

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 CHARITY CLASSIC INC

% 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 028956146

D Employer identification number
05-0508742

E Telephone number
(401) 765-1500

G Gross receipts \$ 8,149,395

F Name and address of principal officer:
EILEEN H BOONE
ONE CVS DRIVE
WOONSOCKET, RI 028956146

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.cvshealthcharityclassic.com

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1999

M State of legal domicile: RI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

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	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
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	750
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)	3,787,181	4,107,958
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)	-3,081,840	-2,985,501
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	705,341	1,122,457
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	885,600	1,002,000
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)	0	0
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	885,600	1,002,000
19 Revenue less expenses. Subtract line 18 from line 12	-180,259	120,457
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	755,365	842,606
21 Total liabilities (Part X, line 26)	276,791	243,575
22 Net assets or fund balances. Subtract line 21 from line 20	478,574	599,031

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 ASSISTANT TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2020-11-11
Check if self-employed PTIN: 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

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:

SEE SCHEDULE O

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 \$ 1,002,000 including grants of \$ 1,002,000) (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 ▶ 1,002,000

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 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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		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		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		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 		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 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		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 		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 		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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	Yes	No
11b	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 	Yes	No
11c	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 	Yes	No
11d	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 	Yes	No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	Yes	
11f	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 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	Yes	
12b	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 	Yes	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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		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		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		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)		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 	Yes	
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 		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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 	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Yes
d If "Yes," indicate the number of Forms 8282 filed during the year 7d 10
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

Table with 3 columns: Question, Yes, No. Rows include: 1a (5), 1b (3), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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.
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:

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) EILEEN H BOONE PRESIDENT/DIRECTOR	0.5 41.5	X		X				0	0	0
(2) WAYNE CHARNESS DIRECTOR	0.5 0.0	X						0	0	0
(3) MARK G KOLLIGIAN DIRECTOR	0.5 0.0	X						0	0	0
(4) SCOTT COWPER DIRECTOR	0.5 0.0	X						0	0	0
(5) FAITH WEINER DIRECTOR	0.5 40.5	X						0	0	0
(6) CAROL A DENALE VICE PRESIDENT/TREASURER	0.5 41.5			X				0	0	0
(7) THOMAS S MOFFATT SECRETARY	0.5 41.5			X				0	0	0
(8) MELANIE K LUKER ASSISTANT SECRETARY	0.5 41.0			X				0	0	0
(9) JEFFREY E CLARK ASSISTANT TREASURER	0.5 41.5			X				0	0	0

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

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

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like OCTAGON INC, RHODE ISLAND COUNTRY CLUB, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 12

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	3,237,725		
	d Related organizations	1d	870,233		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	0		
	g Noncash contributions included in lines 1a - 1f:\$	1g	69,700		
	h Total. Add lines 1a-1f		4,107,958		

Program Service Revenue			(A)	(B)	(C)	(D)
		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				
	6a Gross rents		(i) Real				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		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 \$ 3,237,725 of contributions reported on line 1c). See Part IV, line 18		8a	4,041,437			
		b Less: direct expenses	8b	7,026,938			
		c Net income or (loss) from fundraising events			-2,985,501		-2,985,501
	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			1,122,457		-2,985,501		

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,002,000	1,002,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
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	0			
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	1,002,000	1,002,000	0	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	157,417	1	496,256	
	2 Savings and temporary cash investments	0	2	0	
	3 Pledges and grants receivable, net	0	3	0	
	4 Accounts receivable, net	589,631	4	294,025	
	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	8,317	8	52,325	
	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)	755,365	16	842,606		
Liabilities	17 Accounts payable and accrued expenses	276,723	17	237,905	
	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	68	25	5,670	
	26 Total liabilities. Add lines 17 through 25	276,791	26	243,575	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	478,574	27	599,031	
	28 Net assets with donor restrictions	0	28	0	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	478,574	32	599,031		
33 Total liabilities and net assets/fund balances	755,365	33	842,606		

