

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
2018  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization CVS HEALTH EMPLOYEE RELIEF FUND</td> <td rowspan="2"><b>D</b> Employer identification number  27-4380115</td> </tr> <tr> <td colspan="2">% JEFFREY E CLARK Doing business as</td> </tr> <tr> <td>Number and street (or P O box if mail is not delivered to street address) ONE CVS DRIVE</td> <td>Room/suite</td> <td rowspan="2"><b>E</b> Telephone number  (401) 770-1500</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code WOONSOCKET, RI 028956184</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer DAVID L CASEY ONE CVS DRIVE WOONSOCKET, RI 028956184</td> <td><b>G</b> Gross receipts \$ 517,308</td> </tr> </table>	<b>C</b> Name of organization CVS HEALTH EMPLOYEE RELIEF FUND		<b>D</b> Employer identification number  27-4380115	% JEFFREY E CLARK Doing business as		Number and street (or P O box if mail is not delivered to street address) ONE CVS DRIVE	Room/suite	<b>E</b> Telephone number  (401) 770-1500	City or town, state or province, country, and ZIP or foreign postal code WOONSOCKET, RI 028956184		<b>F</b> Name and address of principal officer DAVID L CASEY ONE CVS DRIVE WOONSOCKET, RI 028956184		<b>G</b> Gross receipts \$ 517,308	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)</td> </tr> <tr> <td><b>H(c)</b> Group exemption number ▶</td> </tr> </table>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	<b>H(c)</b> Group exemption number ▶
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<b>H(c)</b> Group exemption number ▶																		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ WWW.CVSHealth.com/Social-Responsibility																	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 2010	<b>M</b> State of legal domicile RI																

**Part I Summary**

<b>Activities &amp; Governance</b>	<p><b>1</b> Briefly describe the organization's mission or most significant activities                  To PROVIDE SHORT-TERM, IMMEDIATE RELIEF TO EMPLOYEES OF CVS HEALTH WHO HAVE SUFFERED HARDSHIP AS A RESULT OF A NATURAL DISASTER, FAMILY DEATH OR OTHER UNFORSEEN DESIGNATED EVENTS</p>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	6
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	20
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	1,046,146	517,308
	<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,046,146	517,308
<b>Expenses</b>			
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	698,800	547,416
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,292	24,644
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	721,092	572,060
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	325,054	-54,752
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	879,731	825,280
	<b>21</b> Total liabilities (Part X, line 26)	600	901
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	879,131	824,379

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

<b>Sign Here</b>	2019-11-14 Date
Signature of officer	
JEFFREY E CLARK TREAS/DIRECTOR Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date 2019-11-11	Check <input type="checkbox"/> if self-employed	PTIN P01441612
	Firm's name ▶ PricewaterhouseCoopers LLP	Firm's EIN ▶		Phone no (617) 530-5000	
	Firm's address ▶ 101 SEAPORT BLVD SUITE 500 BOSTON, MA 02210				

**Part III Statement of Program Service Accomplishments**

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

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

TO PROVIDE SHORT-TERM, IMMEDIATE RELIEF TO EMPLOYEES OF CVS HEALTH WHO HAVE SUFFERED HARDSHIP AS A RESULT OF NATURAL DISASTER, FAMILY DEATH, MEDICAL EMERGENCY OR OTHER UNFORSEEN DESIGNATED EVENTS

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 547,416 including grants of \$ 547,416 ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 547,416

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>			No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>		<b>3b</b>			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b>			No
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>			No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>			No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>			No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>			No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>			No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>			No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>			No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>			No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>		<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .		<b>15</b>			No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>			No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (6); 1b Enter the number of voting members included in line 1a, above, who are independent (0); 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? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (No); 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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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? (No); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (No); 14 Did the organization have a written document retention and destruction policy? (No); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (No); b Other officers or key employees of the organization (No); 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? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: JEFFREY E CLARK ONE CVS DRIVE WOONSOCKET, RI 02895 (401) 770-5815





Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants, and Other Similar Amounts) and 1g-1h (Total).

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a-2f and 9 Total.

Main revenue table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 (Other Revenue).

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	547,416	547,416		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	0			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0			
<b>9</b> Other employee benefits.	0			
<b>10</b> Payroll taxes.	0			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0			
<b>b</b> Legal.	0			
<b>c</b> Accounting.	24,644		24,644	
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
<b>12</b> Advertising and promotion.	0			
<b>13</b> Office expenses.	0			
<b>14</b> Information technology.	0			
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	0			
<b>17</b> Travel.	0			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	0			
<b>20</b> Interest.	0			
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	0			
<b>23</b> Insurance.	0			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses.				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	572,060	547,416	24,644	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	346,627	<b>1</b>	763,566
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	533,104	<b>4</b>	61,714
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less accumulated depreciation	<b>10b</b>	0	<b>10c</b> 0
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	879,731	<b>16</b>	825,280	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	600	<b>17</b>	901
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	0	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	600	<b>26</b>	901
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	879,131	<b>27</b>	824,379
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	879,131	<b>33</b>	824,379	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	879,731	<b>34</b>	825,280	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	517,308
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	572,060
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-54,752
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	879,131
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	824,379

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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?  
 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 Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 27-4380115

**Name:** CVS HEALTH EMPLOYEE RELIEF FUND

Form 990 (2018)

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

CVS HEALTH EMPLOYEE RELIEF FUND ("ERF") IS ORGANIZED TO PROVIDE RELIEF TO EMPLOYEES OF CVS HEALTH CORPORATION AND ITS AFFILIATED ENTITIES ("CVS") CVS HAS 250,000 ELIGIBLE EMPLOYEES LOCATED IN EVERY STATE WITHIN THE UNITED STATES THE ACTIVITIES OF ERF WILL BE TO PROVIDE SHORT-TERM, IMMEDIATE FINANCIAL RELIEF TO CVS EMPLOYEES AND FAMILY MEMBERS WHO HAVE SUFFERED SIGNIFICANT HARDSHIP AS A RESULT OF NATURAL DISASTER, FAMILY DEATH, MEDICAL EMERGENCY OR OTHER UNFORSEEN DESIGNATED EVENTS AND WHO HAVE DEMONSTRATED A FINANCIAL NEED EMPLOYEES CAN SUBMIT APPLICATIONS FOR FUNDS NEEDED TO ESTABLISH OR RE-ESTABLISH A HABITABLE AND SAFE RESIDENCE FOLLOWING A HURRICANE, FIRE, FLOOD, TORNADO, ETC , FOR FUNERAL OR TRAVEL EXPENSES FOR ATTENDING A FUNERAL OR CARING FOR A TERMINALLY ILL EMPLOYEE OR IMMEDIATE FAMILY MEMBER, FOR INITIAL ASSISTANCE ONCE AN EMPLOYEE OR SPOUSE/DOMESTIC PARTNER IS DEPLOYED INTO THE MILITARY, OR FOR ASSISTANCE WITH A PERSONAL OR MEDICAL EMERGENCY OR PRESCRIPTION REQUIREMENTS IN 2018 ERF PROVIDED GRANTS TO 392 EMPLOYEES

