

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2009</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>REVC D.S. INC., RETIREMENT INCOME PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>020</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1973</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>020</u>	1c Effective date of plan <u>01/01/1973</u>	
1b Three-digit plan number (PN) ▶	<u>020</u>				
1c Effective date of plan <u>01/01/1973</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>CVS CAREMARK CORPORATION HR RETIREMENT BENEFITS</u> <u>ATTN NANCY G. GERSENY</u> <u>WOONSOCKET, RI 02895</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>05-0494040</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>401-770-3604</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>446110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>05-0494040</u>	2c Sponsor's telephone number <u>401-770-3604</u>	2d Business code (see instructions) <u>446110</u>	
2b Employer Identification Number (EIN) <u>05-0494040</u>					
2c Sponsor's telephone number <u>401-770-3604</u>					
2d Business code (see instructions) <u>446110</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	NANCY G. GERSENY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	TERENCE CORRIGAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

CVS CAREMARK CORPORATION HR RETIREMENT BENEFITS

ATTN NANCY G. GERSENY
WOONSOCKET, RI 02895**3b** Administrator's EIN

05-0494040

3c Administrator's telephone number

401-770-3604

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

14243

6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

4153

b Retired or separated participants receiving benefits.....**6b**

4192

c Other retired or separated participants entitled to future benefits.....**6c**

5305

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

13650

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

405

f Total. Add lines **6d** and **6e**.....**6f**

14055

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☒**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information - Small Plan)(3) ☒**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

<div><div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div></div><div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
<div>A Name of plan</div> <div>REVCO D.S. INC., RETIREMENT INCOME PLAN AND TRUST</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>020</div>	
<div>C Plan sponsor's name as shown on line 2a of Form 5500.</div> <div>CVS CAREMARK CORPORATION HR RETIREMENT BENEFITS</div>	<div>D Employer Identification Number (EIN)</div> <div>05-0494040</div>	

Part I	<div>Information Concerning Insurance Contract Coverage, Fees, and Commissions</div> <div>Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.</div>
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1 Coverage Information:

<div>(a) Name of insurance carrier</div> <div>JOHN HANCOCK LIFE INSURANCE COMPANY</div>

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1414660	65099	GAC 386 ASSN 0	276	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
--

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 669698**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 697122**c** Additions: (1) Contributions deposited during the year **7c(1)** 557530(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 43200(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 1550

▶ DR ANNUAL ADJUST & REALIZED LOSS

(6) Total additions **7c(6)** 602280**d** Total of balance and additions (add **b** and **c(6)**). **7d** 1299402**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 596374(2) Administration charge made by carrier **7e(2)** 33330(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 629704**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 669698

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>REVCO D.S. INC., RETIREMENT INCOME PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>020</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CVS CAREMARK CORPORATION HR RETIREMENT BENEFITS</u>	D Employer Identification Number (EIN) <u>05-0494040</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>247768247</u>
b Actuarial value	2b <u>272545072</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>4412</u> <u>148776668</u>
b For terminated vested participants	3b <u>5416</u> <u>76447515</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>2207052</u>
(2) Vested benefits	3c(2) <u>57272960</u>
(3) Total active	3c(3) <u>4417</u> <u>59480012</u>
d Total	3d <u>14245</u> <u>284704195</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>8.23</u> %
6 Target normal cost	6 <u>1471891</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>09/17/2010</u>
Signature of actuary <u>GARY TOMAINO</u>	Date <u>08-05593</u>
Type or print name of actuary <u>BUCK CONSULTANTS, LLC</u>	Most recent enrollment number <u>201-902-2300</u>
Firm name <u>500 PLAZA DRIVE</u> <u>SECAUCUS, NJ 07096-1533</u>	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	20678427	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	6850009	0
9	Amount remaining (Item 7 minus item 8).....	13828418	0
10	Interest on item 9 using prior year's actual return of <u>-26.20</u> %	-3623046	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		21003967
b	Interest on (a) using prior year's effective rate of <u>6.09</u> %		-932726
c	Total available at beginning of current plan year to add to prefunding balance		20071241
d	Portion of (c) to be added to prefunding balance.....		15015934
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	10205372	15015934

Part III Funding percentages			
14	Funding target attainment percentage.....	14	86.87 %
15	Adjusted funding target attainment percentage.....	15	95.73 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	92.46 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	1978438				
07/14/2009	1978438				
10/13/2009	1978438				
01/14/2010	1978438				
09/14/2010	12791146				
			Totals ►	18(b)	20704898
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 18694921
20 Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of Quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	1471891
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	37380429	7501995
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	8973886
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	8973886
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	18694921
38 Interest-adjusted excess contributions for current year (see instructions).....	38	9721035
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

<div>A</div> <div>Name of plan</div> <div>REVCO D.S. INC., RETIREMENT INCOME PLAN AND TRUST</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>020</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>CVS CAREMARK CORPORATION HR RETIREMENT BENEFITS</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>05-0494040</div>

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☒ Yes

☐ No

b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PIMCO	
33-0239892	

(b)	Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
TEMPLETON	
94-3385113	

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BUCK CONSULTANTS, LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 27 38 50 70 99	NONE	447505	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

JP MORGAN CHASE BANK, N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 50 51 52 62	NONE	166796	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

COLUMBIA MGMT INVESTMENT ADVISERS

13-3180631

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 33 50 51 52 68	NONE	165426	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

300 NORTH CAPITAL

95-4504381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	105316	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MELLON CAPITAL MANAGEMENT LLC

25-1442864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 33 50 51 52 57	NONE	31871	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

IBM

13-0871985

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	28600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CVS CAREMARK CORPORATION

05-0494040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 31 50	PLAN SPONSOR	9519	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan REVCO D.S. INC., RETIREMENT INCOME PLAN AND TRUST				B Three-digit plan number (PN) ▶ 020	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CVS CAREMARK CORPORATION HR RETIREMENT BENEFITS				D Employer Identification Number (EIN) 05-0494040	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: EB DAILY VALUED STOCK INDEX FUND					
b Name of sponsor of entity listed in (a): MELLON BANK, N.A.					
c EIN-PN 25-6078093-010		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65798135	
a Name of MTIA, CCT, PSA, or 103-12 IE: PIC SMALL CAP INVESTMENT FUND					
b Name of sponsor of entity listed in (a): 300 NORTH CAPITAL					
c EIN-PN 52-2031660-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12750140	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>REVCO D.S. INC., RETIREMENT INCOME PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>020</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CVS CAREMARK CORPORATION HR RETIREMENT BENEFITS</u>	D Employer Identification Number (EIN) <u>05-0494040</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	340427	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	24400000	14769584
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	92887	57630
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1892785	1693788
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	35857035	42199635
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	56592918	78548275
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	128883438	161486466
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	697122	669698
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	248756612	299425076

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		113597
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	113597

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	248756612	299311479
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	20704898	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		20704898

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6163	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	41327	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		47490

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	960668	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	9632274	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10592942

(3) Rents	2b(3)		
-----------------	-------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	7998519	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		7998519
(6) Net investment gain (loss) from common/collective trusts	2b(6)		15811332
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		15888188
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		71043369

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18633276	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		18633276
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	614301	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	302613	
(4) Other	2i(4)	938312	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1855226
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		20488502

