

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2014
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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>REVCO D.S., INC. RETIREMENT INCOME PLAN FOR FORMER EMPLOYEES</u>	1b Three-digit plan number (PN) ▶ <u>027</u> 1c Effective date of plan <u>01/01/2013</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CVS HEALTH CORPORATION</u> <u>HR RETIREMENT BENEFITS</u> <u>ATTN NANCY G. GERSENY</u> <u>ONE CVS DRIVE, MAIL STOP MS 1110</u> <u>WOONSOCKET, RI 02895</u>	2b Employer Identification Number (EIN) <u>05-0494040</u> 2c Plan 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.	10/14/2015	NANCY G. GERSENY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 CVS CAREMARK CORPORATION	4b EIN 05-0494040 4c PN 027
5 Total number of participants at the beginning of the plan year	5 8411
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 45
a(2) Total number of active participants at the end of the plan year	6a(2) 44
b Retired or separated participants receiving benefits	6b 4412
c Other retired or separated participants entitled to future benefits.....	6c 3164
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 7620
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 626
f Total. Add lines 6d and 6e	6f 8246
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 Characteristics Codes in the instructions: 1A	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan REVCO D.S., INC. RETIREMENT INCOME PLAN FOR FORMER EMPLOYEES	B Three-digit plan number (PN) ▶ 027
C Plan sponsor's name as shown on line 2a of Form 5500 CVS HEALTH CORPORATION	D Employer Identification Number (EIN) 05-0494040

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions 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.
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1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY

(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
01-0233346	65838	GAC 386 ASSN 0	146	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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

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	

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

Schedule A (Form 5500) 2014
v. 140124

(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	716073
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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. Specify nature of costs ▶	6d	

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	735678
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c Additions: (1) Contributions deposited during the year	7c(1)	705137	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	34210	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)	1992	
▶ REALIZED CAPITAL GAINS			

(6) Total additions

7c(6) 741339

d Total of balance and additions (add lines 7b and 7c(6))	7d	1477017
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	726876
(2) Administration charge made by carrier	7e(2)	34068
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	

▶

(5) Total deductions

7e(5) 760944

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	716073
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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 organizations(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)	0
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)	0
(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)	0
(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 line 9c(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, line 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. ▶

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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 FOR FORMER EMPLOYEES		B Three-digit plan number (PN) ▶	027
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CVS HEALTH CORPORATION		D Employer Identification Number (EIN) 05-0494040	
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 01 Day 01 Year 2014			
2 Assets:			
a Market value	2a	326282857	
b Actuarial value	2b	322958065	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	4927	189847406	189847406
b For terminated vested participants.....	3439	77824489	77824489
c For active participants.....	45	1059737	1073918
d Total.....	8411	268731632	268745813
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	6.38%	
6 Target normal cost	6	2495854	

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.

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>MERYL FEIGENBAUM</div> <div>Type or print name of actuary</div> <div>BUCK CONSULTANTS, LLC</div> <div>Firm name</div> <div>500 PLAZA DRIVE SECAUCUS, NJ 07096-1533</div> <div>Address of the firm</div>	<div>10/02/2015</div> <div>Date</div> <div>14-04720</div> <div>Most recent enrollment number</div> <div>201-902-2300</div> <div>Telephone number (including area code)</div>
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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 (line 13 from prior year)	0	20820659
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	20820659
10 Interest on line 9 using prior year's actual return of <u>5.05</u> %	0	1051443
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		14415812
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.24</u> %		899547
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		15315359
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	21872102

Part III Funding Percentages		
14 Funding target attainment percentage	14	112.03 %
15 Adjusted funding target attainment percentage	15	120.17 %
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	102.58 %
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
05/18/2015	9900000	0			
			Totals ▶	18(b)	9900000
				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 contributions 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	9092714
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
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 subject to 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6).....	31a	2495854										
b Excess assets, if applicable, but not greater than line 31a	31b	2495854										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	0	0										
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	0										
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35).....	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	9092714										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	9092714										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
A Name of plan REVCO D.S., INC. RETIREMENT INCOME PLAN FOR FORMER EMPLOYEES	B Three-digit plan number (PN) ▶ 027
C Plan sponsor's name as shown on line 2a of Form 5500 CVS HEALTH CORPORATION	D Employer Identification Number (EIN) 05-0494040

Part I	Service Provider Information (see instructions)
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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

(b) Enter name and EIN or address of person who provided you disclosure 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)

JOHN HANCOCK FINANCIAL SERVICES INC

01-0233346

(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?
50 99	NONE	705137	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PIMCO

33-0239892

(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	392497	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	328176	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

JPMORGAN 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	120781	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 30 50 51 52 58	NONE	27419	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

MOSS ADAMS LLP

91-0189318

(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?
10 50 99	NONE	22573	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

DIMENSIONAL FUND ADVISORS

30-0447847

(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	15925	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENSION BENEFIT INFORMATION

94-2850621

(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?
17 50 99	NONE	8773	Yes ☐ No ☒	Yes ☐ No ☐		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?
15 60 65 99	NONE	6798	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

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

a Name: BRIAN DIESING HURLEIGH	b EIN: 13-3954297
c Position: ENROLLED ACTUARY	
d Address: BUCK CONSULTANTS, LLC 500 PLAZA DRIVE SECAUCUS, NJ 07096-1533	e Telephone: 201-902-2300

Explanation: TERMINATION DUE TO TERMINATION OF EMPLOYMENT

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2014</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<p>A Name of plan <u>REVCO D.S., INC. RETIREMENT INCOME PLAN FOR FORMER EMPLOYEES</u></p>	<p>B Three-digit plan number (PN) ▶ <u>027</u></p>	
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CVS HEALTH CORPORATION</u></p>	<p>D Employer Identification Number (EIN) <u>05-0494040</u></p>	

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: CVS HEALTH DB PLANS MT-CEA

b Name of sponsor of entity listed in (a): CVS HEALTH CORPORATION

c EIN-PN <u>61-1617506-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>47853378</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: CVS HEALTH DB PLANS MT-FIA

b Name of sponsor of entity listed in (a): CVS HEALTH CORPORATION

c EIN-PN <u>61-1617506-002</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>299542258</u>
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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)
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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)
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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)
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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)
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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
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)

