Form **990**

For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493319127608

OMB No 1545-0047

Form **990** (2017)

Cat No 11282Y

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at www. IRS gov/form990

Open to Public

		of the Treasur enue Service	a I	Form 990 and its instructions is	,			C	pen to Public Inspection		
A F	or th	e 2017 ca	lendar year, or tax year beginr	ing 01-01-2017 , and ending	12-31-201	.7	_				
☐ Ad		ipplicable change	C Name of organization CORVESTA INC				D Employ 20-594!		ication number		
☐ In	itial rei	turn	Doing business as								
☐ An	nended	n/terminated d return	Number and street (or P O box if ma 4818 STARKEY ROAD	I is not delivered to street address)	loom/suite		E Telephon				
⊔ Ap	plicati	on pending	City or town, state or province, count	ry, and ZIP or foreign postal code			(540) 9	(540) 989-8000			
			ROANOKE, VA 240188542				G Gross re	ceipts \$ 2,	969,694		
			F Name and address of principal R JAMES BARKER 4818 STARKEY ROAD ROANOKE, VA 240188542	officer		subo Are a	is a group re rdinates? all subordinat		□Yes ☑No		
I Ta	x-exer	mpt status	☐ 501(c)(3) ☑ 501(c)(4) ◄ (nsert no)	I		o," attach a l		instructions)		
J W	ebsit	te:► WW	W CORVESTA COM		H(c) Grou	p exemption	number	>		
K Fori	n of o	rganızatıon	Corporation Trust Assoc	ation ☐ Other ▶	L Yea	er of form	nation 2006	M State	of legal domicile VA		
Pa		Sumi									
			cribe the organization's mission or DPPORTUNITIES THROUGH A HOLD		HE MISSION	OF DE	LTA DENTAL	OF VA			
Activities & Governance	-										
Шa	-										
o ve	2	Check this	s box $\blacktriangleright \Box$ if the organization disc	ontinued its operations or dispos	ed of more t	han 25%	∕o of its net a	ssets			
Ğ			f voting members of the governing					3	12		
20 √	1	Number of independent voting members of the governing body (Part VI, line 1b)									
Ĕ	1		umber of individuals employed in calendar year 2017 (Part V, line 2a)								
YCE.	1		·	, ,			•	6 7a	0		
•	1		elated business revenue from Part ' ated business taxable income from				•	7a 7b	0		
		THE GITTER	acca pasificas caxable income from	10/11/330 1, IIIC 31 1 1 1	· · · i		ior Year	1,5	Current Year		
α.	8	Contributi	ons and grants (Part VIII, line 1h)		. Ի			0	0		
Rəvenue	9	Program s	service revenue (Part VIII, line 2g)					0	0		
γċΥ	10	Investme	nt income (Part VIII, column (A), li			5,624,2	273	2,969,694			
_	1		enue (Part VIII, column (A), lines !				0	0			
	-		enue—add lines 8 through 11 (mus	12)		5,624,2	2,969,694				
	1		id similar amounts paid (Part IX, co	_			0	0			
	1		oald to or for members (Part IX, co		⊢		18,796,855				
Expenses	1		other compensation, employee ben nal fundraising fees (Part IX, colum) -10) -	18,136,135					
æ	l .		alsing expenses (Part IX, column (D), lin	, ,,	·			4	0		
ă	1		penses (Part IX, column (A), lines 1	· -	-		2,093,0	255	4,405,760		
	1		enses Add lines 13–17 (must equa	•		20,229,190			23,202,615		
	19	Revenue l	less expenses Subtract line 18 froi	m line 12			-14,604,9	917	-20,232,921		
Net Assets or Fund Balances					В	eginnıng	g of Current Y	ear	End of Year		
sset 3 ala	20	Total asse	ets (Part X, line 16)		.		41,153,1	132	56,564,575		
A B	21	Total liabi	lities (Part X, line 26)				13,782,5	554	23,936,084		
žī	22	Net assets	s or fund balances Subtract line 2:	I from line 20			27,370,5	578	32,628,491		
	rt II		ature Block								
know		and belief	erjury, I declare that I have examir f, it is true, correct, and complete								
		*******	re of officer				18-11-05				
Sign		, -				Da	te				
Here	e		S BARKER SECRETARY/TREASURER print name and title								
		17	rint/Type preparer's name	Preparer's signature	Date			PTIN			
Paid	d		C WINGFIELD	M C WINGFIELD	2018-1:			0000597:	L		
		er 🗄	rm's name	MPANY LLP	1		m's EIN > 54-	0504608			
	Preparer Luse Only		rm's address ► 319 MCCLANAHAN STRE	ET SW		Ph	one no (540)	345-0936			
		-	ROANOKE, VA 24014								
May t	he IR	S discuss	this return with the preparer show	a above? (see instructions)				▽ v	'es 🗌 No		

		nt of Program Service Acc	omplishments									
	Chack if Sc		omphomicines									
-	CHECK II 30	hedule O contains a response or	note to any line in this Part III .		🗆							
1	Briefly describe the	e organization's mission										
GUID ENTI	DING, MONITORING TIES, TO ACHIEVE T	AND COORDINATING THE ACTIVE TEXTE THE TEXTE THE TEXTE THE TEXTE THE ACTIVE TEXTE THE ACTIVE THE ACT	/ITIES OF ITS SUBSIDIARY, DELTA D PURPOSES OF DDVA IN AN EFFICIEN	DENTAL OF VIRGINIA ("DDVA") IT AND INTEGRATED MANNER	AND OTHER AFFILIATED							
2	Did the organization	on undertake any significant prog	gram services during the year which	were not listed on								
	the prior Form 990	or 990-EZ?			🗌 Yes 🗹 No							
	If "Yes," describe t	these new services on Schedule	0									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
		:hese changes on Schedule O			☐ Yes 🗹 No							
4	Describe the organ Section 501(c)(3)	nization's program service accom	plishments for each of its three large required to report the amount of gra ervice reported									
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)							
	See Additional Data				,							
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)							
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)							
4d	Other program ser	rvices (Describe in Schedule O) including c	urants of \$	(Revenue \$)							
4e		ervice expenses >	· ,	· ·	·							

Page 3

Yes

Yes

Yes

Yes

Yes

Yes

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11c

No Nο Nο Nο No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

- **Checklist of Required Schedules** 3
- Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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?

5 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

6 8

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 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 11b

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 11e 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 🛸 12a Did the organization obtain separate, independent audited financial statements for the tax year?