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		50554867
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>REVCO D.S. INC., RETIREMENT INCOME PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>020</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CVS CAREMARK CORPORATION HR RETIREMENT BENEFITS</u>	D Employer Identification Number (EIN) <u>05-0494040</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
----------	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-4994650 04-1414660

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	<u>84</u>
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year

6a	
b Enter the amount contributed by the employer to the plan for this plan year	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	
6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No

11 **a** Does the ESOP hold any preferred stock? ☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 99% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: 1%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

Revco D.S., Inc. Retirement Income Plan and Trust
Years Ended December 31, 2009 and 2008
With Report of Independent Auditors

Revco D.S., Inc. Retirement Income Plan and Trust

Financial Statements and Supplemental Schedules

Years Ended December 31, 2009 and 2008

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Report of Independent Auditors

The Participants and Plan Administrator of the
Revco D.S., Inc. Retirement Income Plan and Trust

We were engaged to audit the accompanying statements of net assets available for benefits of the Revco D.S., Inc. Retirement Income Plan and Trust (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules of assets (held at end of year) as of December 31, 2009, and reportable transactions for the year then ended. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 5 and 6, which was certified by JP Morgan Chase Bank, N.A. and John Hancock Financial Services, Inc., the trustee and a custodian of the Plan, respectively, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee and custodian held the Plan's investment assets and executed investment transactions. The plan administrator has obtained certifications from the trustee and custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the investment information certified by the trustees and custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA.

Ernst & Young LLP

October 12, 2010

Revco D.S., Inc. Retirement Income Plan and Trust

Statements of Net Assets Available for Benefits

	December 31	
	2009	2008
Assets		
Non-interest-bearing cash	\$ —	\$ 340,427
Investments, at fair market value:		
Money market fund	1,693,788	1,892,785
Mutual funds	161,486,466	128,883,438
Common stocks	42,199,635	35,857,035
Common/collective trust funds	78,548,275	56,592,918
	<u>283,928,164</u>	<u>223,226,176</u>
Investments, at contract value:		
Immediate participation guarantee fund	669,698	697,122
Total investments	<u>284,597,862</u>	<u>223,923,298</u>
Receivables:		
Contributions	14,769,584	24,400,000
Investment income	57,630	92,887
Total receivables	<u>14,827,214</u>	<u>24,492,887</u>
Total assets:	<u>299,425,076</u>	<u>248,756,612</u>
Liabilities:		
Administrative expenses payable	113,597	—
Net assets available for benefits	<u>\$ 299,311,479</u>	<u>\$ 248,756,612</u>

See accompanying notes.

Revco D.S., Inc. Retirement Income Plan and Trust

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2009	2008
Additions:		
Contributions	\$ 20,704,898	\$ 24,400,000
Net appreciation (depreciation) of investments	39,698,040	(97,871,080)
Interest and dividend income	10,640,431	14,913,195
Total additions, net of investment income (loss)	71,043,369	(58,557,885)
Deductions:		
Benefits paid	18,633,276	17,545,148
Administrative fees	1,855,226	1,984,621
Total deductions	20,488,502	19,529,769
Net increase (decrease)	50,554,867	(78,087,654)
Net assets available for benefits at beginning of year	248,756,612	326,844,266
Net assets available for benefits at end of year	\$ 299,311,479	\$ 248,756,612

See accompanying notes.

Revco D.S., Inc. Retirement Income Plan and Trust

Notes to Financial Statements

December 31, 2009

1. Description of the Plan

The following description of the Revco D.S., Inc. Retirement Income Plan and Trust, as amended (the Plan), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Background

The Plan is a non-contributory defined benefit pension plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). During July 1994, Revco D.S., Inc. (Revco) acquired Hook-SupeRx, Inc. (HSI), and effective June 4, 1995, the HSI Retirement Plan assets were transferred to the Plan. During 1997, Revco was merged into CVS Caremark Corporation (CVS Caremark or the Company), and the Plan is now sponsored by CVS Caremark.

The Company has appointed a Benefit Plans Committee (the Committee) to manage the operation and administration of the Plan. Effective January 2009, the Committee further named an Administrative Sub-Committee and an Investment Sub-Committee, and delegated certain fiduciary duties to each of the Sub-Committees. The Committee appoints a trustee to hold the assets of the Plan and execute transactions at the direction of the Committee. For the years presented, the trustee of the Plan is JP Morgan Chase Bank, N.A. (the Trustee).

Effective September 20, 1997, benefit accruals with respect to service and salary earned after that date were eliminated.

Effective January 1, 2001, the Standard Drug Company Employees' Retirement Plan (the Standard Plan) merged into the Plan. Benefit accruals with respect to service and salary earned in the Standard Plan were eliminated prior to the merger with the Plan. All assets and liabilities accrued under the Standard Plan as of January 1, 2001 were transferred to the Plan and, as of that date, benefits for the participants and beneficiaries of the Standard Plan are to be paid from the Plan.

Benefits and Vesting

The Plan covers substantially all former Revco employees who were at least 21 years of age and had completed one year of service, as defined, and who were not members of a collective bargaining unit as of September 20, 1997.

Revco D.S., Inc. Retirement Income Plan and Trust

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

The Plan provides normal retirement benefits based on a percentage of average earnings for the last five years of employment. The normal retirement benefits, including social security benefits, range from 50% to 81% as a percentage of average earnings, depending on the amount of average earnings, and is reduced in cases of early retirement (before age 65) or retirement prior to completion of thirty years of credited service. Retirees receiving benefits prior to June 1, 1981, and vested participants terminated prior to June 1, 1981, receive benefits in accordance with the then effective benefit formula. Death benefits are provided at 50% of applicable pension benefits to spouses of participants who are vested.

For HSI plan participants retiring on or after June 4, 1995, participants are entitled to, and will receive, the greater of the retirement benefits determined as follows: (1) based on the HSI Plan's provisions through June 4, 1995 and the Plan's provisions subsequent to June 4, 1995, or (2) based on the Plan's provisions with years of service to include a participant's pension service prior to June 4, 1995.

In addition, any former participant of the Standard Plan who, as of January 1, 2001, had been granted a retirement pension or rights to a deferred vested benefit under the Standard Plan, became eligible to receive, from the Plan, benefits in the same amount and form without charge as paid under the terms and conditions of the Standard Plan as in effect on December 31, 2000. Participants should refer to the Standard Plan document for a more complete description of the Standard Plan's provisions.

Contributions and Funding Policy

Employee contributions were previously required under the provisions of a prior plan, which merged into the Plan in 1995. As of December 31, 2009 and 2008, employees' accumulated contributions amounted to approximately \$3,312,237 and \$3,548,496, respectively. Participants of the Plan may elect to receive a refund of their contributions as a lump sum payment with applicable compounded interest. If a refund is not requested, the benefits paid will not be less than the participant's accumulated value of their contributions.

The Company's policy is to make annual contributions at least equal to the minimum amounts required by ERISA regulations and the Internal Revenue Code (the Code). The funding standard is such that, based on certain assumptions, annual contributions will provide adequate funding to meet benefit claims as they come due. The minimum funding requirements of ERISA and the Code have been met for the years ended December 31, 2009 and 2008.

