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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

C Name of organization
CVS HEALTH EMPLOYEE RELIEF FUND
% JEFFREY E CLARK
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
ONE CVS DRIVE

City or town, state or province, country, and ZIP or foreign postal code
WOONSOCKET, RI 028956184

D Employer identification number
27-4380115

E Telephone number
(401) 770-1500

G Gross receipts $ 525,157

F Name and address of principal officer:
DAVID L CASEY
ONE CVS DRIVE
WOONSOCKET, RI 028956184

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

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

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CVSHealth.com/Social-Responsibility

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2010

M State of legal domicile: RI

Part I Summary

1 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.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	0
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	517,308	525,157
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	517,308	525,157
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	547,416	271,082
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	24,644	22,768
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	572,060	293,850
19	Revenue less expenses. Subtract line 18 from line 12	-54,752	231,307

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	825,280	1,056,007
21	Total liabilities (Part X, line 26)	901	321
22	Net assets or fund balances. Subtract line 21 from line 20	824,379	1,055,686

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2020-11-12

▶ JEFFREY E CLARK TREAS/DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-11-11		P01441612

Firm's name ▶ PricewaterhouseCoopers LLP — Firm's EIN ▶

Firm's address ▶ 101 SEAPORT BLVD SUITE 500
BOSTON, MA 02210 — Phone no. (617) 530-5000

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

Part III Statement of Program Service Accomplishments

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

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 $ 271,082 including grants of $ 271,082) (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** ▶ 271,082

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	6		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	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?			**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**		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*			**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**		No
14	Did the organization have a written document retention and destruction policy?	**14**		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	**15a**		No
b	Other officers or key employees of the organization	**15b**		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?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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 VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS S MOFFATT VICE PRESIDENT/DIRECTOR	0.5 41.5	X		X				0	0	0
(2) EILEEN H BOONE DIRECTOR/SECRETARY	0.5 41.5	X		X				0	0	0
(3) JEFFREY E CLARK DIRECTOR/TREASURER	0.5 41.5	X		X				0	0	0
(4) JOANNE M DWYER DIRECTOR	0.5 41.5	X						0	0	0
(5) KEITH CHRISTENSEN DIRECTOR	0.5 40.5	X						0	0	0
(6) DAVID L CASEY PRESIDENT/DIRECTOR	0.5 40.5	X		X				0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

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

1b Sub-Total . . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . . ▶	0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	215,284			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	309,873			
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f . . . . . ▶		525,157			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f. . . . . ▶		0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		0			
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss) . . . . . ▶			0		
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss) . . . . . ▶			0		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a	0			
	b Less: direct expenses . . .	8b	0			
	c Net income or (loss) from fundraising events . . ▶			0		
	9a Gross income from gaming activities. See Part IV, line 19 . . .	9a	0			
	b Less: direct expenses . . .	9b	0			
	c Net income or (loss) from gaming activities . . ▶			0		
	10a Gross sales of inventory, less returns and allowances . .	10a	0			
	b Less: cost of goods sold . .	10b	0			
	c Net income or (loss) from sales of inventory . . ▶			0		
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶			0		
	12 **Total revenue.** See instructions . . . . . ▶			525,157		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	271,082	271,082		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	22,768		22,768	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	293,850	271,082	22,768	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash–non-interest-bearing	763,566	1	784,500
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	61,714	4	271,507
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b Less: accumulated depreciation — 10b	0	10c	0
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
	16 **Total assets.** Add lines 1 through 15 (must equal line 34)	825,280	16	1,056,007
Liabilities	17 Accounts payable and accrued expenses	901	17	321
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	0
	26 **Total liabilities.** Add lines 17 through 25	901	26	321
Net Assets or Fund Balances	**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27 Net assets without donor restrictions	824,379	27	1,055,686
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	824,379	32	1,055,686
	33 Total liabilities and net assets/fund balances	825,280	33	1,056,007

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	525,157
2	Total expenses (must equal Part IX, column (A), line 25)	2	293,850
3	Revenue less expenses. Subtract line 2 from line 1	3	231,307
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	824,379
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,055,686

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a		No
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.	3b		

Additional Data

Software ID:

Software Version:

EIN: 27-4380115

Name: CVS HEALTH EMPLOYEE RELIEF FUND

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318127390

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	312,374	325,154	1,046,146	517,308	525,157	2,726,139
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 **Total.** Add lines 1 through 3	312,374	325,154	1,046,146	517,308	525,157	2,726,139
5 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). .						1,471,695
6 **Public support.** Subtract line 5 from line 4.						1,254,444

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	312,374	325,154	1,046,146	517,308	525,157	2,726,139
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						0
11 **Total support.** Add lines 7 through 10						2,726,139

12 Gross receipts from related activities, etc. (see instructions) **12**

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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	**14**	46.015 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	**15**	45.984 %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (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

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	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* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	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.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	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* ***Part VI*** *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.*	4c		
5a	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* ***Part VI,*** *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	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* ***Part VI.***	6		
7	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) .*	7		
8	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).*	8		
9a	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* ***Part VI.***	9a		
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* ***Part VI.***	9b		
c	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* ***Part VI.***	9c		
10a	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.*	10a		
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).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	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? *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.*	**1**		
2	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? *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.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	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)? *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).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	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?	**1**		
2	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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	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? *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.*	**2a**		
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? *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.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	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? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

1 ☐ 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.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ 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)

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

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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 for instructions and the latest information.