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

11f 12a 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 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

12b 13 14a

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

14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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Νo

Nο

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24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35b

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Yes

Yes

Yes

Form 990 (2017)

Page 4

Part IV Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

				
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🥞

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

orm	990 (2017)			Page !
Par	t 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 \ldots			
	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 40 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 10			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 _b	Yes	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►IN See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
Č	The rest, to line 3a of 3b, and the organization meronin occorrection.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
•	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
_	Casting 4047/aV(4) and a second about the latest and the second at the s			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
U	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
C	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990 (2017)			Page 6
Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 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			✓
Se	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12		163	140
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b	Yes	
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records R JAMES BARKER 4818 STARKEY ROAD ROANOKE, VA 24018 (540) 989-8000			
	PRIGINES BARKER 4XIX STARKEY RUAD. RUANOKE VA 7401X (540) 989-8000			

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										

Page 8

Form 990 (2	<u>'</u>														Page 8
Part VII	Section A. Officers, Direc	tors, Trustees	s, Key	Emp	loye	es,	and	High	nest Co	ompen	sate	d Employees	(cont	tinued)	
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one b	ox, i an of tor/t	ot che unles fficer trust	neck mo ess pers r and a tee)	rson a	com fr organ	(D) portable pensation om the lization (on (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)		(F) Estimated amount of other compensation from the organization and related organizations	
		organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/10	עניין-ככל.	C)				
See Addition	al Data Table		 	\vdash	\vdash	_	<u> </u>	+					+		
			 	+	\vdash	\vdash	+	+					+		
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			 	\vdash	\vdash	+	+	+					+		
					$oxedsymbol{oxed}$			$oxed{\bot}$							
d Total (a	rom continuation sheets to P add lines 1b and 1c) number of individuals (including portable compensation from the	g but not limited	· ·		<u></u>		re) who	o rec		5,019,813 nore thai	_	31,92	29		542,363
	ne organization list any former a? <i>If "Yes," complete Schedule</i> .			tee, k			oyee,	or hi	ghest c	ompens	ated •	employee on	3	Yes	No
	ny individual listed on line 1a, is iization and related organization dual											the	4	Yes	
	ny person listed on line 1a recei ces rendered to the organization									ation or	ındı	vidual for	5		No
	B. Independent Contract				_	_		_							140
	plete this table for your five high the organization Report compe	ensation for the c										ı's tax year	npen		
		(A) and business addre	ess									(B) ription of services		Comper	nsation
NTT DATA INC .00 CITY SQU	JARE									IT CON	SULT	ING		1	,835,122
BOSTON, MA HEALTHEDGE	02129 SOFTWARE INC									IT CON	SULT	ING & TRAINING		1	,219,586
O CORPORAT	,MA 01803														
RESEARCH	ERVICES LLC WAY 3RD FLR									IT SEK	VICES	6 & CONSULTING			528,863
PRINCETON, N HEALTHSCAPE	NJ 08540 E ADVISORS LLC									STRATE	EGIC	CONSULTING			320,000
PO BOX 2368 CHICAGO, IL	60690														
	HSEARCH INC D PLACE STE 100									IT CON	SULT	ING			308,136
RICHMOND, V	/A 23230 umber of independent contractor	ors (including but	t not lin	oited '	to th	nose	listed	abo	ve) who	receive	d mo	ore than \$100.00	00 of		

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 ▶ 12

		ement of Revenu		nse or note to an	y line in this Part VII	I		🗆
	<u> </u>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
(4)	1a Federate	d campaigns	1a			revenue		312-314
ints unt	b Members	hip dues	1b					
ב ב	c Fundraisi	ng events	1c					
tş. ⊈	d Related o	organizations	1d					
<u>5</u> ≅	e Governme	nt grants (contributions	i) 1e					
ons, Gifts, Grants Similar Amounts	f All other c	ontributions, gifts, gran r amounts not included						
tributio Other	above	amounts not included	1f					
<u> </u>	g Noncash in lines 1	contributions include a-1f \$						
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f		•				
				Busines	s Code	<u> </u>		
Program Service Revenue	2a							
ž Ž	b —		<u> </u>					
īče	-							
Şe Z	d							
E	•							
ogr	f All other p	rogram service reve	nue		L			
Δ	9 Total. Add	ines 2a-2f	•	·			1	
		income (including d unts)		terest, and other	262,75	17		262,75
		n investment of tax		nd proceeds	▶			
	5 Royalties .	<u></u>			>			
	G- C	,,,	Real	(II) Personal				
	6a Gross rent	.5						
	b Less renta	l expenses						
	c Rental inco	me or	+					
	(loss)							
	a Net renta	I income or (loss) .	curities	(II) Other				
	7a Gross amou from sales o	nt	2,706,937	(II) Other				
	assets other than invento							
	b Less cost other basis		0					
	sales exper	nses						
	c Gain or (los d Net gain o		2,706,937		 	17		2,706,933
		me from fundraising	_	<u> </u>				2,733,733
Other Revenue	(not includ		of 1c)					
ev.		ct expenses	<u> </u>					
erF		e or (loss) from fund		nts 🕨				
Ę.		me from gaming act						
	See Part 1	V, line 19	a					
	b Less direc	ct expenses	. ь					
	c Net ıncom	e or (loss) from gam	ning activitie	es >				
		s of inventory, less d allowances	al					
		of goods sold .	. ь					
		e or (loss) from sale cellaneous Revenue	s of invento	Business Code				
	11a	tellaricous revenue	+	Dasiness code	_			
	b		+					
	с		+					
	d All other re	evenue	.					
	e Total. Add	d lines 11a-11d .		+				
	12 Total row	enue. See Instructio	ons		2,969,69		0	0 2,969,694 Form 990 (2017

Part IX Statement of Funct	tional Expenses
----------------------------	-----------------

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Forn	n 990 (2017)				Page 10
	rt IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all co	dumns All other orga	enizations must com	olete column (A)	
seci	Check if Schedule O contains a response or note to any	-	·	• •	🔽
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		скрепаса	general expenses	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,370,235		4,370,235	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	10,811,720		10,811,720	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,225,700		1,225,700	
9	Other employee benefits	1,432,665		1,432,665	
10	Payroll taxes	956,535		956,535	
11	Fees for services (non-employees)				
a	Management				
	Legal	277,674		277,674	
	Accounting	68,800		68,800	
	Lobbying	,			
	Professional fundraising services See Part IV, line 17				
		101,224		101,224	
	Investment management fees	· · ·		<u>.</u>	
_	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,838,197		3,838,197	
	Advertising and promotion	7,250		7,250	
	Office expenses	988,009		988,009	
14	Information technology				
15	Royalties				
16	Occupancy	467,462		467,462	
17	Travel	1,211,260		1,211,260	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19	Conferences, conventions, and meetings	672,206		672,206	
20	Interest	42,733		42,733	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,036,497		1,036,497	
23	Insurance	300,692		300,692	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a EQUIPMENT RENTAL & SOFT	1,813,894		1,813,894	
	b MISCELLANEOUS OPERATING	172,888		172,888	
,	BUSINESS DUES	44,114		44,114	
,	d DATA PROCESSING COSTS	31,393		31,393	
	e All other expenses	-6,668,533		-6,668,533	
	Total functional expenses. Add lines 1 through 24e	23,202,615	0	23,202,615	0
	Joint costs. Complete this line only if the organization	,2,-23		,	
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2017)

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Investments—program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

Intangible assets

Other assets See Part IV, line 11 .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

13

14

15

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22 23

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33

34

1,129,282

41,153,132

4,704,626

6,077.928

3 000 000

13,782,554

27,370,578

27,370,578

41.153.132

0 25 371

2.816.891

56.564.575

8.733,488

15,179,936

22,660

0

32,628,491

32,628,491

56.564.575

Form **990** (2017)

23,936,084

Page **11**

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

	Beginning of year		End of year
Cash-non-interest-bearing		1	
Savings and temporary cash investments	1,251,342	2	5,

2	Savings and temporary cash investments	1,251,342	2	5,664,3
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	137,032	4	262,5
5	Loans and other receivables from current and former officers, directors,			

trustees, key employees, and highest compensated employees. Complete Part 5 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete

Part II of Schedule L . . . Assets Notes and loans receivable, net . Inventories for sale or use . 8 794.055 9 938.534 Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other 24,683,838 10a basis Complete Part VI of Schedule D 8,223,608 8,114,673 10c 16,569,165 b Less accumulated depreciation 10b 15.134.965 11 Investments—publicly traded securities . 11 15.262.610 14.482.848 15.050.482 12 12 Investments—other securities See Part IV, line 11 .