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A Name of plan <u>REVC D.S., INC. RETIREMENT INCOME PLAN FOR FORMER EMPLOYEES</u>	B Three-digit plan number (PN) <u>027</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CVS HEALTH CORPORATION</u>	D Employer Identification Number (EIN) <u>05-0494040</u>

Part I Asset and Liability Statement			
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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	<u>15700000</u>	<u>9900000</u>
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	<u>4105902</u>	<u>3422998</u>
(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)		
(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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	<u>306115262</u>	<u>347395636</u>
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	<u>735678</u>	<u>716073</u>
(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	326656842	361434707

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	289071	460340
k Total liabilities (add all amounts in lines 1g through 1j)	1k	289071	460340

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	326367771	360974367
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	9900000	
(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)		9900000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	36202	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		36202

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		47286132
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		57222334

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	19887218	
(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)		19887218
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)	487102	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	438411	
(4) Other.....	2i(4)	1803007	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2728520
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		22615738

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		34606596
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: MOSS ADAMS LLP

(2) EIN: 91-0189318

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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	
4c			
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	
4d			
e Was this plan covered by a fidelity bond?	X		25000000
4e			
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	
4f			
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	
4g			
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	
4h			
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		
4i			
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		
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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.			
4n			

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>REVCO D.S., INC. RETIREMENT INCOME PLAN FOR FORMER EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>027</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CVS HEALTH CORPORATION</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	<u>0</u>
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): <u>13-4994650</u> <u>04-1414660</u>		
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>4</u>

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 (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
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 or other authority 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. 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (a) through (c)

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

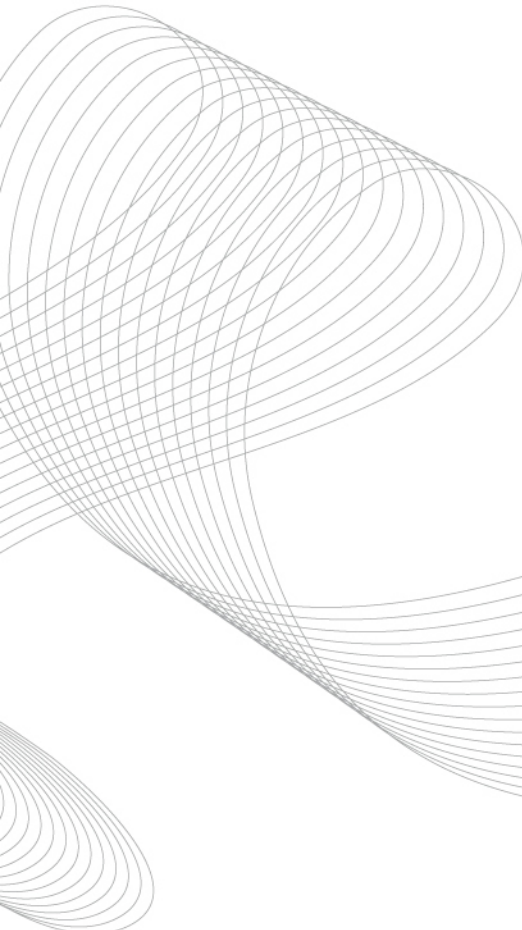
Stock: 13.6% Investment-Grade Debt: 85.5% High-Yield Debt: 0.9% Real Estate: 0.0% Other: 0.0%

- 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 line 19(b)?

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



Report of Independent Auditors and
Financial Statements with
Supplementary Information

**Revco D.S., Inc.
Retirement Income Plan
for Former Employees**

December 31, 2014 and 2013

MOSS-ADAMS_{LLP}

Certified Public Accountants | Business Consultants

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REPORT OF INDEPENDENT AUDITORS

To the Participants and
Plan Administrator of the
Revco D.S., Inc. Retirement Income Plan
for Former Employees

Report on the Financial Statements

We were engaged to audit the accompanying Financial Statements of the Revco D.S., Inc. Retirement Income Plan for Former Employees (the Plan), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes to the Financial Statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these Financial Statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of Financial Statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these Financial Statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL'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 3 and 7, which was certified by JPMorgan Chase Bank, N.A. (JPMorgan), the Trustee, and The John Hancock Life Insurance Company (John Hancock), a Custodian, except for comparing such information with the related information included in the Financial Statements. We have been informed by the Plan Administrator that the Trustee and Custodian hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the Trustee and Custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the Trustee and Custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the Financial Statements. Accordingly, we do not express an opinion on the Financial Statements.

Other Matter – Supplementary Information

The Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2014 and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2014 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the Financial Statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplementary information.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the Financial Statements and supplementary information, other than that derived from the information certified by the Trustee and Custodian, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Moss Adams LLP

Campbell, California
October 13,, 2015

FINANCIAL STATEMENTS

**REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2014 and 2013**

	<u>2014</u>	<u>2013</u>
Assets:		
Investments, at fair value:		
Plan interest in Fixed Income Master Trust (Note 3)	\$ 299,542,258	\$ 253,085,840
Plan interest in Equities Master Trust (Note 3)	47,853,378	53,029,422
Interest-bearing cash	3,422,998	4,105,902
Investments, at contract value:		
Immediate Participation Guarantee Fund	<u>716,073</u>	<u>735,678</u>
Total investments	351,534,707	310,956,842
Receivables:		
Employer's contribution receivable	<u>9,900,000</u>	<u>15,700,000</u>
Total assets	361,434,707	326,656,842
Liabilities:		
Administrative expenses payable	<u>460,340</u>	<u>289,071</u>
Net assets available for benefits	<u><u>\$ 360,974,367</u></u>	<u><u>\$ 326,367,771</u></u>

**REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2014 and 2013**

	<u>2014</u>	<u>2013</u>
Additions to net assets attributed to:		
Net realized and unrealized appreciation		
in fair value of investments	\$ 36,202	\$ 34,009
Plan interest in net gain of master trusts	<u>47,286,132</u>	<u>15,827,244</u>
	47,322,334	15,861,253
Employer's contributions	<u>9,900,000</u>	<u>15,700,000</u>
Total additions	<u>57,222,334</u>	<u>31,561,253</u>
Deductions from net assets attributed to:		
Administrative expenses	2,728,520	2,051,068
Benefits paid to participants	<u>19,887,218</u>	<u>27,857,421</u>
Total deductions	<u>22,615,738</u>	<u>29,908,489</u>
Net increase prior to transfer	34,606,596	1,652,764
Transfer of assets to the Plan (Note 1)	<u>-</u>	<u>324,715,007</u>
Increase in net assets available for benefits	34,606,596	326,367,771
Net assets available for benefits:		
Beginning of year	<u>326,367,771</u>	<u>-</u>
End of year	<u>\$ 360,974,367</u>	<u>\$ 326,367,771</u>

See accompanying notes to Financial Statements.

**REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

NOTE 1 – THE PLAN AND ITS SIGNIFICANT ACCOUNTING POLICIES

1. **General** – The following description of the Revco D.S., Inc. Retirement Plan for Former Employees (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan is a non-contributory defined benefit pension plan established on January 1, 2013 covering former eligible employees of Revco D.S., Inc. (Revco). During July 1994, Revco acquired Hook-SuperRx, Inc. (HSI), and effective June 4, 1995, the HSI Retirement Plan's (the HIS Plan) assets and liabilities were transferred to the Revco D.S., Inc. Retirement Income Plan (the Revco Plan). During 1997, Revco was acquired by CVS Corporation and the Plan is now sponsored by CVS Caremark Corporation. On September 3, 2014, CVS Caremark Corporation changed its name to CVS Health Corporation (CVS). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2001, the Standard Drug Company Employees' Retirement Plan (the Standard Plan) merged into the Revco 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 Revco Plan and, as of that date, benefits for the participants and beneficiaries of the Standard Plan are to be paid from the Revco Plan.

Effective January 1, 2013, CVS, the Plan sponsor, restructured the Revco Plan by separating the Revco Plan into two plans: (a) the Revco D.S., Inc. Retirement Income Plan for Former Employees covering participants who (i) have terminated employment with CVS prior to January 1, 2013 and who have been identified for purposes of the January 1, 2013 actuarial valuation to be entitled to or in receipt of a retirement benefit pursuant to the provisions of the Plan as of such date and (ii) all other participants who have been identified for purposes of the January 1, 2013 actuarial valuation to have accrued a benefit under the Revco Plan determined (in part or in its entirety) under the provisions of the former Standard Plan and (b) a continuation of the Revco Plan solely for the benefit of all remaining participants. Assets of approximately \$325,000,000 were transferred from the Revco Plan to the Plan on July 25, 2013. The Plan is a continuation of the Revco Plan and constitutes a successor plan to the Revco Plan to which the exception under Section 436(d)(4) of the Internal Revenue Code (the Code) continues to apply. The Plan is subject to the provisions of ERISA and is intended to be qualified under Section 401(a) of the Code. Except as otherwise specifically provided herein, the rights and benefits of any participant who retires or whose employment is terminated are determined in accordance with the provisions of the Plan as in effect at the time of such termination of employment.

2. **Pension benefits** – Benefit accruals with respect to service and salary earned are frozen under the Plan.

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 30 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.

**REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

For HSI 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 participants 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.

The Plan allows for automatic lump sum cash outs for terminated participants with a total value of benefits which are less than \$1,000. If participants' total value of vested benefits is between \$1,000 and \$10,000 on the date their benefit commences, participants have an option to elect a lump sum distribution. However, in 2013, the Plan allowed for a onetime lump sum distribution for vested benefits ranging from \$10,001 through \$20,000.

The Plan provides that benefits vest to participants based on years of service as follows: less than five years of credited service, 0%; five or more years of credited service, 100%.

3. **Administration** – CVS has appointed a Benefit Plans Committee (the Committee) to manage the operation and administration of the Plan. The Committee further named an Administrative Subcommittee and an Investment Subcommittee, and delegated certain fiduciary duties to each of these committees. A third-party administrator, Mercer HR Services, LLC, processes and maintains the records of participant data. Master trust accounts have been established for all CVS Caremark defined benefit pension plans and JPMorgan Chase Bank, N.A. (JPMorgan) is contracted to act as the Trustee. The Plan has also contracted with The John Hancock Life Insurance Company (John Hancock) to act as a Custodian. Administrative expenses are paid by the Plan.
4. **Estimates** – The preparation of Financial Statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, the disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the Financial Statements. Actual results could differ from those estimates.
5. **Basis of accounting** – The Financial Statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America. Benefits withdrawals and distributions are recorded when paid.
6. **Investment valuation and income recognition** – The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 2 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought or sold as well as held during the year.

**REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

Certain assets of the Plan are pooled in master trust investment accounts. Investment income of each master trust is allocated to the Plan based upon the Plan's interest in the net assets in the master trusts throughout the year.

For the Immediate Participation Guarantee Fund, the investment is valued at contract value which is equal to accumulated cash contributions plus interest credited to the Plan's contract, less any withdrawals (contract value).

7. **Income taxes** – The Plan has applied for a determination letter but is pending approval from the Internal Revenue Service. CVS believes that the Plan is operated in accordance with, and qualifies under, the applicable requirements of the Code and related state statutes, and that the trust, which forms a part of the Plan, is exempt from federal income and state franchise taxes. Accordingly, no provision for income taxes has been included in the Plan's Financial Statements.

In accordance with guidance on accounting for uncertainty in income taxes (ASC 740-10), management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the Financial Statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is subject to income tax examinations for all periods since inception.

8. **Risks and uncertainties** – The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market fluctuations, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in market values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statement 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the Financial Statements.

9. **Recent accounting pronouncements** – In April 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. The ASU is effective for fiscal years beginning after December 15, 2016, with earlier application permitted.