OMB No. 1545-0047

2019

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
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ 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
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment ▶ .....
- b Permanent endowment ▶ .....
- c Temporarily restricted endowment ▶ .....

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. 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)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(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.

1	Total revenue, gains, and other support per audited financial statements			1	567,093
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	41,936		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	41,936
3	Subtract line **2e** from line **1**			3	525,157
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	525,157

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.

1	Total expenses and losses per audited financial statements			1	335,786
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	41,936		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	41,936
3	Subtract line **2e** from line **1**			3	293,850
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	293,850

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.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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

2019

Open to Public Inspection

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? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

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

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

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	146	271,082			
(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.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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 PROVI DE SHORT-TERM, IMMEDIATE FINANCIAL RELIEF TO EMPLOYEES OF CVS HEALTH CORPORATION ("CVS"). EILEEN H. BOONE, A DIRECTOR ON ERF'S BOARD, IS ALSO AN OFFICER OF CVS PHARMACY, INC. THOMA S S. MOFFATT, A DIRECTOR ON ERF'S BOARD, IS AN OFFICER OF CVS HEALTH CORPORATION. ALL DIRE CTORS ARE EMPLOYEES OF CVS OR ITS AFFILIATED ENTITIES. FORM 990, PART VI, LINE 8B COMMITTE E 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 FORM 990 CVS HEALTH EMPL OYEES GATHER ALL DATA FOR THE RETURN. THE RETURN IS PREPARED AND REVIEWED BY AN OUTSIDE AC COUNTING 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

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST. EACH DIRECTOR, O FFICER, 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 DISC LOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND SHALL BE GIVEN THE OPPORTUNITY TO DISCLOS E ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWER S CONCERNING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL IN TEREST 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 CON FLICT OF INTEREST AND THE VOTE ON WHETHER A CONFLICT OF INTEREST EXISTS. THE REMAINING BOA RD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. IF A CONFLICT OF IN TEREST 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 D ETERMINE WHETHER THE CORPORATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TR ANSACTION 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 FU ND ("ERF') DOES NOT HAVE ITS OWN WRITTEN DOCUMENTATION RETENTION AND DESTRUCTION POLICY AN D WRITTEN WHISTLEBLOWER POLICY, BUT THEY FOLLOW THEIR AFFILIATE CVS HEALTH CORPORATION'S P OLICY 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III - PROGRAM SERVICE, LINE 4A	CVS HAS APPROXIMATELY 300,000 EMPLOYEES ACROSS ALL 50 STATES, WASHINGTON D.C. AND PUERTO R ICO. THE ACTIVITIES OF THE ERF ARE TO PROVIDE SHORT-TERM, IMMEDIATE FINANCIAL RELIEF TO CV S EMPLOYEES AND FAMILY MEMBERS WHO HAVE SUFFERED SIGNIFICANT HARDSHIP AS A RESULT OF NATUR AL DISASTER, FAMILY DEATH, MEDICAL EMERGENCY OR OTHER UNFORESEEN 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, FLO OD, TORNADO, ETC. FOR FUNERAL OR TRAVEL EXPENSES FOR ATTENDING A FUNERAL OR CARING FOR A T ERMINALLY 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 PERSON AL OR MEDICAL EMERGENCY OR PRESCRIPTION REQUIREMENTS. IN 2019, ERF PROVIDED GRANTS TO 146 EMPLOYEES.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

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	(g) No
(1)CVS FOUNDATION ONE CVS DRIVE WOONSOCKET, RI 02895 22-3206973	GRANTMAKING	RI	501(C)(3)	PF	CVS PHARMACY	Yes	
(2)CVS HEALTH CHARITY CLASSIC ONE CVS DRIVE WOONSOCKET, RI 02895 05-0508742	GRANTMAKING	RI	501(C)(3)	7	CVS PHARMACY	Yes	
(3)AETNA FOUNDATION INC 151 FARMINGTON AVENUE HARTFORD, CT 06156 23-7241940	GRANTMAKING	RI	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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) 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
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