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5

Other changes in net assets or fund balances (explain in Schedule O)

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c 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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Form 990 (2017)

Reconcilliation of Net Assets

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Financial Statements and Reporting

Part XI

5

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

27,370,578 -2,679,922 6 7

8

9

10

Page **12**

28,170,756

32,628,491

No

Nο

No

Form **990** (2017)

Yes

Yes

Yes

2a

2b

2c

3a

3b

Additional Data

Software ID: Software Version:

EIN: 20-5945158

Name: CORVESTA INC

Form 990 (2017)

Form 990, Part III, Line 4a:

GUIDING, MONITORING AND COORDINATING THE ACTIVITIES OF ITS SUBSIDIARY, DELTA DENTAL OF VIRGINIA ("DDVA") AND OTHER AFFILIATED ENTITIES, TO ACHIEVE THE TAX-EXEMPT HEALTH CARE PURPOSES OF DDVA IN AN EFFICIENT AND INTEGRATED MANNER

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MS PAMELA S SCHUTZ

MR PATRICK N SHAFFNER

MS LAURA W THOMAS

MR STEVEN L TIMMONS

MR JAN S SESSOR

		u u	u un	CCLC	,,, с	usicc,	'	01941112441011	(IV 2/4000	I monitorie
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MR THOMAS R BYRD	8 00	×		×				41,500	0	0
CHAIRMAN OF THE BOARD	4 00			l ^				41,500	3	
MR LYNDELL B BROOKS	7 00	×						12,600	25,471	0
DIRECTOR	8 00							12,000	23,471	ľ
MR BARRY E DUVAL	3 00							22.000		
DIRECTOR	3 00	X						23,800	0	0
	2.00					1 1				

0

0

0

0

0

0

0

1,797

2,088

695

924

25,250

32,550

29,200

37,100

28,750

33,950

DIRECTOR	8 00				,	
MR BARRY E DUVAL	3 00					
DIRECTOR	3 00	X			23,800	
MR JAMES CHALE	3 00					
MR JAMES C HALE		×			25,250	
DIRECTOR	0 00				·	
MR DOUGLAS JUANARENA	3 00					

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0 00 5 00

0 00 5 00

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	£							(14) 2/4000	(141 3/4000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MR FRANK L LUCIA	40 00									
		×		X				61,009	0	1,678
PRESIDENT & CEO, 11/2017	2 00									
DR GEORGE A LEVICKI	40 00									
		X		X				1,197,351	0	71,596
PRESIDENT-RETIRED 11/2017	2 00									
MR R JAMES BARKER	40 00									
				X				435,340	0	71,662
SECRETARY/TREASURER	0 00									
MR CHAD MCINTOSH	40 00									
					×			422,062	0	55,772
GENERAL COUNSEL	0.00									

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168,692

391,327

316,415

335,989

364,268

255,578

10,248

51,917

17,122

56,639

51,196

9,980

0

40 00

0 00 40 00

0 00 40 00

0 00 40 00

0 00 40 00

0 00 40 00

0 00

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......

SECRETARY/TREASURER
MR CHAD MCINTOSH
GENERAL COUNSEL
MR HARI PULIJAL

CHIEF INFORMATION OFFICER

MS STACY CAMPBELL

MS SUSAN CAMPBELL

....... VICE PRESIDENT

MS KATHARINE CLAYTOR

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

STAFF

MR MICAH ALMOND

MR DAVID MITCHELL

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation

and Independent Contractors

STAFF

MR MICHAEL L HOULISTON

DR EMANUEL W MICHAELS

......

FORMER DIRECTOR

DR MAYER G LEVY

FORMER DIRECTOR

FORMER DIRECTOR

DR ALBERT L PAYNE

FORMER DIRECTOR

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

	week (list any hours					ustee)		from the organization	from related organizations	compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MR DAVID DANCO	40 00					×		172,036	0	43,905
STAFF	0 00					^		172,030	3	+3,503
MS DAISY HERNDON STAFF	40 00					х		171,691	0	24,536
MS DEBORAH MARTIN STAFF	40 00					x		187,093	0	35,867
· · · · · · · · · · · · · · · · · · ·	40.00		1	1	1		ı —			l

161,012

22,500

22,500

22,500

22,500

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40,245

0

699

255

MS DAISY HERNDON	40 00			_v	171,691	0
STAFF	0 00			_ ^	1,1,031	
MS DEBORAH MARTIN	40 00					
CTAFF				×	187,093	0
STAFF	0 00					
MR MICHAEL PARRISH	40 00					

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0.00 0 00

0 00

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

Supplemental Financial Statements

► 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.