Revco D.S., Inc. Retirement Income Plan and Trust

Notes to Financial Statements (continued)

2. Summary of Accounting Policies

Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting. The information provided by the Trustee is prepared using the settlement date to record the timing of investment transactions rather than the trade date. The net effect on the Plan assets of using the settlement date versus the trade date is not significant.

Investments and Income Recognition

CVS Caremark has signed agreements with third-party investment managers to manage trust funds in the custody of the Trustee on behalf of the Plan. The investment managers have been granted discretionary authority concerning purchases and sales of investments in the trust funds. The investment of the trust funds, and changes therein, were determined through the use of fair values for all assets of the trust funds.

Investments are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price. Shares of mutual funds and money market funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. The fair value of participation units owned by the Plan in common collective trust funds is based on the net asset value (NAV) of shares held by the Plan at year end. It is not probable that these investments will be sold at amounts that differ materially from the NAV as of the date of sale. All units held within the Mellon EB Stock Index and 300 North Capital Funds can be redeemed upon thirty (30) and seven (7) business days' advance written notice, respectively.

Purchases and sales of securities are recorded on a settlement-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The Immediate Participation Guarantee Fund (IPG) at John Hancock is used for payment of the non-guaranteed annuity benefits provided for under Group Annuity Contract 386. The balance of the fund is made up of all additions to the fund, as described in the contract, less all withdrawals from the fund. The IPG is valued at contract value.

Revco D.S., Inc. Retirement Income Plan and Trust

Notes to Financial Statements (continued)

2. Summary of Accounting Policies (continued)

Benefits Paid

Benefits are recorded when paid.

Plan Expenses

All plan and trust expenses are paid by the Plan.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (Note 3) are those estimated future periodic benefit payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the Valuation Date.

Recent Accounting Pronouncements

In April 2009, the Financial Accounting Standards Board (FASB) issued FASB Staff Position 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly* (FSP 157-4). FSP 157-4 amended the guidance codified in ASC 820 to provide additional guidance on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased in relation to its normal market activity. FSP 157-4 also provided additional guidance on circumstances that may indicate that a transaction is not orderly and on defining major categories of debt and equity securities to comply with the disclosure requirements of ASC 820. The Plan adopted the guidance in FSP 157-4 for the reporting period ended December 31, 2009. Adoption of FSP 157-4 did not have a material effect on the Plan's net assets available for benefits.

Revco D.S., Inc. Retirement Income Plan and Trust

Notes to Financial Statements (continued)

2. Summary of Accounting Policies (continued)

In May 2009, the FASB issued FASB Statement No. 165, *Subsequent Events*, which was codified into ASC 855, *Subsequent Events*, to provide general standards of accounting for and disclosure of events that occur after the balance sheet date, but before financial statements are issued or are available to be issued. ASC 855 was amended in February 2010. The Plan has adopted ASC 855, as amended.

In September 2009, the FASB issued Accounting Standards Update 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* (ASU 2009-12). ASU 2009-12 amended ASC 820 to allow entities to use net asset value (NAV) per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting. The Plan adopted the guidance in ASU 2009-12 for the reporting period ended December 31, 2009 and has utilized the practical expedient to measure the fair value of investments within the scope of this guidance based on the investment's NAV. In addition, as a result of adopting ASU 2009-12, the Plan has provided additional disclosures regarding the nature and risks of investments within the scope of this guidance. Refer to Notes 2 and 6 for these disclosures. Adoption of ASU 2009-12 did not have a material effect on the Plan's net assets available for benefits.

In January 2010, the FASB issued Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements*, (ASU 2010-06). ASU 2010-06 amended certain of the disclosures required under ASC 820. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2 and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009. Plan management is currently evaluating the effect that the provisions of ASU 2010-06 will have on the Plan's financial statements. The Company is currently evaluating the impact that this guidance will have on the Plan's financial statements.

Revco D.S., Inc. Retirement Income Plan and Trust

Notes to Financial Statements (continued)

3. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was determined by Buck Consultants for 2009 and 2008, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of the end of each plan year is as follows:

	December 31	
	2009	2008
Vested benefits:		
Participants currently receiving payments	\$ 165,169,076	\$ 145,734,178
Other participants	142,036,949	121,916,209
	307,206,025	267,650,387
Non-vested benefits	2,882,596	3,149,915
Total actuarial present value of accumulated plan benefits	\$ 310,088,621	\$ 270,800,302

The change in accumulated plan benefits for each year is as follows:

	December 31	
	2009	2008
Actuarial present value of accumulated plan benefits as of beginning of year	\$ 270,800,302	\$ 268,145,889
Increase (decrease) during the period attributable to:		
Plan experience	972,028	(1,862,377)
Benefits paid	(18,633,276)	(17,545,148)
Increase due to the decrease in discount period	22,242,260	22,061,938
Change in assumptions	34,707,307	—
Net increase	39,288,319	2,654,413
Actuarial present value of accumulated plan benefits as of end of year	\$ 310,088,621	\$ 270,800,302

Revco D.S., Inc. Retirement Income Plan and Trust

Notes to Financial Statements (continued)

3. Actuarial Present Value of Accumulated Plan Benefits (continued)

The interest rate used to determine the Present Value of Accumulated Benefits (PVAB) is the assumed long-term rate of return on plan assets and should generally be the same as the expected rate of return used for FAS 87 disclosure. This rate was reduced from 8.5% to 7.25% because the asset allocation is changing from 70% equity and 30% fixed income to 50% equity and 50% fixed income. Reducing the interest rate increased the PVAB by \$35,000,000.

The significant actuarial assumptions used in performing the actuarial valuations at December 31, 2009 and 2008, include: (1) interest rates of 7.25% and 8.50%, respectively, (2) plan experience – age 55 to 65 and normal retirement at age 65, respectively, (3) mortality rates based on the 1994 Group Annuity Mortality Basic Table projected to 2002, and (4) inflation rates of 2.75% and 3.00%, respectively.

4. Plan Termination

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

5. Investments

Other than the fair value of the investment in the common collective trust funds and the related net appreciation (depreciation), all investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2009 and 2008, and net appreciation (depreciation) in fair value of investments, dividends and interest income, and investment expenses for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee and Custodian.

Revco D.S., Inc. Retirement Income Plan and Trust

Notes to Financial Statements (continued)

5. Investments (continued)

The following investment information was not certified by the Trustee:

	December 31	
	2009	2008
Common-collective trust fund values		
Mellon EB Stock Index Fund	\$ 65,798,135	\$ 46,377,598
300 North Cap LLC Small Cap Inv Fund Dbt	12,750,140	10,215,320
Total	<u>78,548,275</u>	<u>56,592,918</u>
Net appreciation (depreciation) in fair value		
Mellon EB Stock Index Fund	12,081,196	(23,844,765)
300 North Cap LLC Small Cap Inv Fund Dbt	3,730,136	(9,720,445)
Total	<u>\$ 15,811,332</u>	<u>\$ (33,565,210)</u>

The following table presents the fair value of investments of the Plan that represent 5% or more of the Plan's net assets at December 31, 2009 and 2008:

	2009	2008
Mutual funds		
Templeton Foreign Equity Service	\$ 52,898,459	\$ 42,486,381
PIMCO Total Return Fund	*	86,397,057
PIMCO Long Duration Total Return Fund	108,588,007	*
Common/collective trusts		
Mellon EB Stock Index Fund	65,798,135	46,377,598

* Investment did not meet 5% threshold.