The amendments remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value (NAV) per share practical expedient. Once adopted, the Plan will apply the amendments retrospectively to all periods presented. Plan management is determining the specific impact on Plan reporting. However, when adopted, certain investments held by the Plan and measured using NAV will be no longer presented within the fair value hierarchy table.

**REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Contribution Pension Plans (Topic 962) I. Fully Benefit-Responsive Investment Contracts; II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient*. The amendments remove the requirement to:

- disclose net appreciation in fair value of investments by type of investment held.
- disaggregate investments reported in the fair value hierarchy table by class of investment. They may be presented by general type only.
- disclose investment strategy for investments for which fair value is measured using the NAV practical expedient, if they are Form 5500 Direct Filing Entities.

The ASU is effective for fiscal years beginning after December 15, 2015, with earlier application permitted. Plan management is determining the specific impact on Plan reporting.

10. **Subsequent events** – The Plan has evaluated subsequent events through October 13, 2015, which is the date the Financial Statements were available to be issued.

NOTE 2 – FAIR VALUE MEASUREMENTS

The fair value measurements standard establishes a framework for measuring fair value. That framework provides a 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 market 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.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

**REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

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.

What follows is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013

Interest-bearing cash: Valued using the market approach at the NAV of shares held by the Plan at year end.

The method 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 method is 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.

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

	2014			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 3,422,998	\$ -	\$ -	\$ 3,422,998
Total assets at fair value	<u>\$ 3,422,998</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,422,998</u>
	2013			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 4,105,902	\$ -	\$ -	\$ 4,105,902
Total assets at fair value	<u>\$ 4,105,902</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,105,902</u>

NOTE 3 – MASTER TRUST

Effective January 1, 2011, a Master Trust was created for the CVS Caremark defined benefit pension plans. As part of this Master Trust arrangement, JPMorgan holds certain investments of the Plan in three Master Trust Investment Accounts (MTIAs) and executes all investment transactions on behalf of the Plan. All investment information disclosed in the accompanying Financial Statements, including Plan investments held in the MTIAs at December 31, 2014 and 2013, and Plan interest in investment gain in the MTIAs for the years ended December 31, 2014 and 2013, was obtained from information provided and certified as complete and accurate by JPMorgan.

The MTIAs were established to achieve certain economies in the management of investments and to maximize the return on investments of participating plans. Each participating plan has a proportional interest in the MTIAs, as described below. Assets of the MTIAs are invested by investment managers in accordance with guidelines established by the Investment Subcommittee.

**REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

What follows is a description of the valuation methodologies used for assets measured at fair value in the MTIAs.

Interest-bearing cash, mutual funds, and common/collective trusts: Valued using the market approach at the NAV of shares held by the MTIAs at year end.

Common stocks: Valued using the quoted market price of shares held by the MTIAs at year end.

Government obligations: Valued using the market approach based on a compilation of primary observable market information or a broker quote in a non-active market. Observable inputs that are used to value may include treasury feeds, yield to maturity (YTM), broker feeds, the Consumer Price Index (CPI), and reported trades.

Government agency obligations: Valued using the market approach based on a compilation of primary observable market information or a broker quote in a non-active market. Observable inputs that are used to value may include to-be-announced forward market (TBA), treasury or floating index benchmarks, spreads to TBA levels, weight average maturity (WAM), prepayment speeds, cash flows, and reported trades.

Corporate obligations: Valued using the market approach based on a compilation of primary observable market information or a broker quote in a non-active market. Observable inputs that are used to value may include benchmark yields, base spreads, YTM, adjustments for corporate actions, and reported trades.

Foreign obligations: Valued using market approach based on bid prices. Observable inputs that are used to value may include benchmark yields, base spreads, YTM adjustments for corporate actions, and reported trades.

Equities Master Trust Investment Account

The Plan's allocated interest in the net assets of the Equities MTIA at December 31, 2014 and 2013 was \$47,853,378 (approximately 42%) and \$53,029,422 (approximately 41%), respectively.

Investments of the Equities MTIA as of December 31, 2014 and 2013 consist of the following:

	<u>2014</u>	<u>2013</u>
Assets:		
Investments, at fair value:		
Interest-bearing cash	\$ 603,844	\$ 89,290
Common stocks	20,575,121	21,350,917
Mutual funds	62,681,777	67,327,319
Common/collective trusts	<u>29,990,258</u>	<u>39,326,247</u>
Total investments at fair value	113,851,000	128,093,773
Accrued income	<u>24,142</u>	<u>36,873</u>
Total net assets of the Equities MTIA	<u><u>\$ 113,875,142</u></u>	<u><u>\$ 128,130,646</u></u>

REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Investment gain of the Equities MTIA for the years ended December 31, 2014 and 2013 is as follows:

	<u>2014</u>	<u>2013</u>
Net appreciation (depreciation) in fair value of investments:		
Common stocks	\$ 2,129,554	\$ 22,843,861
Mutual funds	(5,382,823)	17,258,988
Common/collective trusts	3,462,155	22,719,722
Interest and dividends income	<u>2,572,403</u>	<u>2,749,511</u>
Net investment gain of the Equities MTIA	<u><u>\$ 2,781,289</u></u>	<u><u>\$ 65,572,082</u></u>

Investments of the Equities MTIA measured at fair value at December 31, 2014 are as follows:

	2014			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 603,844	\$ -	\$ -	\$ 603,844
Common/collective trusts:				
Equity funds	-	29,990,258	-	29,990,258
Total common/ collective trusts	-	29,990,258	-	29,990,258
Mutual funds:				
Equity funds	62,681,777	-	-	62,681,777
Total mutual funds	62,681,777	-	-	62,681,777
Common stocks:				
Basic materials	4,507,623	-	-	4,507,623
Conglomerates	575,000	-	-	575,000
Consumer goods	1,882,140	-	-	1,882,140
Financial	3,965,356	-	-	3,965,356
Healthcare	2,016,896	-	-	2,016,896
Industrial goods	1,100,040	-	-	1,100,040
Technology	2,963,579	-	-	2,963,579
Utilities	419,985	-	-	419,985
Services	3,144,502	-	-	3,144,502
Total common stocks	20,575,121	-	-	20,575,121
Total assets at fair value	\$ 83,860,742	\$ 29,990,258	\$ -	\$ 113,851,000

REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Investments of the Equities MTIA measured at fair value at December 31, 2013 are as follows:

	2013		
	Level 1	Level 2	Level 3
	Total		
Interest-bearing cash	\$ 89,290	\$ -	\$ -
Common/collective trusts:			
Equity funds	-	39,326,247	-
Total common/ collective trusts	-	39,326,247	-
Mutual funds:			
Equity funds	67,327,319	-	-
Total mutual funds	67,327,319	-	-
Common stocks:			
Basic materials	5,573,196	-	-
Conglomerates	569,000	-	-
Consumer goods	1,698,014	-	-
Financial	4,416,796	-	-
Healthcare	1,870,914	-	-
Industrial goods	1,266,040	-	-
Technology	1,311,700	-	-
Utilities	442,555	-	-
Services	4,202,702	-	-
Total common stocks	21,350,917	-	-
Total assets at fair value	\$ 88,767,526	\$ 39,326,247	\$ -

The following sets forth additional disclosures for the fair value measurement of significant investments in certain entities that calculate NAV per share (or its equivalent) as of December 31, 2014 and 2013:

The Equities MTIA invests in the Mellon EB Stock Index Common/Collective Trust Fund (the Fund). The objective of the Fund is to track the performance of the S&P 500 Index. In meeting this objective, the assets of the Fund may be invested in securities and a combination of other collective funds (each an affiliate of the Fund and collectively referred herein as the "EB Collective Investment Funds") that together are designed to track the performance of the S&P 500 Index.

Investors may purchase or redeem units of the Fund for cash or securities (in-kind transactions at the sole discretion of JPMorgan) based on the unit value determined as of the valuation date. Unit value is generally determined on a daily basis. All investors in the Fund have a proportionate undivided interest in the net assets of the Fund.

**REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

The Equities MTIA also invests in the Dimensional Funds U.S. Small Cap Common/Collective Trust Fund. This fund is designed to achieve long-term capital appreciation. The portfolio seeks to purchase a broad and diverse group of readily marketable common stock of U.S. small companies using a market cap weighted approach. The portfolio invests in securities of U.S. companies with market capitalizations within the smallest 10% of the market universe or smaller than the 1,000th largest U.S. company, whichever results in a higher market capitalization break.

These common/collective trust funds have daily redemption frequency and a daily redemption notice period.

The Equities MTIA also invests in the Progress Investment Management 21st Century Equity Fund to provide participating plans and trusts the benefit of managed investments which seek to achieve a favorable, risk-adjusted performance to the total assets of the fund as a result of the investment in equity securities. This fund may be redeemed at the beginning of each month and requires a 30-day notice.

Fixed Income Master Trust Investment Account I

The Plan's allocated interest in the net assets of the Fixed Income MTIA I at December 31, 2013 was \$253,085,840 (approximately 59%). During 2014, the Plan removed its interest in the Fixed Income MTIA I and invested in the Fixed Income MTIA II. The Plan had no interest in the Fixed Income MTIA I at December 31, 2014.

Investments of the Fixed Income MTIA I as of December 31, 2014 and 2013 consist of the following:

	<u>2014</u>	<u>2013</u>
Assets:		
Investments, at fair value:		
Interest-bearing cash	\$ 547,628	\$ 472,644
U.S. government obligations	40,678,255	101,753,222
Government agency obligations	17,268,194	48,366,412
Corporate obligations	-	1,388,677
Foreign obligations	-	1,318,772
Mutual funds	<u>155,251,232</u>	<u>273,030,391</u>
Total investments at fair value	213,745,309	426,330,118
Pending trades payable	(838,435)	-
Accrued income	<u>381,122</u>	<u>1,088,143</u>
Total net assets of the Fixed Income MTIA I	<u><u>\$ 213,287,996</u></u>	<u><u>\$ 427,418,261</u></u>

REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

Investment gain (loss) of the Fixed Income MTIA I for the years ended December 31, 2014 and 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Net appreciation (depreciation) in fair value of investments:		
Mutual funds	\$ 30,785,703	\$ (16,331,980)
U.S. government obligations	18,279,214	(13,348,413)
Government agency obligations	6,237,323	(5,971,870)
Corporate obligations	(3,574)	(19,900)
Foreign obligations	(5,226)	(1,482)
Interest income	<u>14,449,487</u>	<u>15,703,638</u>
Net investment gain (loss) of the Fixed Income MTIA I	<u>\$ 69,742,927</u>	<u>\$ (19,970,007)</u>

Investments of the Fixed Income MTIA I measured at fair value at December 31, 2014 are as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash	\$ 547,628	\$ -	\$ -	\$ 547,628
Mutual funds:				
Fixed income funds	-	155,251,232	-	155,251,232
Total mutual funds	-	155,251,232	-	155,251,232
Bonds:				
U.S. government obligations	-	40,678,255	-	40,678,255
Government agency obligations	-	17,268,194	-	17,268,194
Total bonds	-	57,946,449	-	57,946,449
Total assets at fair value	<u>\$ 547,628</u>	<u>\$ 213,197,681</u>	<u>\$ -</u>	<u>\$ 213,745,309</u>

**REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

Investments of the Fixed Income MTIA I measured at fair value at December 31, 2013 are as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash	\$ 472,644	\$ -	\$ -	\$ 472,644
Mutual funds:				
Fixed income funds	-	273,030,391	-	273,030,391
Total mutual funds	-	273,030,391	-	273,030,391
Bonds:				
U.S. government obligations	-	101,753,222	-	101,753,222
Government agency obligations	-	48,366,412	-	48,366,412
Corporate obligations	-	1,388,677	-	1,388,677
Foreign obligations	-	1,318,772	-	1,318,772
Total bonds	-	152,827,083	-	152,827,083
Total assets at fair value	\$ 472,644	\$ 425,857,474	\$ -	\$ 426,330,118

The following sets forth additional disclosures for the fair value measurement of significant investments in certain entities that calculate NAV per share (or its equivalent) as of December 31, 2014:

The PIMCO Long Duration Total Return Portfolio – A separate account fixed income portfolio that seeks exposure predominantly to high-quality and longer-duration fixed income securities. Duration, i.e. sensitivity to interest rates, will typically be managed to remain within a +/- 2 year band around its Barclay's Long-Term Credit (75%) and Barclay's Long U.S. Government (25%) benchmarks. A variety of strategies are employed to maximize return potential and manage overall portfolio risk, including investment across a wide variety of sectors and fixed-income issuers. The portfolio has daily redemption frequency and a five day redemption notice requirement.