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**SCHEDULE A**  
**(Form 990 or**  
**990EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CVS HEALTH EMPLOYEE RELIEF FUND

Employer identification number

27-4380115

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	321,179	312,374	325,154	1,046,146	517,308	2,522,161
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4</b>	<b>Total.</b> Add lines 1 through 3	321,179	312,374	325,154	1,046,146	517,308	2,522,161
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,362,368
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						1,159,793

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4	321,179	312,374	325,154	1,046,146	517,308	2,522,161
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						2,522,161
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	45.984 %
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	40.782 %

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 27-4380115

**Name:** CVS HEALTH EMPLOYEE RELIEF FUND

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**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.**  
**▶ Attach to Form 990.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
CVS HEALTH EMPLOYEE RELIEF FUND

**Employer identification number**  
27-4380115

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

**(i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	▶

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶ 0

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	550,278
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	32,970	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	32,970
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	517,308
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	517,308

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	605,030
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	32,970	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	32,970
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	572,060
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	572,060

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 27-4380115

**Name:** CVS HEALTH EMPLOYEE RELIEF FUND

## Supplemental Information

Return Reference	Explanation
SCHEDULE D - PART X	THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX PROVISIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT CHANGES IN RECOGNITION & MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS THE ORGANIZATION HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CVS HEALTH EMPLOYEE RELIEF FUND

Employer identification number

27-4380115

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMPLOYEE RELIEF GRANTS	403	547,416			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION	CVS EMPLOYEE RELIEF FUND ("ERF") IS ORGANIZED TO PROVIDE RELIEF TO EMPLOYEES OF CVS HEALTH CORPORATION AND ITS AFFILIATED ENTITIES ("CVS") EVERY EMPLOYEE WHO IS REQUESTING ASSISTANCE FROM THE ERF HAS TO FILL OUT AN APPLICATION FORM AND ANSWER QUESTIONS REGARDING THE CURRENT SITUATION THAT IS CAUSING A FINANCIAL NEED AS WELL THEIR FINANCIAL SITUATION THEY ARE REQUIRED TO PROVIDE THEIR TWO MOST RECENT TAX RETURNS

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

CVS HEALTH EMPLOYEE RELIEF FUND

Employer identification number

27-4380115

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 2	DESCRIPTION OF RELATIONSHIPS CVS HEALTH EMPLOYEE RELIEF FUND ("ERF") IS ORGANIZED TO PROVIDE SHORT-TERM, IMMEDIATE FINANCIAL RELIEF TO EMPLOYEES OF CVS HEALTH CORPORATION ("CVS") OR ITS AFFILIATED ENTITIES EILEEN H BOONE, A DIRECTOR ON ERF'S BOARD, IS ALSO AN OFFICER OF CVS PHARMACY, INC THOMAS S MOFFATT, A DIRECTOR ON ERF'S BOARD, IS AN OFFICER OF CVS HEALTH CORPORATION ALL DIRECTORS ARE EMPLOYEES OF CVS OR ITS AFFILIATED ENTITIES FORM 990, PART VI, LINE 8B COMMITTEE AUTHORITY THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11	DESCRIBE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 CVS HEALTH EMPLOYEES GATHER ALL DATA FOR THE RETURN THE RETURN IS PREPARED AND REVIEWED BY AN OUTSIDE ACCOUNTING FIRM THAT SIGNS AS PREPARER A COPY IS THEN REVIEWED BY CVS HEALTH MANAGEMENT AND PROVIDED TO THE BOARD OF ERF BEFORE FILING WITH THE IRS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 12C	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST EACH DIRECTOR, OFFICER, AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS IS AN INTERESTED PERSON AND MUST ANNUALLY AFFIRM THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY OF CVS HEALTH CORPORATION, AND HAVE AGREED TO COMPLY WITH THE POLICY IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON HAS AN OUTGOING DUTY TO DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND SHALL BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONCERNING THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSIONS WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING DURING THE DISCUSSION OF THE POTENTIAL CONFLICT OF INTEREST AND THE VOTE ON WHETHER A CONFLICT OF INTEREST EXISTS THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS IF A CONFLICT OF INTEREST IS FOUND TO EXIST, THE CHAIRMAN OF THE BOARD OR THE COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 13 & 14	DOCUMENT RETENTION/DESTRUCTION POLICY & WHISTLEBLOWER POLICY CVS HEALTH EMPLOYEE RELIEF FUND ("ERF") DOES NOT HAVE ITS OWN WRITTEN DOCUMENTATION RETENTION AND DESTRUCTION POLICY AND WRITTEN WHISTLEBLOWER POLICY, BUT THEY FOLLOW THEIR AFFILIATE CVS HEALTH CORPORATION'S POLICY ON THOSE ISSUES

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAILABILITY OF GOVERNING DOCUMENTS & CONFLICT OF INTEREST POLICY TO THE GENERAL PUBLIC TH E CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS WILL BE MADE A VAILABLE UPON REQUEST

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CVS HEALTH EMPLOYEE RELIEF FUND

**Employer identification number**

27-4380115

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> CVS FOUNDATION ONE CVS DRIVE  WOONSOCKET, RI 02895 22-3206973	GRANTMAKING	RI	501(C)(3)	PF	CVS PHARMACY	Yes	
<b>(2)</b> CVS HEALTH CHARITY CLASSIC ONE CVS DRIVE  WOONSOCKET, RI 02895 05-0508742	GRANTMAKING	RI	501(C)(3)	7	CVS PHARMACY	Yes	
<b>(3)</b> AETNA FOUNDATION INC 151 FARMINGTON AVENUE  HARTFORD, CT 06156 23-7241940	GRANTMAKING	CT	501(C)(3)	PF	CVS PHARMACY	Yes	

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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