Revco D.S., Inc. Retirement Income Plan and Trust

Notes to Financial Statements (continued)

5. Investments (continued)

The following table presents the net appreciation (depreciation) in fair value for each significant class of investments for the Plan during the years ended December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Mutual funds	\$ 15,888,188	\$ (41,670,565)
Common stocks	7,998,520	(22,635,305)
Common/collective trust funds	15,811,332	(33,565,210)
	<u>\$ 39,698,040</u>	<u>\$ (97,871,080)</u>

6. Fair Value Measurements

The fair value measurements standard establishes a framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the standard are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Revco D.S., Inc. Retirement Income Plan and Trust

Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.
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The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Short-Term Investments and Common Stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds and Money Market Funds: Valued at the net asset value ("NAV") of shares held by the plan at year end.

Common/Collective Trust Funds: Fair value of participation units owned by Plan is based on the redemption value of funds on the last day of the year. It is not probable that these investments will be sold at amounts that differ materially from the NAV as of the date of sale. All units held within the Mellon EB Stock Index and 300 North Capital Funds can be redeemed upon thirty (30) and seven (7) business days' advance written notice, respectively.

Immediate Participation Guarantee Fund: Valued at year-end balance made up of all additions to the fund, as described in the contract, less all withdrawals from the fund. The contract value of the fund approximates the fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Revco D.S., Inc. Retirement Income Plan and Trust

Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	Investments at Fair Value as Determined by Quoted Prices in Active Markets (Level 1)	Investments at Fair Value		Total
		Valuation Techniques Based on Observable Market Data (Level 2)	Valuation Techniques Incorporating Information Other Than Observable Market Data (Level 3)	
Mutual Funds				
Bond Fund	\$ 108,588,007	\$ —	\$ —	\$ 108,588,007
International Value	52,898,459	—	—	52,898,459
	161,486,466	—	—	161,486,466
Common Stock				
Large Cap Value	42,199,635	—	—	42,199,635
	42,199,635	—	—	42,199,635
Stable Value	1,693,788	—	—	1,693,788
	1,693,788	—	—	1,693,788
CCT				
Large Cap Index	—	65,798,135	—	65,798,135
Small Cap Growth	—	12,750,140	—	12,750,140
	—	78,548,275	—	78,548,275
Total investments	\$ 205,379,889	\$ 78,548,275	\$ —	\$ 283,928,164

7. Transactions with Parties-in-Interest

Certain plan investments are in a money market fund managed by JP Morgan Chase Bank, N.A. (JP Morgan). JP Morgan is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA. There is one Group Annuity Contract managed by John Hancock Financial Services, Inc. (John Hancock). John Hancock is a custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

Revco D.S., Inc. Retirement Income Plan and Trust

Notes to Financial Statements (continued)

8. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS), dated October 29, 2002, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified, and the related trust is tax exempt.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

10. Subsequent Events

Management evaluated subsequent events for the Plan through October 12, 2010, the date the financial statements were available to be issued.

Effective June 14, 2010, the Benefit Plans Committee approved transitioning the three (3) CVS Caremark Defined Benefit trusts into (1) master trust. JPMorgan, the current Trustee of the Revco D.S., Inc. Retirement Income Plan and Trust, will be the Trustee and Custodian of the master trust.

Supplemental Schedules

Revco D.S., Inc. Retirement Income Plan and Trust

EIN No. 05-0494040, Plan No. 020

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2009

Identity of Issue		Number of Shares/ Face Value	Cost	Market Value
*	JP Morgan Liquid Assets Money Market Fund	1,693,788	\$ 1,693,788	\$ 1,693,788
Common stocks:				
	AES Corp.	65,000	462,381	865,150
	Altria Group Inc.	20,000	216,764	392,600
	Askmenow Inc.	100	—	—
	Atmospheric Glow Technologies Inc.	125	—	—
	Bank of America Corp.	80,000	1,454,007	1,204,800
	Baxter International Inc.	25,000	857,708	1,467,000
	Bristol Myers Squibb Co.	65,000	1,498,206	1,641,250
	CXS Corp.	19,000	285,415	921,310
	Caterpillar Inc.	24,000	945,755	1,367,760
	Chevron Corp.	20,000	760,715	1,539,800
	Costco Wholesale Corp.	27,000	894,870	1,597,590
	Du Pont E I De Nemours & Co.	29,000	1,237,925	976,430
	Gap Inc.	80,000	1,591,347	1,676,000
	General Dynamics Corp.	23,000	964,691	1,567,910
	Honeywell International Inc.	40,000	1,013,324	1,568,000
	Humana Inc.	25,500	1,142,284	1,119,195
*	JP Morgan Chase & Co.	35,000	772,119	1,458,450
	Juniper Networks Inc.	60,000	1,205,811	1,600,200
	Lowes Cos Inc.	60,000	1,446,480	1,403,400
	Marathon Oil Corp.	42,000	1,799,714	1,311,240
	MetLife	26,000	1,429,419	919,100
	Morgan Stanley	25,000	1,424,167	740,000
	Nordstrom Inc.	36,000	1,190,964	1,352,880
	Penney JC Inc.	26,000	474,689	691,860
	Philip Morris Intl. Inc.	20,000	497,986	963,800
	Praxair Inc.	10,000	285,144	803,100
	Prudential Financial Inc.	25,000	1,093,426	1,244,000
	Sherwin Williams Co.	15,100	843,511	930,915
	Travelers Cos Inc.	32,000	1,062,212	1,595,520
	Tyson Foods Inc.	91,700	1,223,219	1,125,159
	US Bancorp	50,000	1,345,952	1,125,500
	Union Pac Corp.	16,000	463,180	1,022,400
	United Technologies Corp.	25,000	750,285	1,735,250
	Unum Group	80,000	1,563,148	1,561,600
	Valero Energy Corp.	35,000	397,284	586,250
	Wal Mart Stores Inc.	16,000	794,395	855,200
	Williams Cos Inc.	60,200	<u>1,329,084</u>	<u>1,269,016</u>
			34,717,581	42,199,635

Revco D.S., Inc. Retirement Income Plan and Trust

EIN No. 05-0494040, Plan No. 020

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue	Number of Shares/ Face Value	Cost	Market Value
Mutual funds:			
PIMCO Long Duration Total Return Fund Instl	10,224,859	\$ 103,815,467	\$ 108,588,007
Templeton Foreign Equity Service	2,740,852	43,489,424	52,898,459
		147,304,891	161,486,466
Common/collective trust funds:			
Mellon EB Stock Index Fund	49,410	49,768,948	65,798,135
300 North Cap LLC Small Cap Invt Fund Dbt	759,826	8,080,026	12,750,140
		57,848,974	78,548,275
Warrants:			
Latronix Inc.	43	—	—
Insurance contract:			
* John Hancock Mutual Life Insurance Company – Intermediate Participation Guarantee Fund		669,698	669,698
		\$ 242,234,932	\$ 284,597,862

* Indicates party-in-interest to the Plan.