Fixed Income Master Trust Investment Account II

The Fixed Income MTIA II was opened in September 2014 and the Plan's investment in the Fixed Income MTIA I was liquidated and reinvested in this account. The Plan's allocated interest in the net assets of the Fixed Income MTIA II at December 31, 2014 was \$299,542,258 (100%).

**REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

Investments of the Fixed Income MTIA II as of December 31, 2014 consist of the following:

Assets:

Investments, at fair value:

Interest-bearing cash	\$ 549,792
U.S. government obligations	62,113,997
Government agency obligations	36,657,190
Foreign obligations	1,308,554
Mutual fund	<u>198,263,006</u>

Total investments at fair value	298,892,539
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Accrued income	<u>649,719</u>
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Total net assets of the Fixed Income MTIA II	<u><u>\$ 299,542,258</u></u>
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Investment gain of the Fixed Income MTIA II for the period ended December 31, 2014 is as follows:

Net appreciation (depreciation) in fair value of investments:

Mutual funds	\$ (735,820)
U.S. government obligations	1,146,715
Government agency obligations	923,243
Foreign obligations	(4,992)
Interest income	<u>8,506,036</u>

Net investment gain of the Fixed Income MTIA II	<u><u>\$ 9,835,182</u></u>
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**REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

Investments of the Fixed Income MTIA II measured at fair value at December 31, 2014 are as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash	\$ 549,792	\$ -	\$ -	\$ 549,792
Mutual funds:				
Fixed income funds	-	198,263,006	-	198,263,006
Total mutual funds	-	198,263,006	-	198,263,006
Bonds:				
U.S. government obligations	-	62,113,997	-	62,113,997
Government agency obligations	-	36,657,190	-	36,657,190
Foreign obligations	-	1,308,554	-	1,308,554
Total bonds	-	100,079,741	-	100,079,741
Total assets at fair value	\$ 549,792	\$ 298,342,747	\$ -	\$ 298,892,539

The PIMCO Long Duration Total Return Portfolio – A separate account fixed income portfolio that seeks exposure predominantly to high-quality and longer-duration fixed income securities. Duration, i.e., sensitivity to interest rates, will typically be managed to remain within a +/- 2 year band around its Barclay's Long-Term Credit (55%), Barclay's Intermediate Credit (20%) and Barclay's Long U.S. Government (25%) benchmarks. A variety of strategies are employed to maximize return potential and manage overall portfolio risk, including investment across a wide variety of sectors and fixed-income issuers. The portfolio has a daily redemption frequency and a five day redemption notice requirement.

NOTE 4 – RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by JPMorgan and John Hancock. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

**REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

NOTE 5 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits represent the estimated future periodic payments, including lump sum distributions, under the Plan's provisions that are attributable to services rendered by employees through the valuation date. 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 under the Plan are based on years of service and benefit credit rates. The accumulated Plan benefits for active employees are based on years of service and benefit credit rates on the date at which the benefit information is presented (valuation date). 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.

The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary, Buck Consultants, and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2014 (beginning of the Plan year) are as follows:

Actuarial cost method:	Projected Unit Credit Method
Investment rate of return:	5.75%
Mortality assumption:	IRS Regulation 1.430(h)(3)-1, applied on a fully generation basis using Scale AA RP-2014 with MP-2014 scale
Retirement age:	Age 65 for inactive participants

The actuarial present value of accumulated Plan benefits as of January 1, 2014 is as follows:

Actuarial present value of accumulated Plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 211,316,711
Terminated vested participants	92,338,954
Active participants	<u>1,246,746</u>
	304,902,411

Nonvested benefits	<u>3,623</u>
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Total actuarial present value of accumulated Plan benefits	<u><u>\$ 304,906,034</u></u>
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**REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

The change in the actuarial present value of accumulated Plan benefits for the year ended January 1, 2014 is as follows:

Actuarial present value of Plan benefits, beginning of year	\$ 256,402,713
Increase during the year attributable to:	
Interest	17,587,502
Benefit payments	(27,857,421)
Other assumption changes (1)	36,293,342
Mortality assumption (2)	18,217,301
Benefits accumulated and other	<u>4,262,597</u>
Actuarial present value of accumulated Plan benefits, end of year	<u>\$ 304,906,034</u>

- (1) 2014 Segment rates under MAP-21 and discount rate change from 7.25% to 5.75%.
- (2) In 2014, the Society of Actuaries issued RP-2014 mortality tables to reflect longer life expectancy assumptions. The mortality assumptions in the Plan were incorporated and updated from the previously issued RP-2000 mortality tables.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

NOTE 6 – FUNDING POLICY

CVS's funding policy is to make annual contributions at least equal to the minimum funding requirements of ERISA. This funding standard is such that, based on certain assumptions, annual contributions will provide adequate funding to meet benefit claims as they come due. CVS has met these minimum funding requirements in 2014 and 2013.