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

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 27-4380115

**Name:** CVS HEALTH EMPLOYEE RELIEF FUND

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Accendo Insurance Company One CVS Drive Woonsocket, RI 02895 06-1566092	Medicare Part D	UT	CVS Pharmacy	CORP				Yes	
(1) ACS ACQCO CORP One CVS Drive Woonsocket, RI 02895 26-2775482	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
(2) Advanced Care Scripts Inc One CVS Drive Woonsocket, RI 02895 43-2080503	Long-Term Care Ph	FL	CVS Pharmacy	CORP				Yes	
(3) Alabama CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-3648395	CVS Pharmacy Reta	AL	CVS Pharmacy	LLC Corp				Yes	
(4) AMC - Tennessee Inc One CVS Drive Woonsocket, RI 02895 62-1696813	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
(5) BPNY Acquisition Corp One CVS Drive Woonsocket, RI 02895 31-1563804	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
(6) CHP Acquisition Corp One CVS Drive Woonsocket, RI 02895 31-1483612	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
(7) Connecticut CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-3648725	CVS Pharmacy Reta	CT	CVS Pharmacy	LLC Corp				Yes	
(8) Coram Alternate Site Services Inc One CVS Drive Woonsocket, RI 02895 76-0215922	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
(9) Coram Clinical Trials Inc One CVS Drive Woonsocket, RI 02895 58-2160656	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
(10) Coram Healthcare Corporation of Alabama One CVS Drive Woonsocket, RI 02895 58-1813484	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
(11) Coram Healthcare Corporation of Florida One CVS Drive Woonsocket, RI 02895 58-1949695	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
(12) Coram Healthcare Corporation of Greater One CVS Drive Woonsocket, RI 02895 58-2035129	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
(13) Coram Healthcare Corporation of Greater One CVS Drive Woonsocket, RI 02895 58-1844719	Specialty Infusio	NY	CVS Pharmacy	CORP				Yes	
(14) Coram Healthcare Corporation of Indiana One CVS Drive Woonsocket, RI 02895 58-1813491	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) Coram Healthcare Corporation of Massachu One CVS Drive Woonsocket, RI 02895 33-0532814	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
(1) Coram Healthcare Corporation of Mississi One CVS Drive Woonsocket, RI 02895 58-1813479	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
(2) Coram Healthcare Corporation of Nevada One CVS Drive Woonsocket, RI 02895 58-1972771	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
(3) Coram Healthcare Corporation of North Te One CVS Drive Woonsocket, RI 02895 33-0556959	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
(4) Coram Healthcare Corporation of Northern One CVS Drive Woonsocket, RI 02895 58-1972773	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
(5) Coram Healthcare Corporation of Southern One CVS Drive Woonsocket, RI 02895 58-2006708	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
(6) Coram Healthcare Corporation of Southern One CVS Drive Woonsocket, RI 02895 58-1949686	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
(7) Coram Healthcare Corporation of Utah One CVS Drive Woonsocket, RI 02895 95-4446209	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
(8) CP Acquisition Corp One CVS Drive Woonsocket, RI 02895 61-1317566	Long-Term Care Ph	OK	CVS Pharmacy	CORP				Yes	
(9) CVS Caremark Indemnity Ltd One CVS Drive Woonsocket, RI 02895 05-0500188	Insurance	DE	CVS Pharmacy	CORP				Yes	
(10) CVS Health Corporation One CVS Drive Woonsocket, RI 02895 05-0494040	Holding Company	RI	N/A	CORP					No
(11) CVS Pharmacy Inc One CVS Drive Woonsocket, RI 02895 05-0340626	Retail Pharmacy C	RI	CVS Health Corp	CORP					No
(12) CVS Rx Services Inc One CVS Drive Woonsocket, RI 02895 05-0501917	Pharmacist Employ	NY	CVS Pharmacy	CORP				Yes	
(13) Delaware CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 26-0223262	CVS Pharmacy Reta	DE	CVS Pharmacy	LLC Corp				Yes	
(14) Drogaria Onofre Ltda One CVS Drive Woonsocket, RI 02895 98-1131843	Retail Pharmacy	BR	CVS Pharmacy	CORP				Yes	