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
Accendo Insurance Company One CVS Drive Woonsocket, RI 02895 06-1566092	Medicare Part D	UT	CVS Pharmacy	CORP				Yes	
ACS ACQCO CORP One CVS Drive Woonsocket, RI 02895 26-2775482	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
Advanced Care Scripts Inc One CVS Drive Woonsocket, RI 02895 43-2080503	Long-Term Care Ph	FL	CVS Pharmacy	CORP				Yes	
Alabama CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-3648395	CVS Pharmacy Reta	AL	CVS Pharmacy	LLC Corp				Yes	
AMC - Tennessee Inc One CVS Drive Woonsocket, RI 02895 62-1696813	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
BPNY Acquisition Corp One CVS Drive Woonsocket, RI 02895 31-1563804	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
CHP Acquisition Corp One CVS Drive Woonsocket, RI 02895 31-1483612	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
Connecticut CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-3648725	CVS Pharmacy Reta	CT	CVS Pharmacy	LLC Corp				Yes	
Coram Alternate Site Services Inc One CVS Drive Woonsocket, RI 02895 76-0215922	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
Coram Clinical Trials Inc One CVS Drive Woonsocket, RI 02895 58-2160656	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
Coram Healthcare Corporation of Alabama One CVS Drive Woonsocket, RI 02895 58-1813484	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
Coram Healthcare Corporation of Florida One CVS Drive Woonsocket, RI 02895 58-1949695	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
Coram Healthcare Corporation of Greater One CVS Drive Woonsocket, RI 02895 58-2035129	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
Coram Healthcare Corporation of Greater One CVS Drive Woonsocket, RI 02895 58-1844719	Specialty Infusio	NY	CVS Pharmacy	CORP				Yes	
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
Coram Healthcare Corporation of Massachu One CVS Drive Woonsocket, RI 02895 33-0532814	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
Coram Healthcare Corporation of Mississi One CVS Drive Woonsocket, RI 02895 58-1813479	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
Coram Healthcare Corporation of Nevada One CVS Drive Woonsocket, RI 02895 58-1972771	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
Coram Healthcare Corporation of North Te One CVS Drive Woonsocket, RI 02895 33-0556959	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
Coram Healthcare Corporation of Northern One CVS Drive Woonsocket, RI 02895 58-1972773	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
Coram Healthcare Corporation of Southern One CVS Drive Woonsocket, RI 02895 58-2006708	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
Coram Healthcare Corporation of Southern One CVS Drive Woonsocket, RI 02895 58-1949686	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
Coram Healthcare Corporation of Utah One CVS Drive Woonsocket, RI 02895 95-4446209	Specialty Infusio	DE	CVS Pharmacy	CORP				Yes	
CP Acquisition Corp One CVS Drive Woonsocket, RI 02895 61-1317566	Long-Term Care Ph	OK	CVS Pharmacy	CORP				Yes	
CVS Caremark Indemnity Ltd One CVS Drive Woonsocket, RI 02895 05-0500188	Insurance	DE	CVS Pharmacy	CORP				Yes	
CVS Health Corporation One CVS Drive Woonsocket, RI 02895 05-0494040	Holding Company	RI	CVS Pharmacy	CORP					No
CVS Pharmacy Inc One CVS Drive Woonsocket, RI 02895 05-0340626	Retail Pharmacy C	RI	CVS Health Corp	CORP					No
CVS Rx Services Inc One CVS Drive Woonsocket, RI 02895 05-0501917	Pharmacist Employ	NY	CVS Pharmacy	CORP				Yes	
Delaware CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 26-0223262	CVS Pharmacy Reta	DE	CVS Pharmacy	LLC Corp				Yes	
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
ETB INC One CVS Drive Woonsocket, RI 02895 74-2118879	License Holder (T	TX	CVS Pharmacy	CORP				Yes	
Eric C Marshall MD PC One CVS Drive Woonsocket, RI 02895 20-8550517	Ambulatory Health	DC	CVS Pharmacy	PC				Yes	
Evergreen Pharmaceutical of California One CVS Drive Woonsocket, RI 02895 61-1321151	Long-Term Care Ph	CA	CVS Pharmacy	CORP				Yes	
Geneva Woods Pharmacy Inc One CVS Drive Woonsocket, RI 02895 92-0074555	Long-Term Care Ph	AK	CVS Pharmacy	CORP				Yes	
George Safran MD PC One CVS Drive Woonsocket, RI 02895 27-1511452	Ambulatory Health	NY	CVS Pharmacy	PC				Yes	
Holiday CVS LLC One CVS Drive Woonsocket, RI 02895 03-0394176	CVS Pharmacy Reta	FL	CVS Pharmacy	LLC Corp				Yes	
Innovative Worldwide Distributors (HK) L One CVS Drive Woonsocket, RI 02895 35-2486385	International Dis	DE	CVS Pharmacy	CORP				Yes	
Iowa CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-4281257	CVS Pharmacy Reta	IA	CVS Pharmacy	LLC Corp				Yes	
JEC Funding Inc One CVS Drive Woonsocket, RI 02895 13-3388181	Real Estate	DE	CVS Pharmacy	CORP				Yes	
Kentucky CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-4452072	CVS Pharmacy Reta	KY	CVS Pharmacy	LLC Corp				Yes	
Managed HealthCare Inc One CVS Drive Woonsocket, RI 02895 31-1450845	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
Martin Health Services Inc One CVS Drive Woonsocket, RI 02895 20-3100455	Long-Term Care Ph	IA	CVS Pharmacy	CORP				Yes	
Maryland CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 65-1262539	CVS Pharmacy Reta	MD	CVS Pharmacy	LLC Corp				Yes	
MC Diagnostic of Connecticut PC One CVS Drive Woonsocket, RI 02895 20-5414393	Ambulatory Health	CT	CVS Pharmacy	PC				Yes	
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