DLN: 93493319127608 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

	TA INC					
						945158
Part I					or Acco	ounts.
	Complete if the organization answered "Ye			sed funds		(b)Funds and other accounts
Tota	al number at end of year	(4) 20110	, aavi	sea ranas	<u>'</u>	(b) and and other decoding
	regate value of contributions to (during year)					
	regate value of grants from (during year)					
	regate value at end of year					
	the organization inform all donors and donor advise	ore in writing that th	0.255	ets hold in donor a	dused fi	inds are the
org	panization's property, subject to the organization's e	xclusive legal contro) ?			☐ Yes ☐ N
cha priv	I the organization inform all grantees, donors, and d antable purposes and not for the benefit of the dono vate benefit?	r or donor advisor, o	or for	any other purpose	conferrii	ng impermissible 🔲 Yes 🔲 N
art II	Conservation Easements. Complete if t	he organization a	nswe	red "Yes" on Fori	m 990,	Part IV, line 7.
Pur	pose(s) of conservation easements held by the orga	anızatıon (check all t	hat ap	pply)		
	floor Preservation of land for public use (e g , recreation	on or education)		Preservation of ar	n historic	cally important land area
	Protection of natural habitat			Preservation of a	certified	historic structure
	Preservation of open space					
	mplete lines 2a through 2d if the organization held a sement on the last day of the tax year	a qualified conservat	ion co	ntribution in the fo	rm of a_	conservation Held at the End of the Year
	al number of conservation easements				2a -	Heid at the Elid of the Teal
	al acreage restricted by conservation easements				2b	
	mber of conservation easements on a certified histor	ric structure included	d ın (a)	2c	
I Nur	mber of conservation easements included in (c) acquicture listed in the National Register			•	2d	
Nur	mber of conservation easements modified, transferr	ed, released, exting	uished	, or terminated by	the org	anization during the
Nin	mber of states where property subject to conservati	on easement is loca	tad 🕨			
Doe	es the organization have a written policy regarding t	the periodic monitor	-	spection, handling	of violat	tions,
and	d enforcement of the conservation easements it hold	ls?				☐ Yes ☐ No
C+-	.cc	cting handling of vi		ns, and enforcing c		
>ta	iff and volunteer hours devoted to monitoring, inspe	ecting, hariding of vi	olatioi	,	onserva	tion easements during the year
▶_	nount of expenses incurred in monitoring, inspecting	-		•		
►_ Am ► \$	nount of expenses incurred in monitoring, inspecting	, handling of violatio	ons, ar	nd enforcing conser	rvation e	easements during the year
Am Doe and In I	nount of expenses incurred in monitoring, inspecting	, handling of violation) above satisfy the inservation easement e footnote to the org	equire	ements of section 1	rvation e .70(h)(4 ense stat	easements during the year (B)(B)(I) Yes No mement, and
Am Doe and In I bal the	es each conservation easement reported on line 2(dd section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports con ance sheet, and include, if applicable, the text of the organization's accounting for conservation easement	, handling of violation) above satisfy the inservation easement is footnote to the organism of Art, Historic	ons, ar require s in its ganiza al Tr	ements of section 1 revenue and expetion's financial state	rvation e .70(h)(4 ense stat ements	Pasements during the year (a)(B)(I) (b) Yes (c) No (c) Rement, and (d) Rescribes
Am Doe and In I bal the	es each conservation easement reported on line 2(d d section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports con ance sheet, and include, if applicable, the text of the organization's accounting for conservation easement Organization's Accounting for Conservation easement	, handling of violation) above satisfy the inservation easement of footnote to the organism of the set of the	equire s in its ganiza al Tr Part i o repo	ements of section 1 revenue and expection's financial state easures, or Oth IV, line 8. rt in its revenue st on, or research in	70(h)(4 ense statements emer Sin	Yes No sement, and that describes nilar Assets.
Am Doe and In I bal the If t art, pro	es each conservation easement reported on line 2(d d section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports con ance sheet, and include, if applicable, the text of the organization's accounting for conservation easement organization's Maintaining Collections Complete if the organization answered "Yes the organization elected, as permitted under SFAS 1, historical treasures, or other similar assets held for	, handling of violation) above satisfy the inservation easement to footnote to the organisms sof Art, Historic to the seal on Form 990, 16 (ASC 958), not to republic exhibition, encial statements that 16 (ASC 958), to re	requirers in its ganizar al Troper part in its ganizar al Troper part in its description and its descripti	ements of section 1 revenue and expection's financial state easures, or Oth IV, line 8. rt in its revenue state on, or research in cribes these items its revenue staten	.70(h)(4 .70(h)(4 .70se statements ner Sin atement furthera	Yes No sement, and that describes and balance sheet works of nce of public service, d balance sheet works of art,
Am Doe and In I bal the If t art, pro If t hist follo	es each conservation easement reported on line 2(d section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports con ance sheet, and include, if applicable, the text of the organization's accounting for conservation easement. Organizations Maintaining Collections Complete if the organization answered "Yes the organization elected, as permitted under SFAS 1, historical treasures, or other similar assets held for ovide, in Part XIII, the text of the footnote to its finathe organization elected, as permitted under SFAS 1 torical treasures, or other similar assets held for put torical treasures, or other similar assets held for put	, handling of violation) above satisfy the inservation easement to footnote to the organisms s of Art, Historic to the self on Form 990, 16 (ASC 958), not to republic exhibition, encial statements that 16 (ASC 958), to re	requirers in its ganizar al Troper part in its ganizar al Troper part in its description and its descripti	ements of section 1 revenue and expection's financial state easures, or Oth IV, line 8. rt in its revenue state on, or research in cribes these items its revenue staten	.70(h)(4 .70(h)(4 .70se statements ner Sin atement furthera	reasements during the year (B)(I) Yes No Tement, and that describes Inilar Assets. The and balance sheet works of ance of public service, of public service, provide the
Am Doe and In I bal the If t art, pro If t hist foll (i) Re	prount of expenses incurred in monitoring, inspecting session and section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports contained and include, if applicable, the text of the corganization's accounting for conservation easement. Organizations Maintaining Collections Complete if the organization answered "You the organization elected, as permitted under SFAS 1, historical treasures, or other similar assets held for put owing amounts relating to these items evenue included on Form 990, Part VIII, line 1	, handling of violation) above satisfy the inservation easement to footnote to the organisms s of Art, Historic to the self on Form 990, 16 (ASC 958), not to republic exhibition, encial statements that 16 (ASC 958), to re	requirers in its ganizar al Troper part in its ganizar al Troper part in its description and its descripti	ements of section 1 revenue and expection's financial state easures, or Oth IV, line 8. rt in its revenue state on, or research in cribes these items its revenue staten	.70(h)(4 .70(h)(4 .70se statements ner Sin atement furthera	reasements during the year (B)(B)(I) Yes No Tement, and that describes (and balance sheet works of nice of public service, (balance sheet works of art, of public service, provide the
Am Am Doe and In I bal the art III If t art, pro If t hist foll (i) Re (ii) Ass	prount of expenses incurred in monitoring, inspecting session and include, if applicable, the text of the corganization's accounting for conservation easement. Organizations Maintaining Collections Complete if the organization answered "Yesthe organization elected, as permitted under SFAS 1, historical treasures, or other similar assets held for ovide, in Part XIII, the text of the footnote to its finathe organization elected, as permitted under SFAS 1 torical treasures, or other similar assets held for publication and the organization elected, as permitted under SFAS 1 torical treasures, or other similar assets held for publication and the organization elected, as permitted under SFAS 1 torical treasures, or other similar assets held for publication amounts relating to these items evenue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X the organization received or held works of art, historical treasures, included or held works of art, historical treasures, or other similar assets held for publications.	, handling of violation) above satisfy the inservation easement end footnote to the organism of the properties of Art, Historic est on Form 990, 16 (ASC 958), not the public exhibition, endical statements that 16 (ASC 958), to repolic exhibition, educations of the properties of th	al Tr Part : Part : desception	ements of section 1 revenue and expection's financial stat easures, or Oth IV, line 8. rt in its revenue state on, or research in cribes these items its revenue staten or research in furth	70(h)(4 ense statements ner Sin atement furthera nent ancherance	reasements during the year 2)(B)(i) Yes No Rement, and that describes and balance sheet works of nce of public service, d balance sheet works of art, of public service, provide the
Am Am Doe and In I bal the art III If t art, pro If t hist foll (i) Re (ii) Ass If t foll	es each conservation easement reported on line 2(d section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports con ance sheet, and include, if applicable, the text of the organization's accounting for conservation easement. Organizations Maintaining Collections Complete if the organization answered "Yes the organization elected, as permitted under SFAS 1, historical treasures, or other similar assets held for ovide, in Part XIII, the text of the footnote to its finate organization elected, as permitted under SFAS 1 torical treasures, or other similar assets held for put owing amounts relating to these items evenue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X	, handling of violation) above satisfy the inservation easement end footnote to the organism of the properties of Art, Historic est on Form 990, 16 (ASC 958), not the public exhibition, endical statements that 16 (ASC 958), to repolic exhibition, educations of the properties of th	al Tr Part : Part : desception,	ements of section 1 revenue and expection's financial stat easures, or Oth IV, line 8. rt in its revenue state on, or research in cribes these items its revenue staten or research in furth	70(h)(4 ense statements ner Sin atement furthera nent ancherance	easements during the year P(B)(I) Yes No Rement, and that describes Inilar Assets. It and balance sheet works of nice of public service, of public service, provide the