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(31) ETB INC One CVS Drive Woonsocket, RI 02895 74-2118879	License Holder (T	TX	CVS Pharmacy	CORP				Yes	
(1) Eric C Marshall MD PC One CVS Drive Woonsocket, RI 02895 20-8550517	Ambulatory Health	DC	CVS Pharmacy	PC				Yes	
(2) Evergreen Pharmaceutical of California One CVS Drive Woonsocket, RI 02895 61-1321151	Long-Term Care Ph	CA	CVS Pharmacy	CORP				Yes	
(3) Geneva Woods Pharmacy Inc One CVS Drive Woonsocket, RI 02895 92-0074555	Long-Term Care Ph	AK	CVS Pharmacy	CORP				Yes	
(4) George Safran MD PC One CVS Drive Woonsocket, RI 02895 27-1511452	Ambulatory Health	NY	CVS Pharmacy	PC				Yes	
(5) Holiday CVS LLC One CVS Drive Woonsocket, RI 02895 03-0394176	CVS Pharmacy Reta	FL	CVS Pharmacy	LLC Corp				Yes	
(6) Innovative Worldwide Distributors (HK) L One CVS Drive Woonsocket, RI 02895 35-2486385	International Dis	DE	CVS Pharmacy	CORP				Yes	
(7) Iowa CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-4281257	CVS Pharmacy Reta	IA	CVS Pharmacy	LLC Corp				Yes	
(8) JEC Funding Inc One CVS Drive Woonsocket, RI 02895 13-3388181	Real Estate	DE	CVS Pharmacy	CORP				Yes	
(9) Kentucky CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-4452072	CVS Pharmacy Reta	KY	CVS Pharmacy	LLC Corp				Yes	
(10) Managed HealthCare Inc One CVS Drive Woonsocket, RI 02895 31-1450845	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
(11) Martin Health Services Inc One CVS Drive Woonsocket, RI 02895 20-3100455	Long-Term Care Ph	IA	CVS Pharmacy	CORP				Yes	
(12) Maryland CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 65-1262539	CVS Pharmacy Reta	MD	CVS Pharmacy	LLC Corp				Yes	
(13) MC Diagnostic of Connecticut PC One CVS Drive Woonsocket, RI 02895 20-5414393	Ambulatory Health	CT	CVS Pharmacy	PC				Yes	
(14) Med World Acquisition Corp One CVS Drive Woonsocket, RI 02895 61-1322120	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(46) Medical Arts Health Care Inc One CVS Drive Woonsocket, RI 02895 58-1640672	Long-Term Care Ph	GA	CVS Pharmacy	CORP				Yes	
(1) Melville Realty Company Inc One CVS Drive Woonsocket, RI 02895 04-6050302	Real Estate	NY	CVS Pharmacy	CORP				Yes	
(2) Minute Clinic Diagnostic of North Caroli One CVS Drive Woonsocket, RI 02895 20-3555819	Ambulatory Health	NC	CVS Pharmacy	PC				Yes	
(3) MinuteClinic Diagnostic Medical Group of One CVS Drive Woonsocket, RI 02895 42-1731802	Ambulatory Health	CA	CVS Pharmacy	CORP				Yes	
(4) MinuteClinic Diagnostic Medical Group of One CVS Drive Woonsocket, RI 02895 26-0844287	Ambulatory Health	CA	CVS Pharmacy	CORP				Yes	
(5) MinuteClinic Diagnostic Medical Group of One CVS Drive Woonsocket, RI 02895 26-0844323	Ambulatory Health	CA	CVS Pharmacy	CORP				Yes	
(6) MinuteClinic Diagnostic of Illinois LLC One CVS Drive Woonsocket, RI 02895 20-5818281	Ambulatory Health	DE	CVS Pharmacy	LLC Corp				Yes	
(7) MinuteClinic Diagnostic of Kansas PA One CVS Drive Woonsocket, RI 02895 20-5096637	Ambulatory Health	KS	CVS Pharmacy	PA				Yes	
(8) MinuteClinic Diagnostic of Michigan PC One CVS Drive Woonsocket, RI 02895 20-4269269	Ambulatory Health	MI	CVS Pharmacy	PC				Yes	
(9) MinuteClinic Diagnostic of Minnesota P One CVS Drive Woonsocket, RI 02895 47-5140770	Ambulatory Health	MN	CVS Pharmacy	PA				Yes	
(10) MinuteClinic Diagnostic of New Jersey L One CVS Drive Woonsocket, RI 02895 20-4868967	Ambulatory Health	NJ	CVS Pharmacy	LLC Corp				Yes	
(11) MinuteClinic Diagnostic of Tennessee P One CVS Drive Woonsocket, RI 02895 20-3348922	Ambulatory Health	TN	CVS Pharmacy	PC				Yes	
(12) MinuteClinic Diagnostic PA One CVS Drive Woonsocket, RI 02895 41-1952112	Ambulatory Health	MN	CVS Pharmacy	PA				Yes	
(13) MinuteClinic Diagnostics of Indiana LLC One CVS Drive Woonsocket, RI 02895 20-3207688	Ambulatory Health	IN	CVS Pharmacy	LLC Corp				Yes	
(14) NCS Healthcare of Kentucky Inc One CVS Drive Woonsocket, RI 02895 31-1521217	Long-Term Care Ph	OH	CVS Pharmacy	CORP				Yes	

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(61) NCS Healthcare of Montana Inc One CVS Drive Woonsocket, RI 02895 34-1851710	Long-Term Care Ph	OH	CVS Pharmacy	CORP				Yes	
(1) NCS Healthcare of New Mexico Inc One CVS Drive Woonsocket, RI 02895 34-1866493	Long-Term Care Ph	OH	CVS Pharmacy	CORP				Yes	
(2) NCS Healthcare of South Carolina Inc One CVS Drive Woonsocket, RI 02895 31-1508225	Long-Term Care Ph	OH	CVS Pharmacy	CORP				Yes	
(3) NCS Healthcare of Tennessee Inc One CVS Drive Woonsocket, RI 02895 34-1866494	Long-Term Care Ph	OH	CVS Pharmacy	CORP				Yes	
(4) NeighborCare Pharmacy Services Inc One CVS Drive Woonsocket, RI 02895 23-2963282	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
(5) NeighborCare Services Corporation One CVS Drive Woonsocket, RI 02895 23-2585556	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
(6) NeighborCare Inc One CVS Drive Woonsocket, RI 02895 06-1132947	Long-Term Care Ph	PA	CVS Pharmacy	CORP				Yes	
(7) New Jersey CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-3618568	CVS Pharmacy Reta	NJ	CVS Pharmacy	LLC Corp				Yes	
(8) North Carolina CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-3649570	CVS Pharmacy Reta	NC	CVS Pharmacy	LLC Corp				Yes	
(9) OCR Services Corporation One CVS Drive Woonsocket, RI 02895 31-1402845	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
(10) Oklahoma CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-4837341	CVS Pharmacy Reta	OK	CVS Pharmacy	LLC Corp				Yes	
(11) Omnicare Pharmacies of The Great Plains One CVS Drive Woonsocket, RI 02895 61-1386242	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
(12) Parekh MinuteClinic of Nevada PC One CVS Drive Woonsocket, RI 02895 20-5793559	Ambulatory Health	NV	CVS Pharmacy	PC				Yes	
(13) Pennsylvania Life Insurance Company One CVS Drive Woonsocket, RI 02895 23-1305366	Medicare Part D	PA	CVS Pharmacy	CORP				Yes	
(14) Pharmacy Associates of Glens Falls Inc One CVS Drive Woonsocket, RI 02895 14-1554120	Long-Term Care Ph	NY	CVS Pharmacy	CORP				Yes	