Medical Arts Health Care Inc One CVS Drive Woonsocket, RI 02895 58-1640672	Long-Term Care Ph	GA	CVS Pharmacy	CORP				Yes	
Melville Realty Company Inc One CVS Drive Woonsocket, RI 02895 04-6050302	Real Estate	NY	CVS Pharmacy	CORP				Yes	
Minute Clinic Diagnostic of North Caroli One CVS Drive Woonsocket, RI 02895 20-3555819	Ambulatory Health	NC	CVS Pharmacy	PC				Yes	
MinuteClinic Diagnostic Medical Group of One CVS Drive Woonsocket, RI 02895 42-1731802	Ambulatory Health	CA	CVS Pharmacy	CORP				Yes	
MinuteClinic Diagnostic Medical Group of One CVS Drive Woonsocket, RI 02895 26-0844287	Ambulatory Health	CA	CVS Pharmacy	CORP				Yes	
MinuteClinic Diagnostic Medical Group of One CVS Drive Woonsocket, RI 02895 26-0844323	Ambulatory Health	CA	CVS Pharmacy	CORP				Yes	
MinuteClinic Diagnostic of Illinois LLC One CVS Drive Woonsocket, RI 02895 20-5818281	Ambulatory Health	DE	CVS Pharmacy	LLC Corp				Yes	
MinuteClinic Diagnostic of Kansas PA One CVS Drive Woonsocket, RI 02895 20-5096637	Ambulatory Health	KS	CVS Pharmacy	PA				Yes	
MinuteClinic Diagnostic of Michigan PC One CVS Drive Woonsocket, RI 02895 20-4269269	Ambulatory Health	MI	CVS Pharmacy	PC				Yes	
MinuteClinic Diagnostic of Minnesota P One CVS Drive Woonsocket, RI 02895 47-5140770	Ambulatory Health	MN	CVS Pharmacy	PA				Yes	
MinuteClinic Diagnostic of New Jersey L One CVS Drive Woonsocket, RI 02895 20-4868967	Ambulatory Health	NJ	CVS Pharmacy	LLC Corp				Yes	
MinuteClinic Diagnostic of Tennessee P One CVS Drive Woonsocket, RI 02895 20-3348922	Ambulatory Health	TN	CVS Pharmacy	PC				Yes	
MinuteClinic Diagnostic PA One CVS Drive Woonsocket, RI 02895 41-1952112	Ambulatory Health	MN	CVS Pharmacy	PA				Yes	
MinuteClinic Diagnostics of Indiana LLC One CVS Drive Woonsocket, RI 02895 20-3207688	Ambulatory Health	IN	CVS Pharmacy	LLC Corp				Yes	
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
NCS Healthcare of Montana Inc One CVS Drive Woonsocket, RI 02895 34-1851710	Long-Term Care Ph	OH	CVS Pharmacy	CORP				Yes	
NCS Healthcare of New Mexico Inc One CVS Drive Woonsocket, RI 02895 34-1866493	Long-Term Care Ph	OH	CVS Pharmacy	CORP				Yes	
NCS Healthcare of South Carolina Inc One CVS Drive Woonsocket, RI 02895 31-1508225	Long-Term Care Ph	OH	CVS Pharmacy	CORP				Yes	
NCS Healthcare of Tennessee Inc One CVS Drive Woonsocket, RI 02895 34-1866494	Long-Term Care Ph	OH	CVS Pharmacy	CORP				Yes	
NeighborCare Pharmacy Services Inc One CVS Drive Woonsocket, RI 02895 23-2963282	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
NeighborCare Services Corporation One CVS Drive Woonsocket, RI 02895 23-2585556	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
NeighborCare Inc One CVS Drive Woonsocket, RI 02895 06-1132947	Long-Term Care Ph	PA	CVS Pharmacy	CORP				Yes	
New Jersey CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-3618568	CVS Pharmacy Reta	NJ	CVS Pharmacy	LLC Corp				Yes	
North Carolina CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-3649570	CVS Pharmacy Reta	NC	CVS Pharmacy	LLC Corp				Yes	
OCR Services Corporation One CVS Drive Woonsocket, RI 02895 31-1402845	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
Oklahoma CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-4837341	CVS Pharmacy Reta	OK	CVS Pharmacy	LLC Corp				Yes	
Omnicare Pharmacies of The Great Plains One CVS Drive Woonsocket, RI 02895 61-1386242	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
Parekh MinuteClinic of Nevada PC One CVS Drive Woonsocket, RI 02895 20-5793559	Ambulatory Health	NV	CVS Pharmacy	PC				Yes	
Pennsylvania Life Insurance Company One CVS Drive Woonsocket, RI 02895 23-1305366	Medicare Part D	PA	CVS Pharmacy	CORP				Yes	
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
Professional Pharmacy Services Inc One CVS Drive Woonsocket, RI 02895 23-2847488	Long-Term Care Ph	MD	CVS Pharmacy	CORP				Yes	
Rhode Island CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-4451847	CVS Pharmacy Reta	RI	CVS Pharmacy	LLC Corp				Yes	
Richmond Heights Acquisition Corp One CVS Drive Woonsocket, RI 02895 61-1428940	Real Estate	OH	CVS Pharmacy	CORP				Yes	
SilverScript Insurance Company One CVS Drive Woonsocket, RI 02895 20-2833904	Medicare Part D	TN	CVS Pharmacy	CORP				Yes	
Sterling Healthcare Services Inc One CVS Drive Woonsocket, RI 02895 36-4031863	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
Superior Care Pharmacy Inc One CVS Drive Woonsocket, RI 02895 31-1543728	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
TCPI Acquisition Corp One CVS Drive Woonsocket, RI 02895 31-1508476	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
Tennessee CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-3738440	CVS Pharmacy Reta	TN	CVS Pharmacy	LLC Corp				Yes	
UC Acquisition Corp One CVS Drive Woonsocket, RI 02895 31-1414594	Long-Term Care Ph	DE	CVS Pharmacy	CORP				Yes	
Uni-Care Health Services of Maine Inc One CVS Drive Woonsocket, RI 02895 02-0468192	Long-Term Care Ph	NH	CVS Pharmacy	CORP				Yes	
Virginia CVS Pharmacy LLC One CVS Drive Woonsocket, RI 02895 20-3649917	CVS Pharmacy Reta	VA	CVS Pharmacy	LLC Corp				Yes	
Williamson Drug Company Incorporated One CVS Drive Woonsocket, RI 02895 54-0590067	Long-Term Care Ph	VA	CVS Pharmacy	CORP				Yes	
Credentials Inc 151 Farmington Avenue Hartford, CT 06156 23-2671370	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
Accendo Insurance Company 151 Farmington Avenue Hartford, CT 06156 06-1566092	Healthcare/Insura	UT	CVS Pharmacy	CORP				Yes	
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