Revco D.S., Inc. Retirement Income Plan and Trust

EIN: 05-0494040, Plan No. 020

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value of Asset on Transaction Date	(i) Net Gain (loss)
<u>Category (i0) – Single transactions in excess of 5% of Plan assets:</u>						
JP Morgan	Liquid Assets Money Market Fund	\$ 42,739,125		\$ 42,739,125	\$ 42,739,125	
JP Morgan	Liquid Assets Money Market Fund		\$ 42,147,825	42,147,825	42,147,825	
JP Morgan	Liquid Assets Money Market Fund	42,734,369		42,734,369	42,734,369	
JP Morgan	Liquid Assets Money Market Fund		42,674,137	42,674,137	42,674,137	
JP Morgan	Liquid Assets Money Market Fund	13,788,659		13,788,659	13,788,659	
JP Morgan	Liquid Assets Money Market Fund		13,788,659	13,788,659	13,788,659	
JP Morgan	PIMCO Long Duration Total Return Fund	42,147,825		42,147,825	42,147,825	
JP Morgan	PIMCO Long Duration Total Return Fund	42,734,369		42,734,369	42,734,369	
JP Morgan	PIMCO Long Duration Total Return Fund	13,788,659		13,788,659	13,788,659	
JP Morgan	PIMCO Total Return Fund		42,739,125	44,831,744	42,739,125	(2,092,619)
JP Morgan	PIMCO Total Return Fund		42,734,369	45,298,979	42,734,369	(2,564,610)
<u>Category (iii) – A series of securities transactions in excess of 5% of Plan assets:</u>						
JP Morgan	Liquid Assets Money Market Fund	146,910,246		146,910,246	146,910,246	
JP Morgan	Liquid Assets Money Market Fund		147,109,243	147,109,243	147,109,243	
JP Morgan	PIMCO Long Duration Total Return Fund	103,737,237		103,737,237	103,737,237	
JP Morgan	PIMCO Total Return Fund		86,403,494	91,095,991	86,403,494	(4,692,497)

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2009.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Revco D.S. Inc., Retirement Income Plan and Trust	B Three-digit plan number (PN) ► <u>020</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CVS Caremark Corporation	D Employer Identification Number (EIN) 05-0494040
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	247,768,247	
b Actuarial value.....	2b	272,545,072	
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	4,412	148,776,668
b For terminated vested participants	3b	5,416	76,447,515
c For active participants:			
(1) Non-vested benefits.....	3c(1)		2,207,052
(2) Vested benefits.....	3c(2)		57,272,960
(3) Total active	3c(3)	4,417	59,480,012
d Total.....	3d	14,245	284,704,195
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	8.23 %
6 Target normal cost.....		6	1,471,891

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>9/17/2010</u> Date
	Gary Tomaino Type or print name of actuary	08-05593 Most recent enrollment number
	Buck Consultants, LLC Firm name	(201) 902-2300 Telephone number (including area code)
	500 Plaza Drive Secaucus NJ 07096-1533 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	20,678,427	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	6,850,009	0
9	Amount remaining (Item 7 minus item 8).....	13,828,418	0
10	Interest on item 9 using prior year's actual return of <u>(26.20)</u> %	(3,623,046)	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		21,003,967
b	Interest on (a) using prior year's effective rate of <u>6.09</u> %		(932,726)
c	Total available at beginning of current plan year to add to prefunding balance		20,071,241
d	Portion of (c) to be added to prefunding balance.....		15,015,934
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	10,205,372	15,015,934

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	86.87 %
15	Adjusted funding target attainment percentage.....	15	95.73 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	92.46 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	1,978,438				
07/14/2009	1,978,438				
10/13/2009	1,978,438				
01/14/2010	1,978,438				
09/14/2010	12,791,146				
			Totals ▶	18(b)	20,704,898
				18(c)	0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	18,694,921

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	1,471,891
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	37,380,429	7,501,995
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	8,973,886
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	8,973,886
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	18,694,921
38 Interest-adjusted excess contributions for current year (see instructions).....	38	9,721,035
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

REVCO D.S. INC. RETIREMENT INCOME PLAN AND TRUST
EIN: 05-0494040/PN 020
Schedule SB, line 22 – Description of Weighted Average Retirement Age

Attained Age	Rate of Retirement	Assumed Age at Retirement	Portion Retiring from Previous Year	Portion Remaining from Previous Year	Age-Weighted Probability of Retirement
55	14.0%	55.5	14.00%	86.00%	7.7700
56	11.0%	56.5	9.46%	76.54%	5.3449
57	9.0%	57.5	6.89%	69.65%	3.9618
58	14.0%	58.5	9.75%	59.90%	5.7038
59	12.0%	59.5	7.19%	52.71%	4.2781
60	12.0%	60.5	6.33%	46.38%	3.8297
61	15.0%	61.5	6.96%	39.42%	4.2804
62	16.0%	62.5	6.31%	33.11%	3.9438
63	17.0%	63.5	5.63%	27.48%	3.5751
64	50.0%	64.5	13.74%	13.74%	8.8623
65	100.0%	65.0	13.74%	0.00%	<u>8.9310</u>
Weighted average retirement age					60.4809

REVCO D.S. INC. RETIREMENT INCOME PLAN AND TRUST

EIN 05-0494040/PN 020

Schedule SB, line 25 – Change in Method

The asset valuation method used was changed from market value to a method that spreads asset gains/(losses) over a two year period on an annual basis.

For funding purposes, the discount rate used was changed from the three-segment rates to the full yield curve with a two-month lookback.

REVCO D.S. INC. RETIREMENT INCOME PLAN AND TRUST

EIN 05-0494040/PN 020

Schedule SB, line 24 – Change in Actuarial Assumptions

In accordance with final PPA regulations, estimated plan related expenses paid from plan assets have been added to the Target Normal Cost.

REVCO D.S. INC. RETIREMENT INCOME PLAN AND TRUST**EIN 05-0494040/PN 020****Schedule SB, line 32 – Schedule of Amortization Bases**

Type of Base	Date Established	Remaining Installments	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2009
Shortfall	January 1, 2008	6	\$ 7,913,753	\$ 39,700,865
Shortfall	January 1, 2009	7	<u>\$ (411,758)</u>	<u>\$ (2,320,436)</u>
	Total		\$ 7,501,995	\$ 37,380,429

REVCO D.S. INC., RETIREMENT INCOME PLAN AND TRUST
EIN: 05-0494040 PN: 020

Line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service																				
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total
	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.
Under 25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
25 to 29	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
30 to 34	0	N/A	0	N/A	0	N/A	42	183	45	208	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	87
35 to 39	0	N/A	0	N/A	0	N/A	150	440	293	742	59	830	0	N/A	0	N/A	0	N/A	0	N/A	502
40 to 44	0	N/A	0	N/A	0	N/A	104	373	243	1,280	254	2,060	44	2,391	0	N/A	0	N/A	0	N/A	645
45 to 49	0	N/A	0	N/A	0	N/A	95	316	210	1,207	243	3,275	220	3,536	56	2,518	0	N/A	0	N/A	824
50 to 54	0	N/A	1	N/A	0	N/A	100	520	201	1,144	149	2,785	231	4,558	227	4,399	31	4,707	0	N/A	940
55 to 59	0	N/A	0	N/A	0	N/A	92	469	165	1,133	137	2,394	122	3,984	190	7,123	116	7,707	10	N/A	832
60 to 64	0	N/A	0	N/A	0	N/A	62	454	123	1,044	78	2,902	80	3,969	91	6,850	94	12,120	27	10,723	555
65 to 69	0	N/A	0	N/A	0	N/A	3	N/A	6	N/A	3	N/A	4	N/A	4	N/A	0	N/A	1	N/A	21
70 & up	0	N/A	0	N/A	0	N/A	0	N/A	1	N/A	2	N/A	4	N/A	0	N/A	2	N/A	2	N/A	11
Total	0	N/A	1	N/A	0	N/A	648	413	1,287	1,042	925	2,535	705	3,907	568	5,507	243	8,977	40	9,323	4,417

This plan is "hard frozen" and the average accrued benefits are in lieu of compensation.