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(76) Professional Pharmacy Services Inc One CVS Drive Woonsocket, RI 02895 23-2847488	Long-Term Care Ph	MD	CVS Pharmacy	CORP				Yes	
(1) Rhode Island CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-4451847	CVS Pharmacy Reta	RI	CVS Pharmacy	LLC Corp				Yes	
(2) Richmond Heights Acquisition Corp One CVS Drive Woonsocket, RI 02895 61-1428940	Real Estate	OH	CVS Pharmacy	CORP				Yes	
(3) SilverScript Insurance Company One CVS Drive Woonsocket, RI 02895 20-2833904	Medicare Part D	TN	CVS Pharmacy	CORP				Yes	
(4) Sterling Healthcare Services Inc One CVS Drive Woonsocket, RI 02895 36-4031863	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
(5) Superior Care Pharmacy Inc One CVS Drive Woonsocket, RI 02895 31-1543728	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
(6) TCPI Acquisition Corp One CVS Drive Woonsocket, RI 02895 31-1508476	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
(7) Tennessee CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-3738440	CVS Pharmacy Reta	TN	CVS Pharmacy	LLC Corp				Yes	
(8) UC Acquisition Corp One CVS Drive Woonsocket, RI 02895 31-1414594	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
(9) Uni-Care Health Services of Maine Inc One CVS Drive Woonsocket, RI 02895 02-0468192	Long-Term Care Ph	NH	CVS Pharmacy	CORP				Yes	
(10) Virginia CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-3649917	CVS Pharmacy Reta	VA	CVS Pharmacy	LLC Corp				Yes	
(11) Williamson Drug Company Incorporated One CVS Drive Woonsocket, RI 02895 54-0590067	Long-Term Care Ph	VA	CVS Pharmacy	CORP				Yes	
(12) Credentials Inc 151 Farmington Avenue Hartford, CT 06156 23-2671370	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(13) Accendo Insurance Company 151 Farmington Avenue Hartford, CT 06156 06-1566092	Healthcare/Insura	UT	CVS Pharmacy	CORP				Yes	
(14) Active Health Management Inc 151 Farmington Avenue Hartford, CT 06156 52-2182411	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(91) Adminco Inc 151 Farmington Avenue Hartford, CT 06156 86-0537707	Healthcare/Insura	AZ	CVS Pharmacy	CORP				Yes	
(1) Administrative Enterprises Inc 151 Farmington Avenue Hartford, CT 06156 86-0527428	Healthcare/Insura	AZ	CVS Pharmacy	CORP				Yes	
(2) AE Fourteen Incorporated 151 Farmington Avenue Hartford, CT 06156 06-1028469	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
(3) Aetna ACO Holdings Inc 151 Farmington Avenue Hartford, CT 06156 45-4901541	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(4) Aetna Better Health Inc (CT) 151 Farmington Avenue Hartford, CT 06156 26-2867560	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
(5) Aetna Better Health Inc (GA) 151 Farmington Avenue Hartford, CT 06156 20-2207534	Healthcare/Insura	GA	CVS Pharmacy	CORP				Yes	
(6) Aetna Better Health Inc (IL) 151 Farmington Avenue Hartford, CT 06156 27-2512072	Healthcare/Insura	IL	CVS Pharmacy	CORP				Yes	
(7) Aetna Better Health Inc (NJ) 151 Farmington Avenue Hartford, CT 06156 46-3203088	Healthcare/Insura	NJ	CVS Pharmacy	CORP				Yes	
(8) Aetna Better Health Inc (NY) 151 Farmington Avenue Hartford, CT 06156 45-2634734	Healthcare/Insura	NY	CVS Pharmacy	CORP				Yes	
(9) Aetna Better Health Inc (OH) 151 Farmington Avenue Hartford, CT 06156 45-2764938	Healthcare/Insura	OH	CVS Pharmacy	CORP				Yes	
(10) Aetna Better Health Inc (PA) 151 Farmington Avenue Hartford, CT 06156 27-0563973	Healthcare/Insura	PA	CVS Pharmacy	CORP				Yes	
(11) Aetna Better Health Inc (TN) 151 Farmington Avenue Hartford, CT 06156 20-4416606	Healthcare/Insura	TN	CVS Pharmacy	CORP				Yes	
(12) Aetna Better Health of California Inc 151 Farmington Avenue Hartford, CT 06156 47-5178095	Healthcare/Insura	CA	CVS Pharmacy	CORP				Yes	
(13) Aetna Better Health of Iowa Inc 151 Farmington Avenue Hartford, CT 06156 47-3850677	Healthcare/Insura	OH	CVS Pharmacy	CORP				Yes	
(14) Aetna Better Health of Kansas Inc 151 Farmington Avenue Hartford, CT 06156 81-3370401	Healthcare/Insura	KS	CVS Pharmacy	CORP				Yes	

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								Yes	No
(106) Aetna Better Health of Kentucky Insuranc 151 Farmington Avenue Hartford, CT 06156 47-3279217	Healthcare/Insura	KY	CVS Pharmacy	CORP				Yes	
(1) Aetna Better Health of Michigan Inc 151 Farmington Avenue Hartford, CT 06156 20-1052897	Healthcare/Insura	MI	CVS Pharmacy	CORP				Yes	
(2) Aetna Better Health of Nevada Inc 151 Farmington Avenue Hartford, CT 06156 81-3564875	Healthcare/Insura	NV	CVS Pharmacy	CORP				Yes	
(3) Aetna Better Health of North Carolina In 151 Farmington Avenue Hartford, CT 06156 82-3333789	Healthcare/Insura	NC	CVS Pharmacy	CORP				Yes	
(4) Aetna Better Health of Oklahoma Inc 151 Farmington Avenue Hartford, CT 06156 81-1143850	Healthcare/Insura	OK	CVS Pharmacy	CORP				Yes	
(5) Aetna Better Health of Texas Inc 151 Farmington Avenue Hartford, CT 06156 74-1844335	Healthcare/Insura	TX	CVS Pharmacy	CORP				Yes	
(6) Aetna Better Health of Washington Inc 151 Farmington Avenue Hartford, CT 06156 81-5030233	Healthcare/Insura	WA	CVS Pharmacy	CORP				Yes	
(7) Aetna Better Health Inc (LA) 151 Farmington Avenue Hartford, CT 06156 80-0629718	Healthcare/Insura	LA	CVS Pharmacy	CORP				Yes	
(8) Aetna Dental Inc (NJ) 151 Farmington Avenue Hartford, CT 06156 22-2990909	Healthcare/Insura	NJ	CVS Pharmacy	CORP				Yes	
(9) Aetna Dental Inc (TX) 151 Farmington Avenue Hartford, CT 06156 06-1177531	Healthcare/Insura	TX	CVS Pharmacy	CORP				Yes	
(10) Aetna Dental of California Inc 151 Farmington Avenue Hartford, CT 06156 06-1160812	Healthcare/Insura	CA	CVS Pharmacy	CORP				Yes	
(11) Aetna Florida Inc 151 Farmington Avenue Hartford, CT 06156 80-0671703	Healthcare/Insura	FL	CVS Pharmacy	CORP				Yes	
(12) Aetna Global Benefits (Asia Pacific) Lim 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	TH	CVS Pharmacy	CORP				Yes	
(13) Aetna Global Benefits (UK) Limited 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	UK	CVS Pharmacy	CORP				Yes	
(14) Aetna Health and Life Insurance Company 151 Farmington Avenue Hartford, CT 06156 06-0876836	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	