Pai	t IIII	Organizations Maintaining Co	lections of Art,	Histor	ical T	reas	ures, or	Other	Similar A	ssets (continue	ed)
3		the organization's acquisition, accessio (check all that apply)	n, and other record	ls, check	any of	the fo	ollowing ti	hat are a	significant i	use of it	s collect	ion
а		Public exhibition		d		Loar	or excha	ange prog	ırams			
b		Scholarly research		e		Othe	er					
c		Preservation for future generations										
4	Provi Part	de a description of the organization's co XIII	llections and explai	n how the	ey furtl	her th	ie organiz	ation's ex	kempt purpo	se in		
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							ular	□ Y ₆	es D] No
Pa	rt IV											
		Complete if the organization answ X, line 21.	vered "Yes" on F	orm 990	, Part	: IV, ∣	ine 9, or	reporte	ed an amou	unt on I	Form 9	90, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interm	ediary for	contri	bution	ns or othe	er assets	not	□ Y €	es [] No
ь	If "Y€	es," explain the arrangement in Part XII:	and complete the	following	table		Γ		A	mount		
С		nning balance	·	_			Ī	1c				
d	Addıt	ions during the year					Ī	1d				
e	Dıstrı	butions during the year					Ī	1e				
f	Endır	ng balance					Ī	1f				
2 a	Dıd tl	he organization include an amount on Fo	orm 990, Part X, lin	e 21, for	escrov	v or cı	ustodial a	ccount lia	ability?		<u>،</u> د	—— □ No
b	If "Ye	es," explain the arrangement in Part XIII	Check here if the	explanat	ion has	s beer	n provided	d in Part)	XIII		_	
Pa	art V	Endowment Funds. Complete if	the organization	n answei	ed "Y	es" o	n Form 9	990, Par	t IV, line 1	١٥.		
_	_		(a)Current year	(b) P	rior yea	ar	(c)Two ye	ears back	(d)Three yea	ars back	(e)Four	years back
	-	ing of year balance										
		outions										
		vestment earnings, gains, and losses										
		or scholarships										
	and pr	expenditures for facilities ograms										
		strative expenses										
g	End of	year balance										
2		de the estimated percentage of the curr	ent year end balan	ce (line 1	g, colu	ımn (a	a)) held as	s				
а	Board	d designated or quasi-endowment >										
b		anent endowment ▶										
c	Temp	oorarily restricted endowment >										
_		percentages on lines 2a, 2b, and 2c shou	·									
3а		here endowment funds not in the posses nization by	ssion of the organiz	ation tha	t are h	ield ar	nd admini	stered fo	r the		Γv	es No
	_	nrelated organizations								3	a(i)	
	(ii) r	elated organizations								3	a(ii)	
b	If "Y∈	es" on 3a(II), are the related organization	ns listed as require	d on Sche	dule R	۱۶۶					3b	
4	Desci	ribe in Part XIII the intended uses of the	organization's end	lowment	funds							
Pa	rt VI	Land, Buildings, and Equipme			. Dt	T) ()		C	000 D-		10	
	Descri	Complete if the organization answiption of property (a) Cost or ot (investment)	her basis (b) Co	orm 990 ost or other					rm 990, Pa lepreciation		ne 10. (d) Book	value
			,									
	Land											
	Buildin	•										
		nold improvements										
		nent			24,6	83,838	3		8,114,673			16,569,1
	Other				/	. ,	10() :					
1 ot	ai. Add	lines 1a through 1e (Column (d) must e	qual Form 990, Pai	rt X, colui	mn (B)	, line	IU(c)).		▶			16,569,10

Part VII Investments—Other Securities. Complete if th	ie organization ansv	vered "Yes" on Form 99	0, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book value		od of valuation -year market value
(1) Financial derivatives			
(3) Other(A) INVESTMENT IN CORVESTA LIFE	13,868,434		С
(B) INVESTMENT IN REVOLV	898,620		С
(C) INVESTMENT IN ENCARA, INC	283,428		С
(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 F	15,050,482 Form 990, Part IV, li		Part X, line 13.
(a) Description of investment	(b) Book value		od of valuation -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)	b		
Part IX Other Assets. Complete if the organization answered (a) Description		art IV, line IId See Form 9	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a	nswered 'Yes' on Fo	orm 990, Part IV, line 1:	▶ 1e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) B	look value	
(1) Federal income taxes			
DUE TO REVOLV (2)		22,660	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	22,660	
2. Liability for uncertain tax positions In Part XIII, provide the text of organization's liability for uncertain tax positions under FIN 48 (ASC 7		=	_

Part XI

2

b

5

1

2

c

d

3

4

b

Schedule D (Form 990) 2017

Page 4

701,084,415 2,868,469

101,225

683,933,647

660,832,256

23,101,391

Schedule D (Form 990) 2017

3	Subtract line 2e from line 1		 •	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	101,224		
b	Other (Describe in Part XIII)	4b	1		

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

4a

4b

4c 2,969,694

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 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. Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

Add lines 2a through 2d

Other (Describe in Part XIII)

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Add lines **4a** and **4b**

Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines 2a through 2d . .

Subtract line 2e from line 1

2a 2b 2c 2d 660,832,256

4c 101,224 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 23.202.615

101,224

701,084,415

2e

5

2e

3

Supplemental Info	ormation						
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							
_							

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 20-5945158
Name: CORVESTA INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	CORVESTA AND DELTA ARE EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF PUBLIC LAW 9 9-514, TAX REFORM ACT OF 1986, ACT SECTION 1012(C)(4)(C)(IV) AND HAVE RECEIVED FAVORABLE D ETERMINATION LETTERS FROM THE IRS UNDER CODE SECTION 501(C)(4) THE FOUNDATION IS EXEMPT F ROM FEDERAL INCOME TAXES UNDER CODE SECTION 501(C)(3) INCOME TAXES ARE PROVIDED FOR THE T AX EFFECTS OF REVOLV'S, CSSI'S AND CORVESTA LIFE'S TRANSACTIONS REPORTED IN THE FINANCIAL STATEMENTS AND CONSIST OF TAXES CURRENTLY DUE OR REFUNDABLE, PLUS DEFERRED TAXES RELATED P RIMARILY TO NET OPERATING LOSSES AND THE DIFFERENCES BETWEEN THE TAX AND FINANCIAL REPORTI NG BASES OF PROPERTY AND EQUIPMENT AND STOCK-BASED COMPENSATION EXPENSE THE DEFERRED TAXES REPRESENT THE FUTURE TAX RETURN CONSEQUENCES OF THOSE DIFFERENCES, WHICH WILL EITHER BE TAXABLE OR DEDUCTIBLE WHEN THE ASSETS AND LIABILITIES ARE RECOVERED OR SETTLED BECAUSE OF THE NATURE OF CORVESTA'S BUSINESS, AND THAT OF ITS SUBSIDIARIES, AND AS A MATTER OF POLIC Y, MANAGEMENT BELIEVES THERE HAVE BEEN NO MATERIAL AGRESSIVE POSITIONS TAKEN IN THE ENTITY 'S TAX AND INFORMATIONAL RETURN FILINGS FOR ANY REPORTING PERIODS OPEN TO NORMAL JURISDICT IONAL EXAMINATION ACCORDINGLY, NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS (OR ASSOCIATED PENALTIES AND INTEREST) IS PROVIDED

Supplemental Information Return Reference Explanation PART XI, LINE 2D - OTHER DELTA DENTAL OF VIRGINIA REVENUE 700,051,227 CORVESTA LIFE REVENUE 124,700 ELIMINATING E ADJUSTMENTS NTRY-REVOLV OTHER CLAIMS PROCESSING FEES PROVIDED DD -18,866,091 REVOLV REVENUE 19,946,20 0 INTERCOMPANY INCOME INCLUDED IN INVESTMENT INCOME -201,621 OTHER INCOME CORVESTA 30,00