NOTE 7 – CERTIFIED INFORMATION

All investment information disclosed in the accompanying Financial Statements and supplementary information, including investments held at December 31, 2014 and 2013, and net appreciation and Plan interest in net gain of master trusts for the years ended December 31, 2014 and 2013, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by JPMorgan and John Hancock in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
NOTES TO FINANCIAL STATEMENTS**

NOTE 8 – PLAN TERMINATION OR MODIFICATION

CVS intends to terminate the Plan as of December 31, 2015 (Note 9). As such, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- To retired employees receiving benefits and participants having reached the normal retirement date as of the beginning of the three year period ending on the termination date based on the provisions of the Plan in effect five years prior to the termination date
- To provide all other income guaranteed by Title IV of ERISA
- To provide all other nonforfeitable benefits under the Plan
- To provide all other benefits under the Plan

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (the PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. There is a statutory ceiling, which is adjusted periodically, on the amount of a participant's monthly benefit that the PBGC guarantees. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan's sponsor and the level of benefits guaranteed by the PBGC.

NOTE 9 – SUBSEQUENT EVENT

On September 30, 2015 CVS Health Corporation merged three defined benefit retirement plans sponsored by CVS (Revco D.S., Inc. Retirement Income Plan, Caremark International, Inc. Pension Plan and AdvancePCS Retirement Plan) into the Revco D.S., Inc. Retirement Income Plan for Former Employees, subsequently changed the name of the merged plan to CVS Health Legacy Pension Plan ("Plan") and has determined to terminate the plan effective December 31, 2015.

SUPPLEMENTARY INFORMATION
REQUIRED BY THE DEPARTMENT OF LABOR

**REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014**

Plan sponsor: CVS Health Corporation
Employer identification number: 05-0494040
Plan number: 027
Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	JPMorgan Liquid Assets Money Market Fund	Interest-Bearing Cash	\$ 3,422,998	\$ 3,422,998
*	John Hancock Mutual Life Insurance Company - Immediate Participation Guarantee Fund	Insurance Contract	<u>716,073</u>	<u>716,073</u>
			Total	
			<u>\$ 4,139,071</u>	<u>\$ 4,139,071</u>
*	Party-in-interest			

**REVCO D.S., INC. RETIREMENT INCOME PLAN
FOR FORMER EMPLOYEES
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2014**

Plan sponsor: CVS Health Corporation
Employer identification number: 05-0494040
Plan number: 027
Schedule H, Line 4(j)

<u>Identity of party involved</u>	<u>Description of assets (include interest rate and maturity in case of a loan)</u>	<u>Purchase price</u>	<u>Selling price</u>	<u>Lease rental</u>	<u>Expense incurred with transaction</u>	<u>Cost of asset</u>	<u>Current value of asset on transaction date</u>	<u>Net gain or (loss)</u>
Series of transactions in excess of 5% of Plan assets:								
JPMorgan Liquid Assets Money Market Fund	Money Market Fund	\$ 26,625,730	\$ -	\$ -	\$ -	\$ 26,625,730	\$ 26,625,730	\$ -
JPMorgan Liquid Assets Money Market Fund	Money Market Fund	-	27,308,631	-	-	27,308,631	27,308,631	-

Revco D.S., Inc. Retirement Income Plan for Former Employees

EIN/PN: 05-0494040 / 027

Schedule SB, 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	
	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit
Under 25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	0	N/A	0	N/A	4	N/A	0	N/A	0	N/A	0	N/A	0	N/A
45 to 49	0	N/A	0	N/A	3	N/A	2	N/A	1	N/A	0	N/A	0	N/A
50 to 54	0	N/A	0	N/A	4	N/A	5	N/A	3	N/A	0	N/A	0	N/A
55 to 59	0	N/A	0	N/A	0	N/A	5	N/A	2	N/A	0	N/A	0	N/A
60 to 64	0	N/A	0	N/A	1	N/A	2	N/A	3	N/A	0	N/A	0	N/A
65 to 69	0	N/A	0	N/A	1	N/A	2	N/A	1	N/A	0	N/A	1	N/A
70 & up	0	N/A	0	N/A	1	N/A	1	N/A	0	N/A	0	N/A	1	N/A

This plan is "hard frozen" and the average annual accrued benefits are in lieu of compensation.
Average annual accrued benefits are not shown due to sufficiently low number of participants in each age and service category.

Revco D.S., Inc. Retirement Income Plan for Former Employees

EIN/PN: 05-0494040 / 027

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

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as amended by PPA, MAP-21 and HATFA.

Funding interest rates

For 2014 Plan Year: Segment Rates with four-month lookback, constrained in accordance with MAP-21 and HATFA as follows:

	Unconstrained Rates*	Rates Reflecting MAP-21 Corridor	Rates Reflecting HATFA Corridor**
First Segment Rate	1.37%	4.43%	4.99%
Second Segment Rate	4.05%	5.62%	6.32%
Third Segment Rate	5.06%	6.22%	6.99%

Effective Interest Rate
Based on HATFA rates 6.38%

For 2013 Plan Year: Segment Rates with four-month lookback, constrained in accordance with MAP-21 as follows:

	Unconstrained Rates*	Rates Reflecting MAP-21 Corridor***
First Segment Rate	1.75%	4.94%
Second Segment Rate	4.62%	6.15%
Third Segment Rate	5.72%	6.76%

Effective Interest Rate
Based on MAP-21 rates 6.24%

* Used for maximum tax-deduction purposes

** Used for minimum funding and benefit restriction purposes

*** Used for minimum funding and benefit restriction purposes

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants

Actuarial cost method

For minimum required and maximum contribution 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.

Revco D.S., Inc. Retirement Income Plan for Former Employees

EIN/PN: 05-0494040 / 027

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

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA.

Salary increase assumption

None.

Expenses

Plan expenses expected to be paid in the current Plan Year are estimated based on the prior 2 year average of expenses paid from the Trust (excluding PBGC premiums), plus the current year PBGC premium.

Current Year: Expected plan expenses of \$2,495,854 were added to the Target Normal Cost.

Prior Year: Expected plan expenses of \$924,670 were added to the Target Normal Cost. Since 2013 was the first premium reporting year with the PBGC, the premium for 2013 is due in 2014 and no premium was paid in 2013.

Retirement and Withdrawal rates

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

Terminated vested participants are assumed to commence benefits at age 65.