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								Yes	No
(121) Aetna Health Inc (CT) 151 Farmington Avenue Hartford, CT 06156 23-2442048	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
(1) Aetna Health Inc (FL) 151 Farmington Avenue Hartford, CT 06156 59-2411584	Healthcare/Insura	FL	CVS Pharmacy	CORP				Yes	
(2) Aetna Health Inc (GA) 151 Farmington Avenue Hartford, CT 06156 58-1649568	Healthcare/Insura	GA	CVS Pharmacy	CORP				Yes	
(3) Aetna Health Inc (LA) 151 Farmington Avenue Hartford, CT 06156 74-2381406	Healthcare/Insura	LA	CVS Pharmacy	CORP				Yes	
(4) Aetna Health Inc (ME) 151 Farmington Avenue Hartford, CT 06156 01-0504252	Healthcare/Insura	ME	CVS Pharmacy	CORP				Yes	
(5) Aetna Health Inc (NJ) 151 Farmington Avenue Hartford, CT 06156 52-1270921	Healthcare/Insura	NJ	CVS Pharmacy	CORP				Yes	
(6) Aetna Health Inc (NY) 151 Farmington Avenue Hartford, CT 06156 22-2663623	Healthcare/Insura	NY	CVS Pharmacy	CORP				Yes	
(7) Aetna Health Inc (PA) 151 Farmington Avenue Hartford, CT 06156 23-2169745	Healthcare/Insura	PA	CVS Pharmacy	CORP				Yes	
(8) Aetna Health Inc (TX) 151 Farmington Avenue Hartford, CT 06156 76-0189680	Healthcare/Insura	TX	CVS Pharmacy	CORP				Yes	
(9) Aetna Health Insurance (Thailand) Public 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	TH	CVS Pharmacy	CORP				Yes	
(10) Aetna Health Insurance Company 151 Farmington Avenue Hartford, CT 06156 23-2710210	Healthcare/Insura	PA	CVS Pharmacy	CORP				Yes	
(11) Aetna Health Insurance Company of New Yo 151 Farmington Avenue Hartford, CT 06156 57-0805126	Healthcare/Insura	NY	CVS Pharmacy	CORP				Yes	
(12) Aetna Health of California Inc 151 Farmington Avenue Hartford, CT 06156 95-3402799	Healthcare/Insura	CA	CVS Pharmacy	CORP				Yes	
(13) Aetna Health of Iowa Inc 151 Farmington Avenue Hartford, CT 06156 42-1244752	Healthcare/Insura	IA	CVS Pharmacy	CORP				Yes	
(14) Aetna Health of Michigan Inc 151 Farmington Avenue Hartford, CT 06156 23-2861565	Healthcare/Insura	MI	CVS Pharmacy	CORP				Yes	

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								Yes	No
(136) Aetna Health of Utah Inc 151 Farmington Avenue Hartford, CT 06156 87-0345631	Healthcare/Insura	UT	CVS Pharmacy	CORP				Yes	
(1) Aetna HealthAssurance Pennsylvania Inc 151 Farmington Avenue Hartford, CT 06156 47-4352768	Healthcare/Insura	PA	CVS Pharmacy	CORP				Yes	
(2) Aetna Holdco (UK) Limited 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	UK	CVS Pharmacy	CORP				Yes	
(3) Aetna Holdings (Thailand) Limited 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	TH	CVS Pharmacy	CORP				Yes	
(4) Aetna Inc 151 Farmington Avenue Hartford, CT 06156 23-2229683	Healthcare/Insura	PA	CVS Pharmacy	CORP				Yes	
(5) Aetna Insurance Company Limited 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	UK	CVS Pharmacy	CORP				Yes	
(6) Aetna Insurance Company of Connecticut 151 Farmington Avenue Hartford, CT 06156 06-1286276	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
(7) Aetna Integrated Informatics Inc 151 Farmington Avenue Hartford, CT 06156 23-2604867	Healthcare/Insura	PA	CVS Pharmacy	CORP				Yes	
(8) Aetna International Inc 151 Farmington Avenue Hartford, CT 06156 06-1571642	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
(9) Aetna Ireland Inc 151 Farmington Avenue Hartford, CT 06156 22-3187443	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(10) Aetna Life & Casualty (Bermuda) Ltd 151 Farmington Avenue Hartford, CT 06156 98-0211470	Healthcare/Insura	BD	CVS Pharmacy	CORP				Yes	
(11) Aetna Life Assignment Company 151 Farmington Avenue Hartford, CT 06156 06-1373153	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
(12) Aetna Life Insurance Company 151 Farmington Avenue Hartford, CT 06156 06-6033492	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
(13) Aetna Risk Assurance Company of Connecti 151 Farmington Avenue Hartford, CT 06156 47-2049117	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
(14) Aetna Student Health Agency Inc 151 Farmington Avenue Hartford, CT 06156 04-2708160	Healthcare/Insura	MA	CVS Pharmacy	CORP				Yes	

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								Yes	No
(151) AHP Holdings Inc 151 Farmington Avenue Hartford, CT 06156 06-1270755	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
(1) Allina Health and Aetna Insurance Compan 151 Farmington Avenue Hartford, CT 06156 82-2091197	Healthcare/Insura	MN	CVS Pharmacy	CORP				Yes	
(2) American Continental Insurance Company 151 Farmington Avenue Hartford, CT 06156 20-2901054	Healthcare/Insura	TN	CVS Pharmacy	CORP				Yes	
(3) American Health Holding Inc 151 Farmington Avenue Hartford, CT 06156 31-1368946	Healthcare/Insura	OH	CVS Pharmacy	CORP				Yes	
(4) AUSHC Holdings Inc 151 Farmington Avenue Hartford, CT 06156 06-1481308	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
(5) Banner Health and Aetna Health Insurance 151 Farmington Avenue Hartford, CT 06156 81-5281115	Healthcare/Insura	AZ	CVS Pharmacy	CORP				Yes	
(6) Banner Health and Aetna Health Plan Inc 151 Farmington Avenue Hartford, CT 06156 81-5290023	Healthcare/Insura	AZ	CVS Pharmacy	CORP				Yes	
(7) Broadspire National Services Inc 151 Farmington Avenue Hartford, CT 06156 59-2108747	Healthcare/Insura	FL	CVS Pharmacy	CORP				Yes	
(8) Carefree Insurance Services Inc 151 Farmington Avenue Hartford, CT 06156 59-3750548	Healthcare/Insura	FL	CVS Pharmacy	CORP				Yes	
(9) Claims Administration Corp 151 Farmington Avenue Hartford, CT 06156 52-1320522	Healthcare/Insura	MD	CVS Pharmacy	CORP				Yes	
(10) Cofinity Inc 151 Farmington Avenue Hartford, CT 06156 20-1274723	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(11) Contact Int'l Legal-Spinnaker Topco Limi 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	BD	CVS Pharmacy	CORP				Yes	
(12) Continental Life Insurance Company of Br 151 Farmington Avenue Hartford, CT 06156 62-1181209	Healthcare/Insura	TN	CVS Pharmacy	CORP				Yes	
(13) Coventry Consumer Advantage Inc 151 Farmington Avenue Hartford, CT 06156 26-1293772	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(14) Coventry Health and Life Insurance Compa 151 Farmington Avenue Hartford, CT 06156 75-1296086	Healthcare/Insura	MO	CVS Pharmacy	CORP				Yes	