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	ROUNDING 1

Supplemental Information Return Reference Explanation PART XII, LINE 2D - OTHER DELTA DENTAL OF VIRGINIA EXPENSES 679,241,606 CORVESTA LIFE EXPENSES 837,556 REVOLV EXPE ADJUSTMENTS NSES 19.874,052 ELIMINATION OF ALLOCATED EXPENSES TO SUBS -39.083,968 CORVESTA OTHER EXP

ENSES EXCLUDED -36.990

	HEDULE F	Statement of	Activities (Outside the Uni	ted States	OMB No 1545-0047		
(Foi	rm 990)	► Complete if the organi	zation answered " ► Attach t	swered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Trm 990) and its instructions is at www.irs.gov/form990 . Open				
Intern	tment of the Treasury al Revenue Service					Inspection		
	e of the organization /ESTA INC				Employer ide	ntification number		
					20-5945158			
Pa	General Infor Form 990, Part		Outside the l	Jnited States. Comple	te if the organization	answered "Yes" to		
1	For grantmakers. Do	es the organization ma	intain records to	substantiate the amount	of its grants and			
	other assistance, the g to award the grants or	• ,	ne grants or assi	stance, and the selection	criteria used	☐ Yes ☐ No		
2	•	scribe in Part V the org	anızatıon's proce	dures for monitoring the	use of its grants and o			
3	Activites per Region (Th	e following Part I, line 3	table can be dupli	cated if additional space is	needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region		
(1)	SOUTH ASIA - INDIA	0	0	PROVIDES SOFTWARE DEVELOPMENT, PROGRAMMING & PRODUCTION OF COMPUTER SOFTWARE	N/A	51,652		
(2)								
(3)								
(4)								
(5)								
	Sub-total Total from continuation sl Part I		0			51,652 C		
	Totals (add lines 3a and	3h)	0 0			51,652		

(1)				
(2)				
(3)				

(4)

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

Schedule F (Form 990) 2017

(4) (5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14) (15) (16) (17) (18) Page **3**

Schedule F (Form 990) 2017

Part IIII Grants and O	ther Assistance to	Individuals	Outside the Unite	ed States. Complete if	the organization an	swered "Yes" to Form 9	90, Part IV, line 16.
Part III can be	duplicated if addition	nal space is r	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)							

Sche	dule F (Form 990) 2017		Page 4
Pai	rt 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
	Schedul	e F (Form 9	990) 2017

Schedule Fi	(Form 990) 2017	Page !
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation

Schedule F (Form 990) 2017

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9331	9127	608
Sch	edule J	Co	ompensati	ion Information	OM	IB No	1545-0	0047
(Forr	n 990)	For certain Office ▶ Complete if the org	2017					
•	tment of the Treasury al Revenue Service	▶ Information al	oout Schedule J	to Form 990. (Form 990) and its instructions in approximation of the structions in a section of the struction of the struction of the structure of the structur	is at O		to Pul ectio	
	ne of the organiz	lation	<u>www.ii3.</u>	900/10/11/990 .	Employer identificat			
COR	RVESTA INC				20-5945158			
Pa	rt I Questi	ons Regarding Compensa	tion		20 33 13230			
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		s or charter travel		Housing allowance or residence for	personal use			
	_	companions		Payments for business use of person				
		nification and gross-up payment	s 🔽	Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chauf	reur, cner)			
b		xes in line 1a are checked, did t all of the expenses described abo		ollow a written policy regarding paym plete Part III to explain	nent or reimbursement	1 b	Yes	
2				or allowing expenses incurred by all	. 1-2	2	Yes	
	directors, truste	es, officers, including the CEO/E	executive Director	r, regarding the items checked in line	e la?			
3	organization's C	EO/Executive Director Check al	I that apply Don	d to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i				
	✓ Compens	ation committee	\checkmark	Written employment contract				
	· ·	ent compensation consultant	✓	Compensation survey or study				
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment?			4a	Yes	
b		r receive payment from, a suppl		ified retirement plan?		4b	Yes	
c	Participate in, o	r receive payment from, an equ	ity-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	licable 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 liste		n A, line 1a, did t	the organization pay or accrue any				
а	The organization	n?				5a		No
b	Any related orga					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	n?				6a		No
b	Any related orga					6b		No
	·	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye:		the organization provide any nonfixed rt III	d	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		140
For F	Panerwork Redu	action Act Notice, see the Ins	tructions for Fo	orm 990. Cat No 5	50053T Schedule J	(Forn	990)	2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report of	compensation fro	m the organization	on row (1) and fro	m related organiza	tions described i	n the	
instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total							
(A) Name and Title	(B) Break	kdown of W-2 and/c compensation	or 1099-MISC	(C) Retirement and other deferred	(D) Nontaxable benefits	columns	(F) Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
	-						

Part III Supplemental Information								
Provide the information, explanation	vide 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	ALL ITEMS CHECKED ON LINE 1A FOLLOW THE POLICY GUIDELINES ADOPTED BY THE ORGANIZATION FIRST-CLASS OR CHARTER TRAVEL-WE FOLLOW ADOPTED POLICY FOR BOTH FIRST-CLASS OR CHARTER TRAVEL IN SUMMARY, FIRST-CLASS TRAVEL IS NOT ALLOWED EXCEPT BY SPECIFIC GUIDANCE IN THE T & E POLICY (I E EXCEPTIONALLY LONG FLIGHT, ETC.) TRAVEL FOR COMPANIONS-WE FOLLOW ADOPTED CORPORATE TRAVEL AND ENTERTAINMENT (T&E) POLICY FOR COMPANIONS IN SUMMARY, SPOUSAL TRAVEL IS NOT COVERED UNLESS SPECIFIC CRITERIA ARE MET HEALTH OR SOCIAL CLUB DUES, IF ANY, ARE DETERMINED VIA THE COMPENSATION & BENEFITS REVIEW BY THE MANAGEMENT DEVELOPMENT & COMPENSATION COMMITTEE OF THE BOARD AS NOTED, THE EXECUTIVE COMPENSATION AND BENEFITS REVIEW IS IN ACCORDANCE WITH THE PROCESS OUTLINED BY THE IRS FOR SETTING REASONABLE COMPENSATION							
PART I, LINES 4A-B	PART I, LINE 4A SUSAN CAMPBELL, FORMER VICE PRESIDENT, WAS PAID \$81,674 IN SEVERANCE IN 2017 PURSUANT TO HER TERMINATION AGREEMENT APPROVED BY THE BOARD OF DIRECTORS PART I, LINE 4B THE FOLLOWING LUMP SUM PAYMENTS HAVE BEEN INCLUDED IN COLUMN B-III OF SCHEDULE J, PART II THE LUMP SUM PAYMENTS IN 2017 WERE EARNED OVER A PRECEDING MULTI-YEAR PERIOD THE PLAN WAS ESTABLISHED VIA THE MANAGEMENT DEVELOPMENT & COMPENSATION COMMITTEE'S COMPENSATION AND ASSESSED IN SCHOOL WITH SUPPLEMENTAL NONCHAILED DEFERRED COMPENSATION OF AN ASSESSED INS.							