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								Yes	No
Adminco Inc 151 Farmington Avenue Hartford, CT 06156 86-0537707	Healthcare/Insura	AZ	CVS Pharmacy	CORP				Yes	
Administrative Enterprises Inc 151 Farmington Avenue Hartford, CT 06156 86-0527428	Healthcare/Insura	AZ	CVS Pharmacy	CORP				Yes	
AE Fourteen Incorporated 151 Farmington Avenue Hartford, CT 06156 06-1028469	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
Aetna ACO Holdings Inc 151 Farmington Avenue Hartford, CT 06156 45-4901541	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
Aetna Better Health Inc (CT) 151 Farmington Avenue Hartford, CT 06156 26-2867560	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
Aetna Better Health Inc (GA) 151 Farmington Avenue Hartford, CT 06156 20-2207534	Healthcare/Insura	GA	CVS Pharmacy	CORP				Yes	
Aetna Better Health Inc (IL) 151 Farmington Avenue Hartford, CT 06156 27-2512072	Healthcare/Insura	IL	CVS Pharmacy	CORP				Yes	
Aetna Better Health Inc (NJ) 151 Farmington Avenue Hartford, CT 06156 46-3203088	Healthcare/Insura	NJ	CVS Pharmacy	CORP				Yes	
Aetna Better Health Inc (NY) 151 Farmington Avenue Hartford, CT 06156 45-2634734	Healthcare/Insura	NY	CVS Pharmacy	CORP				Yes	
Aetna Better Health Inc (OH) 151 Farmington Avenue Hartford, CT 06156 45-2764938	Healthcare/Insura	OH	CVS Pharmacy	CORP				Yes	
Aetna Better Health Inc (PA) 151 Farmington Avenue Hartford, CT 06156 27-0563973	Healthcare/Insura	PA	CVS Pharmacy	CORP				Yes	
Aetna Better Health Inc (TN) 151 Farmington Avenue Hartford, CT 06156 20-4416606	Healthcare/Insura	TN	CVS Pharmacy	CORP				Yes	
Aetna Better Health of California Inc 151 Farmington Avenue Hartford, CT 06156 47-5178095	Healthcare/Insura	CA	CVS Pharmacy	CORP				Yes	
Aetna Better Health of Iowa Inc 151 Farmington Avenue Hartford, CT 06156 47-3850677	Healthcare/Insura	OH	CVS Pharmacy	CORP				Yes	
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
Aetna Better Health of Kentucky Insuranc 151 Farmington Avenue Hartford, CT 06156 47-3279217	Healthcare/Insura	KY	CVS Pharmacy	CORP				Yes	
Aetna Better Health of Michigan Inc 151 Farmington Avenue Hartford, CT 06156 20-1052897	Healthcare/Insura	MI	CVS Pharmacy	CORP				Yes	
Aetna Better Health of Nevada Inc 151 Farmington Avenue Hartford, CT 06156 81-3564875	Healthcare/Insura	NV	CVS Pharmacy	CORP				Yes	
Aetna Better Health of North Carolina In 151 Farmington Avenue Hartford, CT 06156 82-3333789	Healthcare/Insura	NC	CVS Pharmacy	CORP				Yes	
Aetna Better Health of Oklahoma Inc 151 Farmington Avenue Hartford, CT 06156 81-1143850	Healthcare/Insura	OK	CVS Pharmacy	CORP				Yes	
Aetna Better Health of Texas Inc 151 Farmington Avenue Hartford, CT 06156 74-1844335	Healthcare/Insura	TX	CVS Pharmacy	CORP				Yes	
Aetna Better Health of Washington Inc 151 Farmington Avenue Hartford, CT 06156 81-5030233	Healthcare/Insura	WA	CVS Pharmacy	CORP				Yes	
Aetna Better Health Inc (LA) 151 Farmington Avenue Hartford, CT 06156 80-0629718	Healthcare/Insura	LA	CVS Pharmacy	CORP				Yes	
Aetna Dental Inc (NJ) 151 Farmington Avenue Hartford, CT 06156 22-2990909	Healthcare/Insura	NJ	CVS Pharmacy	CORP				Yes	
Aetna Dental Inc (TX) 151 Farmington Avenue Hartford, CT 06156 06-1177531	Healthcare/Insura	TX	CVS Pharmacy	CORP				Yes	
Aetna Dental of California Inc 151 Farmington Avenue Hartford, CT 06156 06-1160812	Healthcare/Insura	CA	CVS Pharmacy	CORP				Yes	
Aetna Florida Inc 151 Farmington Avenue Hartford, CT 06156 80-0671703	Healthcare/Insura	FL	CVS Pharmacy	CORP				Yes	
Aetna Global Benefits (Asia Pacific) Lim 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	TH	CVS Pharmacy	CORP				Yes	
Aetna Global Benefits (UK) Limited 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	UK	CVS Pharmacy	CORP				Yes	
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
Aetna Health Inc (CT) 151 Farmington Avenue Hartford, CT 06156 23-2442048	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
Aetna Health Inc (FL) 151 Farmington Avenue Hartford, CT 06156 59-2411584	Healthcare/Insura	FL	CVS Pharmacy	CORP				Yes	
Aetna Health Inc (GA) 151 Farmington Avenue Hartford, CT 06156 58-1649568	Healthcare/Insura	GA	CVS Pharmacy	CORP				Yes	
Aetna Health Inc (LA) 151 Farmington Avenue Hartford, CT 06156 74-2381406	Healthcare/Insura	LA	CVS Pharmacy	CORP				Yes	
Aetna Health Inc (ME) 151 Farmington Avenue Hartford, CT 06156 01-0504252	Healthcare/Insura	ME	CVS Pharmacy	CORP				Yes	