Part XI Reconciliation 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	1,122,457
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,002,000
3	Revenue less expenses. Subtract line 2 from line 1	3	120,457
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	478,574
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	599,031

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 05-0508742

Name: CVS HEALTH CHARITY CLASSIC INC

Form 990 (2019)

Form 990, Part III, Line 4a:

THE CVS HEALTH CHARITY CLASSIC, INC. WAS ESTABLISHED TO RAISE MONEY VIA A WORLD CLASS GOLF VENUE FOR THE SUPPORT OF OTHER NON-PROFIT AGENCIES THROUGHOUT NEW ENGLAND. SINCE 1999, THE CVS HEALTH CHARITY CLASSIC, INC HAS ALLOCATED OVER \$24.80 MILLION IN CHARITABLE DONATIONS TO HUNDREDS OF ORGANIZATIONS.

SCHEDULE A
(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CVS HEALTH CHARITY CLASSIC INC

Employer identification number
05-0508742

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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.") . . .	4,212,533	4,157,037	4,048,803	3,787,181	4,107,958	20,313,512
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	4,212,533	4,157,037	4,048,803	3,787,181	4,107,958	20,313,512
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) . . .						4,437,746
6 Public support. Subtract line 5 from line 4.						15,875,766

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. . .	4,212,533	4,157,037	4,048,803	3,787,181	4,107,958	20,313,512
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	191	208	195	0	0	594
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						20,314,106
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	78.151 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	80.304 %

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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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: 05-0508742

Name: CVS HEALTH CHARITY CLASSIC INC

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
CVS HEALTH CHARITY CLASSIC INC

Employer identification number
05-0508742

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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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.)	5,670

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	8,254,628
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	105,233	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	7,026,938	
e	Add lines 2a through 2d		2e	7,132,171
3	Subtract line 2e from line 1		3	1,122,457
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	1,122,457

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	8,134,171
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	105,233	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	7,026,938	
e	Add lines 2a through 2d		2e	7,132,171
3	Subtract line 2e from line 1		3	1,002,000
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	1,002,000

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: 05-0508742

Name: CVS HEALTH CHARITY CLASSIC INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	\$7,026,938 RECLASSIFY FUNDRAISING EXPENSES.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	\$7,026,938 RECLASSIFY FUNDRAISING EXPENSES.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2D	FIN 48 FOOTNOTE THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS 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 50% LIKELY OF BEING REALIZED UPON SETTLEMENT. CHANGES IN RECOGNITION IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS. THE ORGANIZATION HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization CVS HEALTH CHARITY CLASSIC INC

Employer identification number

05-0508742

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Golf/Auction (event type)	(event type)	0 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	7,279,162			7,279,162
	2 Less: Contributions	3,237,725			3,237,725
	3 Gross income (line 1 minus line 2)	4,041,437			4,041,437
Direct Expenses	4 Cash prizes	1,747,250			1,747,250
	5 Noncash prizes				
	6 Rent/facility costs	1,022,717			1,022,717
	7 Food and beverages	790,965			790,965
	8 Entertainment	381,574			381,574
	9 Other direct expenses	3,084,432			3,084,432
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				7,026,938
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-2,985,501	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization CVS HEALTH CHARITY CLASSIC INC

Employer identification number 05-0508742

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 33
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
DESCRIPTION OF ORGANIZATIONAL PROCEDURES	FORM 990, SCHEDULE I DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS PARTICIPATING ORGANIZATIONS ARE ASKED TO COMPLETE A GRANT APPLICANT QUESTIONNAIRE IN WHICH THEY ARE REQUIRED TO PROVIDE INFORMATION REGARDING PROGRAMS, FINANCES, TAX STATUS INFORMATION & COPIES OF TAX RETURNS. THE CVS HEALTH CHARITY CLASSIC REVIEWS ALL DOCUMENTS SUBMITTED BY GRANT APPLICANTS AND INDEPENDENTLY VERIFIES TAX-EXEMPT STATUS. IN ADDITION, THE CVS HEALTH CHARITY CLASSIC REVIEWS THE IMPACT OF THE PROPOSED GRANT ON THE RESIDENTS OF RHODE ISLAND.