REVCO D.S. INC. RETIREMENT INCOME PLAN AND TRUST

EIN 05-0494040/PN 020

Schedule SB, line 11 – Prior year's Excess Contributions to be Added to Prefunding Balance

Line 11a does not agree with line 38 from the prior year's form. This is because the form was filed prior to the release of final regulations that allow the reflection of Carryover Balance when determining excess contributions that may be added to the Prefunding Balance.

REVCO D.S. INC. RETIREMENT INCOME PLAN AND TRUST

EIN 05-0494040/PN 020

Schedule SB, line 21b – Applicable Lookback Month

The discount rate used was the full yield curve with a 2-month lookback. Line 21b has been left blank since EFAST2 generates an error message if line 21b shows any entry and line 21a has Full Yield Curve checked.

REVCO D.S. INC. RETIREMENT INCOME PLAN AND TRUST
EIN 05-0494040/PN 020
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Economic Assumptions

Funding

Current Year:	Yield curve applicable 2 months prior to the valuation date	
	Effective Interest Rate	8.23%
Prior Year:	First Segment Rate	5.31%
	Second Segment Rate	5.92%
	Third Segment Rate	6.43%
	Effective Interest Rate	6.09%

Non-economic Assumptions

Mortality

Funding

	Current Year	Prior Year
Annuitant	IRS static table for 2009 under regulation 1.430(h)(3)-1	IRS static table for 2008 under regulation 1.430(h)(3)-1
Non-annuitant	IRS static table for 2009 under regulation 1.430(h)(3)-1	IRS static table for 2008 under regulation 1.430(h)(3)-1

Rates of Retirement – Normal retirement is age 65.

Separations before normal retirement – Representative values of the assumed annual rates of withdrawal and early retirement (for funding purposes) are as follows:

Annual Rate of			
Withdrawal			
Age	Salaried	Hourly	Early Retirement
20	.140	.180	--
25	.140	.180	--
30	.100	.150	--
35	.080	.140	--
40	.070	.120	--
45	.060	.100	--
50	.050	.080	--
55	.025	.040	0.14
56	.020	.032	0.11
57	.015	.024	0.09
58	.010	.016	0.14
59	.005	.008	0.12
60	.000	.000	0.12
61	.000	.000	0.15
62	.000	.000	0.16
63	.000	.000	0.17
64	.000	.000	0.50
65	.000	.000	1.00

REVCO D.S. INC. RETIREMENT INCOME PLAN AND TRUST

EIN 05-0494040/PN 020

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Marital Status: 100% of active participants are assumed married. Husbands are expected to be three years older than their wives.

Frequency of optional payment forms:	Eligible for Small <u>Lump Sum Cashout</u>		Not Eligible for Small <u>Lump Sum Cashout</u>	
	<u>Optional Form</u>	<u>Probability</u>	<u>Optional Form</u>	<u>Probability</u>
	Lump Sum	50.0%	Lump Sum	0.0%
	Life Annuity	27.5%	Life Annuity	55.0%
	50% J&S	17.5%	50% J&S	35.0%
	100% J&S	5.0%	100% J&S	10.0%

Methods

Actuarial cost method

For minimum required and maximum contributions purposes:

The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, including the effect of expected compensation increases during the year.

Asset valuation method

The Valuation Assets are determined using a method that spreads asset gains/(losses) over a two year period on an annual basis. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the third segment rate permitted under IRS guidance. The resulting value is constrained to be within a corridor of 90% to 110% of market value. Accrued contributions, if any, are included in the Valuation Assets.

Expenses:

Target Normal Cost includes estimated 2009 plan related expenses of \$1,471,891 expected to be paid from plan assets.

REVCO D.S. INC. RETIREMENT INCOME PLAN AND TRUST
EIN 05-0494040/PN 020
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Economic Assumptions

Funding

Current Year:	Yield curve applicable 2 months prior to the valuation date	
	Effective Interest Rate	8.23%
Prior Year:	First Segment Rate	5.31%
	Second Segment Rate	5.92%
	Third Segment Rate	6.43%
	Effective Interest Rate	6.09%

Non-economic Assumptions

Mortality

Funding

	Current Year	Prior Year
Annuitant	IRS static table for 2009 under regulation 1.430(h)(3)-1	IRS static table for 2008 under regulation 1.430(h)(3)-1
Non-annuitant	IRS static table for 2009 under regulation 1.430(h)(3)-1	IRS static table for 2008 under regulation 1.430(h)(3)-1

Rates of Retirement – Normal retirement is age 65.

Separations before normal retirement – Representative values of the assumed annual rates of withdrawal and early retirement (for funding purposes) are as follows:

Annual Rate of			
Withdrawal			
Age	Salaried	Hourly	Early Retirement
20	.140	.180	--
25	.140	.180	--
30	.100	.150	--
35	.080	.140	--
40	.070	.120	--
45	.060	.100	--
50	.050	.080	--
55	.025	.040	0.14
56	.020	.032	0.11
57	.015	.024	0.09
58	.010	.016	0.14
59	.005	.008	0.12
60	.000	.000	0.12
61	.000	.000	0.15
62	.000	.000	0.16
63	.000	.000	0.17
64	.000	.000	0.50
65	.000	.000	1.00

REVCO D.S. INC. RETIREMENT INCOME PLAN AND TRUST

EIN 05-0494040/PN 020

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Marital Status: 100% of active participants are assumed married. Husbands are expected to be three years older than their wives.

Frequency of optional payment forms:	Eligible for Small <u>Lump Sum Cashout</u>		Not Eligible for Small <u>Lump Sum Cashout</u>	
	<u>Optional Form</u>	<u>Probability</u>	<u>Optional Form</u>	<u>Probability</u>
	Lump Sum	50.0%	Lump Sum	0.0%
	Life Annuity	27.5%	Life Annuity	55.0%
	50% J&S	17.5%	50% J&S	35.0%
	100% J&S	5.0%	100% J&S	10.0%

Methods

Actuarial cost method

For minimum required and maximum contributions purposes:

The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, including the effect of expected compensation increases during the year.

Asset valuation method

The Valuation Assets are determined using a method that spreads asset gains/(losses) over a two year period on an annual basis. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the third segment rate permitted under IRS guidance. The resulting value is constrained to be within a corridor of 90% to 110% of market value. Accrued contributions, if any, are included in the Valuation Assets.