Revco D.S., Inc. Retirement Income Plan for Former Employees

EIN/PN: 05-0494040 / 027

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

Non-Prescribed Funding Assumptions and Methods (continued)

Frequency of optional payment forms

Eligible for Small Lump Sum Cashout		Not Eligible for Small Lump Sum Cashout	
Optional Form	Probability	Optional Form	Probability
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%

Marital percentage

100% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

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 applicable third segment rate. 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.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2014 Expected Return	5.75%	6.99%	5.75%
2013 Expected Return	7.25%	6.76%	6.76%
2012 Expected Return	N/A ¹	N/A ¹	N/A ¹

¹ The Revco D.S., Inc. Retirement Income Plan for Former Employees was established on January 1, 2013 as a result of the spin-off from the Revco D.S., Inc. Retirement Income Plan. A 2012 expected return is not applicable.

REVCO D.S., INC. RETIREMENT INCOME PLAN FOR FORMER EMPLOYEES
EIN/PN: 05-0494040/027

ATTACHMENT TO 2014 SCHEDULE H (FORM 5500), LINE 4J

The Schedule of Reportable Transactions is included in the "Accountant Opinion / IQPA report" attachment.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2014**This Form is Open to Public
Inspection**For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014▶ **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 for Former Employees	B Three-digit plan number (PN) ▶ 027
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CVS HEALTH CORPORATION	D Employer Identification Number (EIN) 05-0494040
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>2014</u>			
2 Assets:			
a Market value.....	2a	326282857	
b Actuarial value.....	2b	322958065	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	4927	189847406	189847406
b For terminated vested participants.....	3439	77824489	77824489
c For active participants.....	45	1059737	1073918
d Total.....	8411	268731632	268745813
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	6.38%	
6 Target normal cost.....	6	2495854	

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**

MERYL FEIGENBAUM

Signature of actuary

MERYL FEIGENBAUM

Type or print name of actuary

BUCK CONSULTANTS, LLC

Firm name

500 PLAZA DRIVE

SECAUCUS NJ 07096-1533

Address of the firm

Date

10/2/15
1404720

Most recent enrollment number

201-902-2300

Telephone number (including area code)

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) 2014
v. 140124

Revco D.S., Inc. Retirement Income Plan for Former Employees

EIN/PN: 05-0494040 / 027

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan:

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	16.8266	0.1400	2.3557	129.5650
56	17.4386	0.1100	1.9182	107.4220
57	17.4824	0.0900	1.5734	89.6847
58	17.8662	0.1400	2.5013	145.0734
59	16.3165	0.1200	1.9580	115.5210
60	15.3099	0.1200	1.8372	110.2313
61	13.4229	0.1500	2.0134	122.8194
62	13.3610	0.1600	2.1378	132.5414
63	13.1705	0.1700	2.2390	141.0557
64	10.8744	0.5000	5.4372	347.9803
65	6.3863	1.0000	6.3863	415.1063
66	2.0000	1.0000	2.0000	132.0000
67	1.0000	1.0000	1.0000	67.0000
68	1.0000	1.0000	1.0000	68.0000
69	1.0000	1.0000	1.0000	69.0000
70	1.0000	1.0000	1.0000	70.0000
71	1.0000	1.0000	1.0000	71.0000
72	1.0000	1.0000	<u>1.0000</u>	<u>72.0000</u>
Total			38.3574	2,406.0004
Weighted Average Retirement Age = 2406.0004 / 38.3574				62.73
Rounded Weighted Average Retirement Age				63

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Revco D.S., Inc. Retirement Income Plan for Former Employees

EIN/PN: 05-0494040 / 027

Schedule SB, Part V – Summary of Plan Provisions

Effective Date

January 1, 2013.

Plan Year

January 1 to December 31.

Employer

CVS Health 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 Health who adopts the Plan for the benefit of its eligible employees.

Participation

Effective January 1, 2013, employees covered by the Revco D.S., Inc. Retirement Income Plan (“Revco Plan”) who have been identified for purposes of the January 1, 2013 actuarial valuation and (i) have terminated employment with CVS Health prior to January 1, 2013 (and their spouses and beneficiaries) or (ii) all participants (and their spouses and beneficiaries) entitled to or in receipt of a benefit under the provisions of the former Standard Drug Company Retirement Plan were spun-off into the Revco D.S., Inc. Retirement Income Plan for Former Employees.

Participation under the Revco D.S., Inc. Retirement Income Plan

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 as of June 1, 1997, participation under the Plan was frozen, and effective as of September 20, 1997, the Plan was further amended to freeze benefit accruals.

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.

Revco D.S., Inc. Retirement Income Plan for Former Employees

EIN/PN: 05-0494040 / 027

Schedule SB, Part V – Summary of Plan Provisions (continued)

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:

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.

Revco D.S., Inc. Retirement Income Plan for Former Employees

EIN/PN: 05-0494040 / 027

Schedule SB, Part V – Summary of Plan Provisions (continued)

Minimum Accrued Benefits (continued)

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.

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% of 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).

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.

Revco D.S., Inc. Retirement Income Plan for Former Employees

EIN/PN: 05-0494040 / 027

Schedule SB, Part V – Summary of Plan Provisions (continued)

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 for Former Employees

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Schedule SB, Part V – Summary of Plan Provisions (continued)

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.

Summary of Changes from the January 1, 2013 Valuation

None.

REVCO D.S., INC. RETIREMENT INCOME PLAN FOR FORMER EMPLOYEES
EIN/PN: 05-0494040/027

ATTACHMENT TO 2014 SCHEDULE H (FORM 5500), LINE 4I

The Schedule of Assets Held at End of Year is included in the "Accountant Opinion / IQPA report" attachment.



Revco D.S., Inc. Retirement Income Plan for Former Employees
EIN/PN: 05-0494040 / 027

Schedule SB, line 24 – Change in Actuarial Assumptions

The expected return on market value of assets decreased from 7.25% for 2013 to 5.75% for 2014 to better reflect current forward-looking asset category expected returns given the plan's asset allocation.