Additional Data

Software ID:
Software Version:
EIN: 05-0508742
Name: CVS HEALTH CHARITY CLASSIC INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association One State Street Suite 200 Providence, RI 02908	13-5613797	501(c)(3)	30,000		FMV	N/A	Health & Human Services
American Red Cross 209 Farmington Avenue Farmington, CT 06110	53-0196605	501(c)(3)	25,000		FMV	N/A	Health & Human Services

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arthritis Foundation New England Region Inc 2348 Post Rd Suite 104 Warwick, RI 02886	58-1341679	501(c)(3)	30,000		FMV	N/A	Health Care
Audobon 12 Sanderson Rd Smithfield, RI 02917	05-0265675	501(c)(3)	7,500		FMV	N/A	Youth Conversation League

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Autism Project 1516 Atwood Avenue Johnston, RI 02919	05-0512037	501(c)(3)	30,000		FMV	N/A	Health and Advocacy
Bayside YMCA 70 West Street Barrington, RI 02806	05-0258878	501(c)(3)	20,000		FMV	N/A	Health and Human Services

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOKS Build Our Kids Success 25 Drydock Avenue Boston, MA 02110	04-3073548	501(c)(3)	10,000		FMV	N/A	BOKS Physical Activity Program
Boston Red Fox Foundation 4 Jersey Way Boston, MA 02215	33-1007984	501(c)(3)	15,000		FMV	N/A	Red Sox Scholars

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys & Girls Clubs of Providence 550 Wickenden Street Providence, RI 02903	05-0258929	501(c)(3)	30,000		FMV	N/A	Youth Development
Brain Injury Association of RI 1017 Waterman Avenue East Providence, RI 02914	22-2528586	501(c)(3)	30,000		FMV	N/A	Health & Human Services

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Friend & Service 153 Summer Street Providence, RI 02903	05-0258819	501(c)(3)	20,000		FMV	N/A	Health and Human Services
Children's Wish Group of RI Inc 2346 Post Road Suite 30 Warwick, RI 02886	26-4662878	501(c)(3)	30,000		FMV	N/A	Youth Development

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City Year Providence 275 Westminster St Suite 500 Providence, RI 02903	22-2882549	501(c)(3)	25,000		FMV	N/A	Youth Development
Community Scholarship Fund of Barrington 144 Westminster Street Providence, RI 02903	30-0798085	501(c)(3)	10,000		FMV	N/A	Education

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Crossroads Rhode Island 160 Broad Street Providence, RI 02903	05-0259094	501(c)(3)	25,000		FMV	N/A	Adult Services Program
Economic Progress Institute 600 Mount Pleasant Ave Bldg 9 Providence, RI 02908	32-0295517	501(c)(3)	10,000		FMV	N/A	Health and Social Services

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Emma Pendleton Bradley Hospital 1011 Veterans Memorial Parkway East Providence, RI 02915	05-0258806	501(c)(3)	25,000		FMV	N/A	Health and Youth Education
Golf Foundation of RI Button Hole One Button Hole Drive Providence, RI 02909	05-0497481	501(c)(3)	20,000		FMV	N/A	Recreation and Education

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hockomock Area YMCA 300 Elmwood Street North Attleboro, MA 02760	04-2131749	501(c)(3)	25,000		FMV	N/A	Youth Development
Hole in the Wall Gang Camp 555 Long Wharf Drive New Haven, CT 06511	06-1157655	501(c)(3)	10,000		FMV	N/A	Youth Development

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Joe Andruzzi Foundation 49 Plain Street Suite 500 North Attleboro, MA 02760	26-2017043	501(c)(3)	15,000		FMV	N/A	Health & Human Services
Learning Center for the Deaf Inc 848 Central Street Framingham, MA 01701	23-7064431	501(c)(3)	25,000		FMV	N/A	Community Services