Page 3

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

FOR SETTING REASONABLE COMPENSATION THE PLAN IS IN ACCORDANCE WITH SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLANS AS PER IRS SECTION 457(F) THE FOLLOWING AMOUNT WAS PAID IN 2017 EMPLOYEE AMOUNT DR GEORGE A LEVICKI \$142,092

PART I, LINE 7 A PORTION OF EACH PERSON'S COMPENSATION IS AT RISK PROVIDING KEY METRICS AND GOALS ARE ACHIEVED. THE RESPECTIVE PROGRAMS ARE SUBJECT TO

ITHE MANAGEMENT DEVELOPMENT & COMPENSATION COMMITTEE'S COMPENSATION AND BENEFIT REVIEW PROCESS WHICH IS IN ACCORDANCE WITH THE

PROCESS OUTLINED BY THE IRS FOR SETTING REASONABLE COMPENSATION

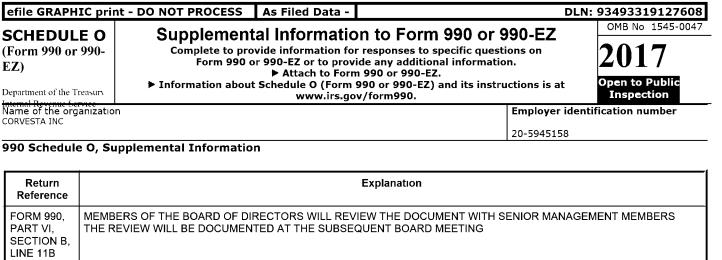
Software ID:

Software Version:

EIN: 20-5945158
Name: CORVESTA 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-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1DR GEORGE A LEVICKI PRESIDENT-RETIRED	(1)	587,010	455,347	154,994	54,000	17,596	1,268,947	0
11/2017	(11)	0	0	0	0	0	0	0
1MR R JAMES BARKER SECRETARY/TREASURER	(1)	291,577	143,143	620	54,000	17,662	507,002	0
	(11)	0	0	0	0	0	0	0
2MR CHAD MCINTOSH GENERAL COUNSEL	(1)	276,434	144,233	1,395	34,047	21,725	477,834	0
	(11)	0	0	0	0	0	0	0
3MR HARI PULIJAL CHIEF INFORMATION	(1)	142,709	25,000	983	2,750	7,498	178,940	0
OFFICER	(11)	0	0	0	0	0	0	0
4MS STACY CAMPBELL VICE PRESIDENT	(1)	254,950	135,085	1,292	34,047	17,870	443,244	0
VICETRESIDENT	(11)	0	0	0	0	0	0	0
5 MS SUSAN CAMPBELL VICE PRESIDENT	(1)	97,532	136,327	82,556	4,875	12,247	333,537	0
	(11)	0	0	0	0	0	0	0
6MS KATHARINE CLAYTOR VICE PRESIDENT	(1)	222,727	111,970	1,292	34,047	22,592	392,628	0
VICE PRESIDENT	(11)	0	0	0	0	0	0	0
7MR DAVID MITCHELL VICE PRESIDENT	(1)	239,957	122,467	1,844	34,047	17,149	415,464	0
	(11)	0	0	0	0	0	0	0
8MR MICAH ALMOND STAFF	(1)	173,893	81,281	404	2,527	7,453	265,558	0
STATE	(11)	0	0	0	0	0	0	0
9MR DAVID DANCO STAFF	(1)	136,131	35,092	813	22,140	21,765	215,941	0
	(II)	0	0	0	0	0	0	0
10MS DAISY HERNDON STAFF	(1)	140,796	29,603	1,292	21,272	3,264	196,227	0
	(11)	0	0	0	0	0	0	0
11MS DEBORAH MARTIN STAFF	(1)	153,430	32,749	914	23,534	12,333	222,960	0
	(II)	0	0	0	0	0	0	0
12MR MICHAEL PARRISH STAFF	(1)	128,728	31,666	618	20,253	19,992	201,257	0
STAFF	(11)	0	0	0	0	0	0	0
13 MR MICHAEL L HOULISTON	(1)	22,500	0	0	0	0	22,500	0
ECOMED DIDECTOR	(11)	699		0		0	699	
14DR MAYER G LEVY FORMER DIRECTOR	(1)	22,500	0	0	0	0	22,500	0
	(11)	0		0	0	0	0	0
15 DR EMANUEL W MICHAELS	(1)	22,500	0	0	0	0	22,500	0
FORMER DIRECTOR	(11)	0		0	0	0		
16DR ALBERT L PAYNE	(1)	22,500	0	0	0	0	22,500	0
FORMER DIRECTOR	(11)	255		0			255	
	ı. <i>'</i>		<u> </u>	0	0	<u> </u>	255	



Return Explanation
Reference

FORM 990, CORVESTA, INC REQUIRES CORPORATE OFFICERS AND EACH DIRECTOR ON THE BOARD OF DIRECTORS TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT THAT IS BASED ON IRS GUIDANCE SECTION B, IN ADDITION, THE CONFLICT OF INTEREST POLICY REQUIRES DISCLOSURE OF ALL CONFLICTS, POTEN LINE 12C TIAL CONFLICTS. OR ANY MATTER THAT MAY GIVE RISE TO THE APPEARANCE OF A CONFLICT

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,
PART VI,
SECTION B,
LINE 15

THE CORVESTA, INC BOARD HAS ORGANIZED A COMMITTEE, MANAGEMENT DEVELOPMENT & COMPENSATION
COMMITTEE, CONSISTING OF OUTSIDE DIRECTORS THE COMMITTEE FOLLOWS THE PROCESSES OUTLINED B
Y THE IRS FOR SETTING REASONABLE COMPENSATION THE COMMITTEE MEETS 3 TO 4 TIMES PER YEAR
THE COMMITTEE ENGAGES OUTSIDE CONSULTANTS TO ASSIST IN ESTABLISHING COMPENSATION AND BENEF
ITS THE OUTSIDE CONSULTANTS PROVIDE, AMONG OTHER ITEMS, COMPARABLE DATA (FORM 990 AND COM
PENSATION STUDIES) OF PEER ORGANIZATIONS THE COMMITTEE ADJUSTS COMPENSATION AND BENEFITS
ACCORDINGLY BASED UPON THE ABOVE PROCESS RESULTS

Return Explanation

FORM 990, PART VI, SECTION C. LINE 19

Return Explanation

Reference	
FORM 990,	PROFESSIONAL SERVICES & FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES
PART IX,	3,838,197 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,838,197
LINE 11G	

Return Explanation
Reference

LINE 9

FORM 990, PART XI, REVOLV, INC INCOME 72,149 ALLOCATED EXPENSES TO SUBS 23,098,607 SURPLUS TRANSFER 5,000,000

990 Schedule O, Supplemental Information

Return Explanation

Reference	
FORM 990, PART XII,	THERE HAVE BEEN NO CHANGES TO CORVESTA INC 'S OVERSITE PROCESS OF THE AUDIT OR ITS SELECTION OF AN INDEPENDENT AUDITOR
LINE 2C	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

20-5945158

Employer identification number

Open to Public Inspection

DLN: 93493319127608

OMB No 1545-0047

2017

Internal Revenue Service Name of the organization

(Form 990)