Expenses:

Target Normal Cost includes estimated 2009 plan related expenses of \$1,471,891 expected to be paid from plan assets.

REVCO D.S. INC. RETIREMENT INCOME PLAN AND TRUST

EIN 05-0494040/PN 020

Schedule SB, Part V - Summary of Plan Provisions

Accrued benefit

Effective Date February 1, 1968.

Plan Year January 1 to December 31.

Employer CVS Inc. as successor to Revco D.S., Inc. (and its subsidiaries who with consent of Revco D.S., Inc. become parties to and adopt the Plan) and any Affiliate of CVS Inc. who adopts the Plan for the benefit of its eligible employees.

Participation All employees of the Company who are covered on May 31, 1985, by the prior plan continue to be participants in this Plan. Other employees become participants on the June 1, when the employee meets the following requirements:

- (a) Employee has attained age 20-1/2.
- (b) Employee has six months of service.
- (c) Employee is not a member of a collective bargaining unit, unless the collective bargaining unit has provided specifically for coverage under this plan.

Effective September 20, 1997, the Plan is closed to new Participants.

Effective January 1, 2001, all participants in the Standard Drug Company Employees' Retirement Plan became participants of this Plan.

Benefit Eligibility

Normal Retirement Benefits An employee age 65 with 5 or more years of vesting service is eligible for Normal Retirement Benefits.

Early Retirement Benefits An employee age 55 with 5 or more years of vesting service is eligible for Early Retirement Benefits.

Deferred Vested Benefits An employee with 5 years of vesting service is eligible for Deferred Vested Benefits. All former participants of the Standard Drug Employees' Retirement Plan became fully vested on December 31, 1992.

Retirement Benefits

Normal Retirement:
Basic Formula
(Revco Plan)

The basic retirement formula computes a monthly amount which when added to a member's social security benefit is equal to the product of his average monthly earnings and the applicable guaranteed percentage as determined from the following table:

REVCO D.S. INC. RETIREMENT INCOME PLAN AND TRUST**EIN 05-0494040/PN 020****Schedule SB, Part V - Summary of Plan Provisions**

Average Monthly Earnings	Guaranteed Percentage
Less than \$ 500	81%
\$1,000	73%
\$1,500	65%
\$2,000	60%
\$2,500	56%
\$3,000	54%
\$3,500	52%
\$4,000	51%
\$4,500	50%
\$5,000	50%

For average monthly earnings not shown in the above table, the guaranteed percentage is interpolated to four decimal places.

For employees retiring with less than 30 years of credited service, the amount otherwise payable from the Plan is multiplied by the ratio of years of credited service to 30 years.

Minimum Accrued Benefits

A monthly amount equal to \$6.00 times credited service.

Any participant who was covered under the Revco D.S., Inc. Retirement Income Plan on May 31, 1981, shall receive a benefit at least equal to the benefit accrued under the plan on May 31, 1981, based upon final earnings, covered compensation, and actual credited service as of May 31, 1981. The formula in effect on May 31, 1981, produced for each year of credited service an annual benefit of \$30 plus 1% of final average earnings in excess of covered compensation.

For a participant covered under this Plan prior to June 1, 1976, the benefit shall be no less than the amount accrued to May 31, 1976, multiplied by the ratio that credited service as of May 31, 1976, bears to the greater of 15 or the years of credited service the participant would have had on his normal retirement date.

For a participant covered under GR-2110 or GR-2293 prior to January 1, 1973, the benefit shall be no less than the amount accrued to December 31, 1972.

For a participant with a vested account balance, the benefit shall be no less than the amount purchasable by the vested account balance with interest to the retirement date.

Any participant covered under the Barre-National Plan prior to June 1, 1981, shall receive no less than the amount accrued under the provisions of the Barre-National Pension Plan as of May 31, 1981.

REVCO D.S. INC. RETIREMENT INCOME PLAN AND TRUST

EIN 05-0494040/PN 020

Schedule SB, Part V - Summary of Plan Provisions

Any participant covered under the Hook-SupeRx, Inc. Retirement Plan prior to June 4, 1995, shall receive no less than the amount accrued under the provisions of the Hook-SupeRx, Inc. Retirement Plan as of May 31, 1995, plus a benefit calculated under the Revco Plan using service accrued after May 31, 1995.

Normal Retirement:

**Basic Formula
(Standard Plan)**

For participants of the former Standard Drug Company Employees' Retirement Plan, a monthly retirement allowance equal to the sum of a., b. and c. below:

- a. The monthly benefit accrued under the provisions of the plan in effect for the period of employment ending on April 27, 1976.
- b. for years of credited service beginning after April 27, 1976, the sum of i., ii., iii. and iv. below:
 - i. 1.25% of compensation up to Social Security Wage Based for each year of credited service completed after April 27, 1976 and before January 1, 1980,
 - ii. 1.75% of compensation in excess of Social Security Wage Base for each year of credited service completed after April 27, 1976 and prior to January 1, 1980, and
 - iii. 1.75% if compensation up to Social Security Wage Base for each year of credited service completed after December 31, 1979 and prior to January 1, 1989, and
 - iv. 2.50% of compensation in excess of Social Security Wage Base for each year of credited service completed after December 31, 1979 and prior to January 1, 1989.
- c. 1.85% of compensation for each year of credited service after 1988 and prior to 1993 for participants not covered by the Labor Agreement, and prior to August 31, 1993 for participants covered by the Labor Agreement.

Note: Compensation and wage base used for b. are for the calendar year prior to the year of service and compensation used for c. is for the calendar year coinciding with the year of service.

Early Retirement Benefits

Monthly benefit is equal to the normal monthly benefit accrued to date of retirement, multiplied by an early retirement adjustment factor (amounts based on reduction of .6% per month to age 60 and .3% per month below age 60).

REVCO D.S. INC. RETIREMENT INCOME PLAN AND TRUST

EIN 05-0494040/PN 020

Schedule SB, Part V - Summary of Plan Provisions

For participants of the former Standard Drug Company Employees' Retirement Plan, a monthly benefit equal to the normal retirement allowance reduced for early commencement by 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months by which the commencement of the early retirement benefit precedes normal retirement date.

Deferred Vested Benefits

Monthly benefit is equal to the accrued normal retirement benefit, multiplied by an early retirement adjustment factor if payable before age 65, but not payable before age 55.

Normal Form of Annuity

For unmarried participants, the normal form of annuity is a life annuity; and for married participants, a reduced 50% joint and survivor annuity which is actuarially equivalent to the life annuity.

**Preretirement Spouse Benefit
Eligibility**

Active or former participants who are vested.

Benefit

Automatic benefit is equal to 50% of the accrued monthly benefit at the time of death. The benefit is deferred to when the participant would have been eligible for early retirement and is multiplied by the appropriate early retirement adjustment factor, and the adjustment factor for election of 50% spouse's coverage.

Prior Plan Cash Values

Amount

An amount listed by the Plan.

Interest Credited

Interest is credited at a rate of 3% per annum prior to June 1, 1976 and 5% per annum thereafter.

Death or Termination Refund

If the participant is not survived by a spouse or if he is not eligible for a spouse benefit, the beneficiary will receive a refund of the vested account balance with interest to date of death reduced by any benefits paid.