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
March of Dimes 220 West Exchange Street Providence, RI 02903	13-1846366	501(c)(3)	30,000		FMV	N/A	Health and Human Services
Meeting Street 1000 Eddy Street Providence, RI 02905	05-0269232	501(c)(3)	25,000		FMV	N/A	Education

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PeaceLove Foundation 999 Main Street 708 Pawtucket, RI 02860	27-2224246	501(c)(3)	15,000		FMV	N/A	Arts & Culture
San Miguel Education Center 525 Branch Avenue Providence, RI 02904	22-3232973	501(c)(3)	25,000		FMV	N/A	Education

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Save the Bay 100 Save The Bay Drive Providence, RI 02905	05-0343046	501(c)(3)	25,000		FMV	N/A	Environment
Sojourner House 386 Smith Street Providence, RI 02907	05-0370419	501(c)(3)	25,000		FMV	N/A	Community Services

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Special Olympics Rhode Island 370 George Washington Hwy Smithfield, RI 02917	05-0377867	501(c)(3)	30,000		FMV	N/A	Youth Development
Spurwink RI One Spurwink Place Cranston, RI 02910	01-0370716	501(c)(3)	20,000		FMV	N/A	Health and Human Services

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tides Family Services 215 Washington Street West Warwick, RI 02893	22-2478229	501(c)(3)	25,000		FMV	N/A	Health and Human Services
Quell PO Box 1924 North Falmouth, MA 02556	47-5127883	501(c)(3)	20,000		FMV	N/A	Lift the Mask Documentary Screenings

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Our Sisters School 145 Brownell Ave New Bedford, MA 02740	26-0367118	501(c)(3)	30,000		FMV	N/A	General Operating Support

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CVS HEALTH CHARITY CLASSIC INC

Employer identification number
05-0508742

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ See Additional Data				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:

Software Version:

EIN: 05-0508742

Name: CVS HEALTH CHARITY CLASSIC INC

Part I, Lines 25-28

(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ► (NEWPORT COUNTRY CLUB PACKAGE)	2	9,000	RETAIL VALUE
Other ► (THE HOTEL VIKING PACKAGE)	2	1,000	RETAIL VALUE
Other ► (NEWPORT RESTORATION FOUNDATION)	2	180	RETAIL VALUE
Other ► (KIRBRAE COUNTRY CLUB PACKAGE)	2	1,000	RETAIL VALUE
Other ► (METACOMET GOLF CLUB PACKAGE)	4	1,920	FAIR MARKET VALUE
Other ► (WESTPORT RIVERS VINEYARD PACKAGE)	2	400	FAIR MARKET VALUE
Other ► (POINT JUDITH COUNTRY CLUB PACKAGE)	2	1,200	FAIR MARKET VALUE
Other ► (MARK O'MEARA PACKAGE)	2	55,000	FAIR MARKET VALUE