CORVESTA INC

Department of the Treasury

► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization (b) (c) (d) (e) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) DELTA DENTAL OF VIRGINIA PROVIDES DENTAL BENEFITS VA 501(C)4 CORVESTA INC Yes 4818 STARKEY ROAD AND SERVICES ROANOKE, VA 24018 54-0844477 (2) DELTA DENTAL OF VIRGINIA FOUNDATION INC VA DELTA DENTAL OF PROMOTION AND 501(C)3 LINE 12A, I No 4818 STARKEY ROAD ADVANCEMENT OF ORAL VIRGINIA HEALTH FOR THE PEOPLE OF ROANOKE, VA 24018 45-3230862 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2017

related organization 1)CORVESTA SOFTWARE SOLUTIONS PVT LTD 818 STARKEY ROAD OANOKE, VA 24018 2)REVOLV INC 818 STARKEY ROAD PROVIDES TO DENTA COMPANI	ons treated as (b)	a corporatio	on or tru				nswered "Yes	Yes	orm 99	90. Part IV		No N		
Decause it had one or more related organization Name, address, and EIN of related organization Print 1)CORVESTA SOFTWARE SOLUTIONS PVT LTD B18 STARKEY ROAD DANOKE, VA 24018 2)REVOLV INC B18 STARKEY ROAD PROVIDES TO DENTA COMPANI	ons treated as (b)	a corporatio	on or tru				nswered "Yes	" on Fo	orm 99	90. Part IV	. line	34		
because it had one or more related organization Name, address, and EIN of related organization Print Provides DEVELOPP PROGRAM DANOKE, VA 24018 PROVIDES TO DENTA COMPANI	ons treated as (b)	a corporatio	on or tru				nswered "Yes	" on Fo	orm 99	90. Part IV	. line	34		
because it had one or more related organization (a) Name, address, and EIN of related organization Print OCORVESTA SOFTWARE SOLUTIONS PVT LTD PROVIDES DEVELOPP PROGRAM DANOKE, VA 24018 PROVIDES TO DENTA 18 STARKEY ROAD PROVIDES TO DENTA 18 STARKEY ROAD OMPANIC	ons treated as (b)	a corporatio	on or tru				nswered "Yes	" on Fo	orm 99	90. Part IV	. line	34		
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because it had one or more related organization (a) Name, address, and EIN of related organization Print OCCORVESTA SOFTWARE SOLUTIONS PVT LTD BIS STARKEY ROAD CANOKE, VA 24018 PROVIDES DEVELOPP PROGRAM PROVIDES TO DENTA COMPANI	ons treated as (b)	a corporatio	on or tru				nswered "Yes	s" on Fo	orm 99	90. Part IV	. line	34		
because it had one or more related organization Name, address, and EIN of related organization Print Provides DEVELOPP PROGRAM DANOKE, VA 24018 PROVIDES TO DENTA COMPANI	ons treated as (b)	a corporatio	on or tru				nswered "Yes	s" on Fo	orm 99	90. Part IV	. line	34		
Decause it had one or more related organization Name, address, and EIN of related organization Print L)CORVESTA SOFTWARE SOLUTIONS PVT LTD B18 STARKEY ROAD DANOKE, VA 24018 PROVIDES DEVELOPP PROGRAM PROVIDES TO DENTA COMPANII	ons treated as (b)	a corporatio	on or tru				nswered "Yes	s" on Fo	orm 99	90. Part IV	. line	34		
Decause it had one or more related organization Name, address, and EIN of related organization Print L)CORVESTA SOFTWARE SOLUTIONS PVT LTD B18 STARKEY ROAD DANOKE, VA 24018 PROVIDES DEVELOPP PROGRAM PROVIDES TO DENTA COMPANII	ons treated as (b)	a corporatio	on or tru				nswered "Yes	s" on Fo	orm 9	90. Part IV	. line	34		
because it had one or more related organization Name, address, and EIN of related organization Print Provides DEVELOPP PROGRAM DANOKE, VA 24018 PROVIDES TO DENTA COMPANI	ons treated as (b)	a corporatio	on or tru				nswered "Yes	s" on Fo	orm 99	90. Part IV	. line	34		
because it had one or more related organization (a) Name, address, and EIN of related organization Print OCCORVESTA SOFTWARE SOLUTIONS PVT LTD BIS STARKEY ROAD CANOKE, VA 24018 PROVIDES DEVELOPP PROGRAM PROVIDES TO DENTA COMPANI	ons treated as (b)	a corporatio	on or tru				nswered "Yes	on Fo	orm 99	90. Part IV	l line	34		
because it had one or more related organization Name, address, and EIN of related organization Print 1)CORVESTA SOFTWARE SOLUTIONS PVT LTD B18 STARKEY ROAD OANOKE, VA 24018 2)REVOLV INC B18 STARKEY ROAD PROVIDES TO DENTA COMPANI	ons treated as (b)	a corporatio	on or tru				nswered "Yes	s" on Fo	orm 99	90. Part IV	'. lıne	34		
(a) Name, address, and EIN of related organization 1)CORVESTA SOFTWARE SOLUTIONS PVT LTD PROVIDES DEVELOP! PROGRAM OANOKE, VA 24018 2)REVOLV INC PROVIDES TO DENTA	(b)	(- 1						,	,			
DEVELOPMENT DEVELO	mary activity	don (state d	(c) egal nicile or foreign		(d) controlling	(e)	(f) Share of total income	Share	(g) of end-o year ssets	of- Perce	h) entage ership	1	(i) Section 5 (b)(13 controlle	
DEVELOPMENT DEVELO			cou	intry)									<u> </u>	entity?
TO DENTA 818 STARKEY ROAD COMPANI		I	N	CORV	ESTA INC	С	-41,895					-	Yes	
TO DENTA 818 STARKEY ROAD COMPANI	S TPA SERVICES	·	/A	CORV	ESTA INC	C	72,148		2,723,7	74 100 0	nn %		Yes	
COANOKE, VA 24018 17-1018474	AL INSURANCE	·		CORV	LSTA INC		72,140		2,723,7	74 100 0	100 70		163	
3)CORVESTA LIFE INSURANCE COMPANY INC PROVIDES	S LIFE INSURANCE	А	ΑZ	CORV	ESTA INC	С	-712,856	!	9,840,2	65 100 0	00 %	١,	Yes	
818 STARKEY ROAD OANOKE, VA 24018 6-0201136														
												-		

Schedule R (Form 990) 2017		Pa	ge 3
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
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1 j	1	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	1	No
Change of finishing any angular bath and the provider with related any angular (a)	1	Voc	

		- 1		
i Exchange of assets with related organization(s)	1	1i \	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1	1j	No	
k Lease of facilities, equipment, or other assets from related organization(s)	1	1k Y	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)]	11	No	
m Performance of services or membership or fundraising solicitations by related organization(s)	1	1m	No	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1	1n \	Yes	
o Sharing of paid employees with related organization(s)	1	10	No	
	_			_

j	Lease of facilities, equipment, or other assets to related organization(s)	1)	$\vdash \vdash$	NO
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	\vdash
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s	Yes	

q	Reimbursement paid by related organization(s) for expenses	1q	Yes					
r	Other transfer of cash or property to related organization(s)	1r		No				
s	Other transfer of cash or property from related organization(s)	1s	Yes					
2	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 A	Additional Data Table							
	(a)(b)(c)(d)Name of related organizationTransaction type (a-s)Amount involved type (a-s)Method of determining am			i				

Schedule R (Form 990) 2017

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

Additional Data

REVOLV INC

CORVESTA LIFE INSURANCE COMPANY

CORVESTA LIFE INSURANCE COMPANY

DELTA DENTAL OF VIRGINIA

Software Version: EIN: 20-5945158

Software ID:

Name: CORVESTA INC

	00.1120.712.10

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

Q

Q

В

Q

Κ

Q

Q

S

6,336,809

532,400

500,000

579,706

431,188

12,090,515

13,133,945

15,264,725

5,000,000

FAIR MARKET VALUE

	Name of related organization	
REVOLV INC		