 		
		pc			< ^7	
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