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

CVS HEALTH CHARITY CLASSIC INC

Employer identification number

05-0508742

990 Schedule O, Supplemental Information

Return Reference	Explanation
ORGANIZATION'S MISSION STATEMENT	FORM 990, PART I, LINE 1 AND PART III, LINE 1 THE PURPOSE OF THE ORGANIZATION IS TO ORGANIZE AND CONDUCT FUNDRAISING EVENTS IN ORDER TO RAISE MONEY TO MAKE CHARITABLE CONTRIBUTIONS TO ORGANIZATIONS THAT ARE EXEMPT FROM TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND WHOSE TAX EXEMPT PURPOSES RELATES DIRECTLY OR INDIRECTLY TO THE HEALTH EDUCATION AND/OR GENERAL WELFARE OF THE GENERAL PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIPTION OF RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2 EILEEN HOWARD BOONE, A DIRECTOR ON THE CVS HEALTH CHARITY CLASSIC'S BOARD, IS ALSO AN OFFICER OF CVS PHARMACY, INC. JEFFERY E. CLARK, FAITH WEINER AND MELANIE K. LUKER ARE EMPLOYEES OF CVS PHARMACY, INC. CAROL A. DENALE AND THOMAS S. MOFFATT ARE OFFICERS OF CVS HEALTH CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMITTEE AUTHORITY	FORM 990, PART VI, SECTION A, LINE 8 THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS FOR REVIEW OF FORM 990	FORM 990, PART VI, SECTION B, LINE 11B CVS HEALTH EMPLOYEES GATHER ALL DATA FOR THE RETURN AND PROVIDE THE INFORMATION TO AN OUTSIDE ACCOUNTING FIRM FOR PREPARATION. THE RETURN IS REVIEWED BY CVS HEALTH MANAGEMENT AND THE OUTSIDE ACCOUNTING FIRM THAT SIGNS AS PREPARER. THE MANAGEMENT OF THE CHARITY CLASSIC REVIEWS THE RETURN AND MAKES ANY ADJUSTMENTS DEEMED NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. BEFORE FILING WITH THE IRS, THE COMPLETE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
PUBLIC ACCESS TO ORGANIZATION'S DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 10 GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CVS HEALTH CHARITY CLASSIC INC

Employer identification number

05-0508742

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CVS FOUNDATION ONE CVS DRIVE WOONSOCKET, RI 02895 22-3206973	GRANTMAKING	RI	501(c)(3)	PF	CVS PHARMACY	Yes	
(2) CVS HEALTH EMPLOYEE RELIEF FUND ONE CVS DRIVE WOONSOCKET, RI 02895 27-4380115	GRANTMAKING	RI	501(c)(3)	7	CVS PHARMACY	Yes	
(3) AETNA FOUNDATION INC 151 FARMINGTON AVENUE HARTFORD, CT 06156 23-7241940	GRANTMAKING	CT	501(C)(3)	PF	CVS PHARMACY	Yes	

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

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

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

See Additional Data Table

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

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

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 05-0508742
Name: CVS HEALTH CHARITY CLASSIC INC

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)	(i)	
							Percentage ownership	Section 512 (b)(13) controlled entity?	Yes
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)	(i)	
							Percentage ownership	Section 512 (b)(13) controlled entity?	Yes
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									
(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
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	

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
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	HK	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	

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
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	

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
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	

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
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	

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
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	

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
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	

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
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	

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
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	UK	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 BETTER HEALTH OF MISSOURI LLC 151 Farmington Avenue Hartford, CT 06156 43-1702094	Healthcare/Insura	MO	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
AETNA (SHANGHAI) ENTERPRISE SERVICES CO 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/IN	CH	CVS PHARMACY	CORP				Yes	
AETNA GLOBAL BENEFITS (BAHAMAS) LIMITED 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/IN	BF	CVS PHARMACY	CORP				Yes	
AETNA GLOBAL BENEFITS (BERMUDA) LIMITED 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/IN	BD	CVS PHARMACY	CORP				Yes	
AETNA GLOBAL BENEFITS (EUROPE) LIMITED 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/IN	UK	CVS PHARMACY	CORP				Yes	
AETNA GLOBAL BENEFITS (SINGAPORE) PTE LT 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/IN	SN	CVS PHARMACY	CORP				Yes	
AETNA GLOBAL BENEFITS LIMITED 151 FARMINGTON AVENUE HARTFORD, CT 06156	HEALTHCARE/IN	AE	CVS PHARMACY	CORP				Yes	
AETNA GLOBAL HOLDINGS LIMITED 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) PTE LTD 151 FARMINGTON AVENUE HARTFORD, CT 06156 98-1210265	HEALTHCARE/IN	SN	CVS PHARMACY	CORP				Yes	
GOODHEALTH WORLDWIDE (GLOBAL) LIMITED 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	