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								Yes	No
(166) Coventry Health Care National Accounts 151 Farmington Avenue Hartford, CT 06156 20-8070994	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(1) Coventry Health Care National Network I 151 Farmington Avenue Hartford, CT 06156 20-5185442	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(2) Coventry Health Care of Florida Inc 151 Farmington Avenue Hartford, CT 06156 65-0986441	Healthcare/Insura	FL	CVS Pharmacy	CORP				Yes	
(3) Coventry Health Care of Illinois Inc 151 Farmington Avenue Hartford, CT 06156 37-1241037	Healthcare/Insura	IL	CVS Pharmacy	CORP				Yes	
(4) Coventry Health Care of Kansas Inc 151 Farmington Avenue Hartford, CT 06156 48-0840330	Healthcare/Insura	KS	CVS Pharmacy	CORP				Yes	
(5) Coventry Health Care of Missouri Inc 151 Farmington Avenue Hartford, CT 06156 43-1372307	Healthcare/Insura	MO	CVS Pharmacy	CORP				Yes	
(6) Coventry Health Care of Nebraska Inc 151 Farmington Avenue Hartford, CT 06156 42-1308659	Healthcare/Insura	NE	CVS Pharmacy	CORP				Yes	
(7) Coventry Health Care of Virginia Inc 151 Farmington Avenue Hartford, CT 06156 54-1576305	Healthcare/Insura	VA	CVS Pharmacy	CORP				Yes	
(8) Coventry Health Care of West Virginia I 151 Farmington Avenue Hartford, CT 06156 55-0712129	Healthcare/Insura	WV	CVS Pharmacy	CORP				Yes	
(9) Coventry Health Care Workers Compensatio 151 Farmington Avenue Hartford, CT 06156 20-8376354	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(10) Coventry Health Plan of Florida Inc 151 Farmington Avenue Hartford, CT 06156 65-0453436	Healthcare/Insura	FL	CVS Pharmacy	CORP				Yes	
(11) Coventry Healthcare Management Corporati 151 Farmington Avenue Hartford, CT 06156 62-1411933	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(12) Coventry Prescription Management Service 151 Farmington Avenue Hartford, CT 06156 47-0854096	Healthcare/Insura	NV	CVS Pharmacy	CORP				Yes	
(13) Coventry Rehabilitation Services Inc 151 Farmington Avenue Hartford, CT 06156 87-0443226	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(14) Coventry Transplant Network Inc 151 Farmington Avenue Hartford, CT 06156 01-0646056	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	

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								Yes	No
(181) CVS Pharmacy Inc 151 Farmington Avenue Hartford, CT 06156 05-0340626	Healthcare/Insura	RI	CVS Pharmacy	CORP				Yes	
(1) Delaware Physicians Care Incorporated 151 Farmington Avenue Hartford, CT 06156 73-1702435	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(2) Echo Merger Sub Inc 151 Farmington Avenue Hartford, CT 06156 47-4556274	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(3) First Health Group Corp 151 Farmington Avenue Hartford, CT 06156 20-1736437	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(4) First Health Life & Health Insurance Com 151 Farmington Avenue Hartford, CT 06156 38-2242132	Healthcare/Insura	TX	CVS Pharmacy	CORP				Yes	
(5) First Script Network Services Inc 151 Farmington Avenue Hartford, CT 06156 20-4096903	Healthcare/Insura	NV	CVS Pharmacy	CORP				Yes	
(6) FOCUS HealthCare Management Inc 151 Farmington Avenue Hartford, CT 06156 62-1266888	Healthcare/Insura	TN	CVS Pharmacy	CORP				Yes	
(7) Goodhealth Worldwide (Asia) Limited 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	HK	CVS Pharmacy	CORP				Yes	
(8) Group Dental Service of Maryland Inc 151 Farmington Avenue Hartford, CT 06156 52-2056201	Healthcare/Insura	MD	CVS Pharmacy	CORP				Yes	
(9) Group Dental Service Inc 151 Farmington Avenue Hartford, CT 06156 52-1801446	Healthcare/Insura	MD	CVS Pharmacy	CORP				Yes	
(10) Health and Human Resource Center Inc 151 Farmington Avenue Hartford, CT 06156 33-0052273	Healthcare/Insura	CA	CVS Pharmacy	CORP				Yes	
(11) Health Care Management Co Ltd 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	TH	CVS Pharmacy	CORP				Yes	
(12) Health Data & Management Solutions Inc 151 Farmington Avenue Hartford, CT 06156 47-0970432	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(13) Health Re Inc 151 Farmington Avenue Hartford, CT 06156 27-2192415	Healthcare/Insura	VT	CVS Pharmacy	CORP				Yes	
(14) HealthAssurance Pennsylvania Inc 151 Farmington Avenue Hartford, CT 06156 23-2366731	Healthcare/Insura	PA	CVS Pharmacy	CORP				Yes	