Definitions (Revco Plan)

Vesting Service

Service is credited in any year in which the member has not incurred a break in service and is measured from the first date the employee performs an hour of service. special rules apply to breaks in service.

Credited Service

Credited service is after age 20-1/2 and 6 months.

Monthly Earnings

A participant's basic earnings during the calendar year, including overtime payments, commissions and bonuses.

Average Monthly Earnings

The average of an employee's monthly earnings in effect for the last 5 consecutive calendar years prior to termination.

REVCO D.S. INC. RETIREMENT INCOME PLAN AND TRUST

EIN 05-0494040/PN 020

Schedule SB, Part V - Summary of Plan Provisions

Social Security Benefit

Estimates are based on the Social Security Act in effect on June 1 of the plan year in which the participant retired, and the amount of primary old age insurance as described below:

For retirements at or after age 65—the estimated amount payable at retirement

For early retirement, before age 65—the estimated amount payable at age 65, determined assuming earnings continue to age 65 at the same rate as upon termination.

For deferred vested retirements—the estimated amount payable at age 65, determined assuming earnings continue to age 65 at the same rate as upon termination.

Definitions (Standard Plan)

Credited Service

The total number of Plan Years, ending after April 27, 1976, during which the Employee has at least 1000 Hours of Service.

Compensation

For plan years before January 1, 1989, compensation is the total earnings for the calendar year immediately preceding the year of credited service. For plan years after 1988 and prior to 1994, compensation is the total earnings in the year of credited service.

Revco D.S., Inc. Retirement Income Plan and Trust

EIN No. 05-0494040, Plan No. 020

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2009

Identity of Issue		Number of Shares/ Face Value	Cost	Market Value
*	JP Morgan Liquid Assets Money Market Fund	1,693,788	\$ 1,693,788	\$ 1,693,788
	Common stocks:			
	AES Corp.	65,000	462,381	865,150
	Altria Group Inc.	20,000	216,764	392,600
	Askmenow Inc.	100	—	—
	Atmospheric Glow Technologies Inc.	125	—	—
	Bank of America Corp.	80,000	1,454,007	1,204,800
	Baxter International Inc.	25,000	857,708	1,467,000
	Bristol Myers Squibb Co.	65,000	1,498,206	1,641,250
	CXS Corp.	19,000	285,415	921,310
	Caterpillar Inc.	24,000	945,755	1,367,760
	Chevron Corp.	20,000	760,715	1,539,800
	Costco Wholesale Corp.	27,000	894,870	1,597,590
	Du Pont E I De Nemours & Co.	29,000	1,237,925	976,430
	Gap Inc.	80,000	1,591,347	1,676,000
	General Dynamics Corp.	23,000	964,691	1,567,910
	Honeywell International Inc.	40,000	1,013,324	1,568,000
	Humana Inc.	25,500	1,142,284	1,119,195
*	JP Morgan Chase & Co.	35,000	772,119	1,458,450
	Juniper Networks Inc.	60,000	1,205,811	1,600,200
	Lowes Cos Inc.	60,000	1,446,480	1,403,400
	Marathon Oil Corp.	42,000	1,799,714	1,311,240
	MetLife	26,000	1,429,419	919,100
	Morgan Stanley	25,000	1,424,167	740,000
	Nordstrom Inc.	36,000	1,190,964	1,352,880
	Penney JC Inc.	26,000	474,689	691,860
	Philip Morris Intl. Inc.	20,000	497,986	963,800
	Praxair Inc.	10,000	285,144	803,100
	Prudential Financial Inc.	25,000	1,093,426	1,244,000
	Sherwin Williams Co.	15,100	843,511	930,915
	Travelers Cos Inc.	32,000	1,062,212	1,595,520
	Tyson Foods Inc.	91,700	1,223,219	1,125,159
	US Bancorp	50,000	1,345,952	1,125,500
	Union Pac Corp.	16,000	463,180	1,022,400
	United Technologies Corp.	25,000	750,285	1,735,250
	Unum Group	80,000	1,563,148	1,561,600
	Valero Energy Corp.	35,000	397,284	586,250
	Wal Mart Stores Inc.	16,000	794,395	855,200
	Williams Cos Inc.	60,200	<u>1,329,084</u>	<u>1,269,016</u>
			34,717,581	42,199,635

Revco D.S., Inc. Retirement Income Plan and Trust

EIN No. 05-0494040, Plan No. 020

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue	Number of Shares/ Face Value	Cost	Market Value
Mutual funds:			
PIMCO Long Duration Total Return Fund Instl	10,224,859	\$ 103,815,467	\$ 108,588,007
Templeton Foreign Equity Service	2,740,852	43,489,424	52,898,459
		147,304,891	161,486,466
Common/collective trust funds:			
Mellon EB Stock Index Fund	49,410	49,768,948	65,798,135
300 North Cap LLC Small Cap Invt Fund Dbt	759,826	8,080,026	12,750,140
		57,848,974	78,548,275
Warrants:			
Latronix Inc.	43	—	—
Insurance contract:			
* John Hancock Mutual Life Insurance Company – Intermediate Participation Guarantee Fund		669,698	669,698
		\$ 242,234,932	\$ 284,597,862

* Indicates party-in-interest to the Plan.

Revco D.S., Inc. Retirement Income Plan and Trust

EIN: 05-0494040, Plan No. 020

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value of Asset on Transaction Date	(i) Net Gain (loss)
<u>Category (i0) – Single transactions in excess of 5% of Plan assets:</u>						
JP Morgan	Liquid Assets Money Market Fund	\$ 42,739,125		\$ 42,739,125	\$ 42,739,125	
JP Morgan	Liquid Assets Money Market Fund		\$ 42,147,825	42,147,825	42,147,825	
JP Morgan	Liquid Assets Money Market Fund	42,734,369		42,734,369	42,734,369	
JP Morgan	Liquid Assets Money Market Fund		42,674,137	42,674,137	42,674,137	
JP Morgan	Liquid Assets Money Market Fund	13,788,659		13,788,659	13,788,659	
JP Morgan	Liquid Assets Money Market Fund		13,788,659	13,788,659	13,788,659	
JP Morgan	PIMCO Long Duration Total Return Fund	42,147,825		42,147,825	42,147,825	
JP Morgan	PIMCO Long Duration Total Return Fund	42,734,369		42,734,369	42,734,369	
JP Morgan	PIMCO Long Duration Total Return Fund	13,788,659		13,788,659	13,788,659	
JP Morgan	PIMCO Total Return Fund		42,739,125	44,831,744	42,739,125	(2,092,619)
JP Morgan	PIMCO Total Return Fund		42,734,369	45,298,979	42,734,369	(2,564,610)
<u>Category (iii) – A series of securities transactions in excess of 5% of Plan assets:</u>						
JP Morgan	Liquid Assets Money Market Fund	146,910,246		146,910,246	146,910,246	
JP Morgan	Liquid Assets Money Market Fund		147,109,243	147,109,243	147,109,243	
JP Morgan	PIMCO Long Duration Total Return Fund	103,737,237		103,737,237	103,737,237	
JP Morgan	PIMCO Total Return Fund		86,403,494	91,095,991	86,403,494	(4,692,497)

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2009.