Aetna Health Inc (NJ) 151 Farmington Avenue Hartford, CT 06156 52-1270921	Healthcare/Insura	NJ	CVS Pharmacy	CORP				Yes	
Aetna Health Inc (NY) 151 Farmington Avenue Hartford, CT 06156 22-2663623	Healthcare/Insura	NY	CVS Pharmacy	CORP				Yes	
Aetna Health Inc (PA) 151 Farmington Avenue Hartford, CT 06156 23-2169745	Healthcare/Insura	PA	CVS Pharmacy	CORP				Yes	
Aetna Health Inc (TX) 151 Farmington Avenue Hartford, CT 06156 76-0189680	Healthcare/Insura	TX	CVS Pharmacy	CORP				Yes	
Aetna Health Insurance (Thailand) Public 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	TH	CVS Pharmacy	CORP				Yes	
Aetna Health Insurance Company 151 Farmington Avenue Hartford, CT 06156 23-2710210	Healthcare/Insura	PA	CVS Pharmacy	CORP				Yes	
Aetna Health Insurance Company of New Yo 151 Farmington Avenue Hartford, CT 06156 57-0805126	Healthcare/Insura	NY	CVS Pharmacy	CORP				Yes	
Aetna Health of California Inc 151 Farmington Avenue Hartford, CT 06156 95-3402799	Healthcare/Insura	CA	CVS Pharmacy	CORP				Yes	
Aetna Health of Iowa Inc 151 Farmington Avenue Hartford, CT 06156 42-1244752	Healthcare/Insura	IA	CVS Pharmacy	CORP				Yes	
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
Aetna Health of Utah Inc 151 Farmington Avenue Hartford, CT 06156 87-0345631	Healthcare/Insura	UT	CVS Pharmacy	CORP				Yes	
Aetna HealthAssurance Pennsylvania Inc 151 Farmington Avenue Hartford, CT 06156 47-4352768	Healthcare/Insura	PA	CVS Pharmacy	CORP				Yes	
Aetna Holdco (UK) Limited 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	UK	CVS Pharmacy	CORP				Yes	
Aetna Holdings (Thailand) Limited 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	TH	CVS Pharmacy	CORP				Yes	
Aetna Inc 151 Farmington Avenue Hartford, CT 06156 23-2229683	Healthcare/Insura	PA	CVS Pharmacy	CORP				Yes	
Aetna Insurance Company Limited 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	UK	CVS Pharmacy	CORP				Yes	
Aetna Insurance Company of Connecticut 151 Farmington Avenue Hartford, CT 06156 06-1286276	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
Aetna Integrated Informatics Inc 151 Farmington Avenue Hartford, CT 06156 23-2604867	Healthcare/Insura	PA	CVS Pharmacy	CORP				Yes	
Aetna International Inc 151 Farmington Avenue Hartford, CT 06156 06-1571642	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
Aetna Ireland Inc 151 Farmington Avenue Hartford, CT 06156 22-3187443	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
Aetna Life & Casualty (Bermuda) Ltd 151 Farmington Avenue Hartford, CT 06156 98-0211470	Healthcare/Insura	BD	CVS Pharmacy	CORP				Yes	
Aetna Life Assignment Company 151 Farmington Avenue Hartford, CT 06156 06-1373153	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
Aetna Life Insurance Company 151 Farmington Avenue Hartford, CT 06156 06-6033492	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
Aetna Risk Assurance Company of Connecti 151 Farmington Avenue Hartford, CT 06156 47-2049117	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
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
AHP Holdings Inc 151 Farmington Avenue Hartford, CT 06156 06-1270755	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
Allina Health and Aetna Insurance Compan 151 Farmington Avenue Hartford, CT 06156 82-2091197	Healthcare/Insura	MN	CVS Pharmacy	CORP				Yes	
American Continental Insurance Company 151 Farmington Avenue Hartford, CT 06156 20-2901054	Healthcare/Insura	TN	CVS Pharmacy	CORP				Yes	
American Health Holding Inc 151 Farmington Avenue Hartford, CT 06156 31-1368946	Healthcare/Insura	OH	CVS Pharmacy	CORP				Yes	
AUSHC Holdings Inc 151 Farmington Avenue Hartford, CT 06156 06-1481308	Healthcare/Insura	CT	CVS Pharmacy	CORP				Yes	
Banner Health and Aetna Health Insurance 151 Farmington Avenue Hartford, CT 06156 81-5281115	Healthcare/Insura	AZ	CVS Pharmacy	CORP				Yes	
Banner Health and Aetna Health Plan Inc 151 Farmington Avenue Hartford, CT 06156 81-5290023	Healthcare/Insura	AZ	CVS Pharmacy	CORP				Yes	
Broadspire National Services Inc 151 Farmington Avenue Hartford, CT 06156 59-2108747	Healthcare/Insura	FL	CVS Pharmacy	CORP				Yes	
Carefree Insurance Services Inc 151 Farmington Avenue Hartford, CT 06156 59-3750548	Healthcare/Insura	FL	CVS Pharmacy	CORP				Yes	
Claims Administration Corp 151 Farmington Avenue Hartford, CT 06156 52-1320522	Healthcare/Insura	MD	CVS Pharmacy	CORP				Yes	
Cofinity Inc 151 Farmington Avenue Hartford, CT 06156 20-1274723	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