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								Yes	No
(196) Innovation Health Insurance Company 151 Farmington Avenue Hartford, CT 06156 46-0674828	Healthcare/Insura	VA	CVS Pharmacy	CORP				Yes	
(1) Innovation Health Plan Inc 151 Farmington Avenue Hartford, CT 06156 46-0682197	Healthcare/Insura	VA	CVS Pharmacy	CORP				Yes	
(2) Managed Care Coordinators Inc 151 Farmington Avenue Hartford, CT 06156 23-2670015	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(3) Medical Examinations of New York PC 151 Farmington Avenue Hartford, CT 06156 74-2879984	Healthcare/Insura	NY	CVS Pharmacy	CORP				Yes	
(4) Mental Health Associates Inc 151 Farmington Avenue Hartford, CT 06156 72-1106596	Healthcare/Insura	LA	CVS Pharmacy	CORP				Yes	
(5) Mental Health Network of New York IPA I 151 Farmington Avenue Hartford, CT 06156 37-1448790	Healthcare/Insura	NY	CVS Pharmacy	CORP				Yes	
(6) Meritain Health Inc 151 Farmington Avenue Hartford, CT 06156 16-1264154	Healthcare/Insura	NY	CVS Pharmacy	CORP				Yes	
(7) MetraComp Inc 151 Farmington Avenue Hartford, CT 06156 06-1095987	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
(8) MHNet Life and Health Insurance Company 151 Farmington Avenue Hartford, CT 06156 20-2516317	Healthcare/Insura	TX	CVS Pharmacy	CORP				Yes	
(9) MHNet of Florida Inc 151 Farmington Avenue Hartford, CT 06156 20-4276336	Healthcare/Insura	FL	CVS Pharmacy	CORP				Yes	
(10) Minor Health Enterprise Co Ltd 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	TH	CVS Pharmacy	CORP				Yes	
(11) Niagara Re Inc 151 Farmington Avenue Hartford, CT 06156 20-0438576	Healthcare/Insura	NY	CVS Pharmacy	CORP				Yes	
(12) PayFlex Holdings Inc 151 Farmington Avenue Hartford, CT 06156 20-5216478	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(13) PayFlex Systems USA Inc 151 Farmington Avenue Hartford, CT 06156 91-1774434	Healthcare/Insura	NE	CVS Pharmacy	CORP				Yes	
(14) Performax Inc 151 Farmington Avenue Hartford, CT 06156 52-2200070	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	

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								Yes	No
(211) PHPSNE Parent Corporation 151 Farmington Avenue Hartford, CT 06156 06-1182176	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(1) Precision Benefit Services Inc 151 Farmington Avenue Hartford, CT 06156 27-1760756	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(2) Prime Net Inc 151 Farmington Avenue Hartford, CT 06156 34-1670299	Healthcare/Insura	OH	CVS Pharmacy	CORP				Yes	
(3) Prodigy Health Group Inc 151 Farmington Avenue Hartford, CT 06156 16-1471176	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(4) Professional Risk Management Inc 151 Farmington Avenue Hartford, CT 06156 34-1348032	Healthcare/Insura	OH	CVS Pharmacy	CORP				Yes	
(5) Schaller Anderson Medical Administrators 151 Farmington Avenue Hartford, CT 06156 01-0826783	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
(6) SilverScript Insurance Company 151 Farmington Avenue Hartford, CT 06156 20-2833904	Healthcare/Insura	TN	CVS Pharmacy	CORP				Yes	
(7) Spinnaker Bidco Limited 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	TH	CVS Pharmacy	CORP				Yes	
(8) Sutter Health and Aetna Insurance Compan 151 Farmington Avenue Hartford, CT 06156 82-2567822	Healthcare/Insura	CA	CVS Pharmacy	CORP				Yes	
(9) Texas Health Aetna Health Insurance Co 151 Farmington Avenue Hartford, CT 06156 81-4749336	Healthcare/Insura	TX	CVS Pharmacy	CORP				Yes	
(10) Texas Health Aetna Health Plan Inc 151 Farmington Avenue Hartford, CT 06156 47-5548221	Healthcare/Insura	TX	CVS Pharmacy	CORP				Yes	
(11) The Vasquez Group Inc 151 Farmington Avenue Hartford, CT 06156 36-3681261	Healthcare/Insura	IL	CVS Pharmacy	CORP				Yes	
(12) US Healthcare Properties Inc 151 Farmington Avenue Hartford, CT 06156 23-2354500	Healthcare/Insura	PA	CVS Pharmacy	CORP				Yes	
(13) Work & Family Benefits Inc 151 Farmington Avenue Hartford, CT 06156 22-3178125	Healthcare/Insura	NJ	CVS Pharmacy	CORP				Yes	
(14) AETNA BETTER HEALTH OF MISSOURI LLC 151 FARMINGTON AVENUE HARTFORD, CT 06156 43-1702094	HEALTHCARE/INSURA	MO	CVS PHARMACY	CORP				Yes	

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								Yes	No
(226) AETNA (SHANGHAI) ENTERPRISE SERVICES CO 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/INSURA	CH	CVS PHARMACY	CORP				Yes	
(1) AETNA GLOBAL BENEFITS (BAHAMAS) LTD 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/INSURA	BF	CVS PHARMACY	CORP				Yes	
(2) AETNA GLOBAL BENEFITS (BERMUDA) LTD 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/INSURA	BD	CVS PHARMACY	CORP				Yes	
(3) AETNA GLOBAL BENEFITS (EUROPE) LTD 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/INSURA	UK	CVS PHARMACY	CORP				Yes	
(4) AETNA GLOBAL BENEFITS (SINGAPORE) PTE L 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/INSURA	SN	CVS PHARMACY	CORP				Yes	
(5) AETNA GLOBAL BENEFITS LTD 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/INSUR	AE	CVS PHARMACY	CORP				Yes	
(6) AETNA GLOBAL HOLDINGS LTD 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/INSURA	UK	CVS PHARMACY	CORP				Yes	
(7) AETNA HEALTH INSURANCE CO OF EUROPE DAC 151 FARMINGTON AVENUE HARTFORD, CT 06156 75-3270039	HEALTHCARE/INSURA	EI	CVS PHARMACY	CORP				Yes	
(8) AETNA INSURANCE (SINGAPORE) PTD LTD 151 FARMINGTON AVENUE HARTFORD, CT 06156 98-1210265	HEALTHCARE/INSURA	SN	CVS PHARMACY	CORP				Yes	
(9) GOODHEALTH WORLDWIDE (GLOBAL) LTD 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/INSURA	BD	CVS PHARMACY	CORP				Yes	
(10) HEALTHAGEN INTERNATIONAL LIMITED 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/INSURA	UK	CVS PHARMACY	CORP				Yes	
(11) INDIAN HEALTH ORGANISATION PRIVATE LIMIT 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/INSURA	IN	CVS PHARMACY	CORP				Yes	