Contact Int'l Legal-Spinnaker Topco Limi 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	BD	CVS Pharmacy	CORP				Yes	
Continental Life Insurance Company of Br 151 Farmington Avenue Hartford, CT 06156 62-1181209	Healthcare/Insura	TN	CVS Pharmacy	CORP				Yes	
Coventry Consumer Advantage Inc 151 Farmington Avenue Hartford, CT 06156 26-1293772	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
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
Coventry Health Care National Accounts 151 Farmington Avenue Hartford, CT 06156 20-8070994	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
Coventry Health Care National Network I 151 Farmington Avenue Hartford, CT 06156 20-5185442	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
Coventry Health Care of Florida Inc 151 Farmington Avenue Hartford, CT 06156 65-0986441	Healthcare/Insura	FL	CVS Pharmacy	CORP				Yes	
Coventry Health Care of Illinois Inc 151 Farmington Avenue Hartford, CT 06156 37-1241037	Healthcare/Insura	IL	CVS Pharmacy	CORP				Yes	
Coventry Health Care of Kansas Inc 151 Farmington Avenue Hartford, CT 06156 48-0840330	Healthcare/Insura	KS	CVS Pharmacy	CORP				Yes	
Coventry Health Care of Missouri Inc 151 Farmington Avenue Hartford, CT 06156 43-1372307	Healthcare/Insura	MO	CVS Pharmacy	CORP				Yes	
Coventry Health Care of Nebraska Inc 151 Farmington Avenue Hartford, CT 06156 42-1308659	Healthcare/Insura	NE	CVS Pharmacy	CORP				Yes	
Coventry Health Care of Virginia Inc 151 Farmington Avenue Hartford, CT 06156 54-1576305	Healthcare/Insura	VA	CVS Pharmacy	CORP				Yes	
Coventry Health Care of West Virginia I 151 Farmington Avenue Hartford, CT 06156 55-0712129	Healthcare/Insura	WV	CVS Pharmacy	CORP				Yes	
Coventry Health Care Workers Compensatio 151 Farmington Avenue Hartford, CT 06156 20-8376354	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
Coventry Health Plan of Florida Inc 151 Farmington Avenue Hartford, CT 06156 65-0453436	Healthcare/Insura	FL	CVS Pharmacy	CORP				Yes	
Coventry Healthcare Management Corporati 151 Farmington Avenue Hartford, CT 06156 62-1411933	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
Coventry Prescription Management Service 151 Farmington Avenue Hartford, CT 06156 47-0854096	Healthcare/Insura	NV	CVS Pharmacy	CORP				Yes	
Coventry Rehabilitation Services Inc 151 Farmington Avenue Hartford, CT 06156 87-0443226	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
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
CVS Pharmacy Inc 151 Farmington Avenue Hartford, CT 06156 05-0340626	Healthcare/Insura	RI	CVS Pharmacy	CORP				Yes	
Delaware Physicians Care Incorporated 151 Farmington Avenue Hartford, CT 06156 73-1702435	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
Echo Merger Sub Inc 151 Farmington Avenue Hartford, CT 06156 47-4556274	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
First Health Group Corp 151 Farmington Avenue Hartford, CT 06156 20-1736437	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
First Health Life & Health Insurance Com 151 Farmington Avenue Hartford, CT 06156 38-2242132	Healthcare/Insura	TX	CVS Pharmacy	CORP				Yes	
First Script Network Services Inc 151 Farmington Avenue Hartford, CT 06156 20-4096903	Healthcare/Insura	NV	CVS Pharmacy	CORP				Yes	
FOCUS HealthCare Management Inc 151 Farmington Avenue Hartford, CT 06156 62-1266888	Healthcare/Insura	TN	CVS Pharmacy	CORP				Yes	
Goodhealth Worldwide (Asia) Limited 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	HK	CVS Pharmacy	CORP				Yes	
Group Dental Service of Maryland Inc 151 Farmington Avenue Hartford, CT 06156 52-2056201	Healthcare/Insura	MD	CVS Pharmacy	CORP				Yes	
Group Dental Service Inc 151 Farmington Avenue Hartford, CT 06156 52-1801446	Healthcare/Insura	MD	CVS Pharmacy	CORP				Yes	
Health and Human Resource Center Inc 151 Farmington Avenue Hartford, CT 06156 33-0052273	Healthcare/Insura	CA	CVS Pharmacy	CORP				Yes	
Health Care Management Co Ltd 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	TH	CVS Pharmacy	CORP				Yes	
Health Data & Management Solutions Inc 151 Farmington Avenue Hartford, CT 06156 47-0970432	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
Health Re Inc 151 Farmington Avenue Hartford, CT 06156 27-2192415	Healthcare/Insura	VT	CVS Pharmacy	CORP				Yes	
HealthAssurance Pennsylvania Inc 151 Farmington Avenue Hartford, CT 06156 23-2366731	Healthcare/Insura	PA	CVS Pharmacy	CORP				Yes	

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

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								Yes	No
PHPSNE Parent Corporation 151 Farmington Avenue Hartford, CT 06156 06-1182176	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
Precision Benefit Services Inc 151 Farmington Avenue Hartford, CT 06156 27-1760756	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
Prime Net Inc 151 Farmington Avenue Hartford, CT 06156 34-1670299	Healthcare/Insura	OH	CVS Pharmacy	CORP				Yes	
Prodigy Health Group Inc 151 Farmington Avenue Hartford, CT 06156 16-1471176	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
Professional Risk Management Inc 151 Farmington Avenue Hartford, CT 06156 34-1348032	Healthcare/Insura	OH	CVS Pharmacy	CORP				Yes	
Schaller Anderson Medical Administrators 151 Farmington Avenue Hartford, CT 06156 01-0826783	Healthcare/Insura	DE	CVS Pharmacy	CORP				Yes	
SilverScript Insurance Company 151 Farmington Avenue Hartford, CT 06156 20-2833904	Healthcare/Insura	TN	CVS Pharmacy	CORP				Yes	
Spinnaker Bidco Limited 151 Farmington Avenue Hartford, CT 06156	Healthcare/Insura	TH	CVS Pharmacy	CORP				Yes	
Sutter Health and Aetna Insurance Compan 151 Farmington Avenue Hartford, CT 06156 82-2567822	Healthcare/Insura	CA	CVS Pharmacy	CORP				Yes	
Texas Health Aetna Health Insurance Co 151 Farmington Avenue Hartford, CT 06156 81-4749336	Healthcare/Insura	TX	CVS Pharmacy	CORP				Yes	
Texas Health Aetna Health Plan Inc 151 Farmington Avenue Hartford, CT 06156 47-5548221	Healthcare/Insura	TX	CVS Pharmacy	CORP				Yes	
The Vasquez Group Inc 151 Farmington Avenue Hartford, CT 06156 36-3681261	Healthcare/Insura	IL	CVS Pharmacy	CORP				Yes	
US Healthcare Properties Inc 151 Farmington Avenue Hartford, CT 06156 23-2354500	Healthcare/Insura	PA	CVS Pharmacy	CORP				Yes	
Work & Family Benefits Inc 151 Farmington Avenue Hartford, CT 06156 22-3178125	Healthcare/Insura	NJ	CVS Pharmacy	CORP				Yes	
AETNA (SHANGHAI) ENTERPRISE SERVICES CO 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/IN	CH	CVS PHARMACY	CORP				Yes	

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								Yes	No
AETNA GLOBAL BENEFITS (BAHAMAS) LTD 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/IN	BF	CVS PHARMACY	CORP				Yes	
AETNA GLOBAL BENEFITS (BERMUDA) LTD 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/IN	BD	CVS PHARMACY	CORP				Yes	
AETNA GLOBAL BENEFITS (EUROPE) LTD 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/IN	UK	CVS PHARMACY	CORP				Yes	
AETNA GLOBAL BENEFITS (SINGAPORE) PTE L 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/IN	SN	CVS PHARMACY	CORP				Yes	
AETNA GLOBAL BENEFITS LTD 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/IN	AE	CVS PHARMACY	CORP				Yes	
AETNA GLOBAL HOLDINGS LTD 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/IN	UK	CVS PHARMACY	CORP				Yes	
AETNA HEALTH INSURANCE CO OF EUROPE DAC 151 FARMINGTON AVENUE HARTFORD, CT 06156 75-3270039	HEALTHCARE/IN	EI	CVS PHARMACY	CORP				Yes	
AETNA INSURANCE (SINGAPORE) PTD LTD 151 FARMINGTON AVENUE HARTFORD, CT 06156 98-1210265	HEALTHCARE/IN	SN	CVS PHARMACY	CORP				Yes	
GOODHEALTH WORLDWIDE (GLOBAL) LTD 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/IN	BD	CVS PHARMACY	CORP				Yes	
HEALTHAGEN INTERNATIONAL LIMITED 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/IN	UK	CVS PHARMACY	CORP				Yes	
INDIAN HEALTH ORGANISATION PRIVATE LIMIT 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/IN	IN	CVS PHARMACY	CORP				Yes	
AETNA BETTER HEALTH OF MISSOURI LLC 151 FARMINGTON AVENUE HARTFORD, CT 06156 43-1702094	HEALTHCARE/INSURA	MO	CVS PHARMACY	CORP				Yes	