

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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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>MCKESSON CORPORATION RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1972</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1972</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1972</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>MCKESSON CORPORATION</u> <u>ONE POST STREET, 30TH FLOOR</u> <u>SAN FRANCISCO, CA 94104-5203</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>94-3207296</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>415-983-8689</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>424210</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>94-3207296</u>	2c Plan Sponsor's telephone number <u>415-983-8689</u>	2d Business code (see instructions) <u>424210</u>	
2b Employer Identification Number (EIN) <u>94-3207296</u>					
2c Plan Sponsor's telephone number <u>415-983-8689</u>					
2d Business code (see instructions) <u>424210</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.	<u>10/14/2015</u>	<u>JERRY WARREN</u>
	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 MCKESSON CORPORATION EMPLOYEES BENEFITS MANAGEMENT COMMITTEE ONE POST STREET, 30TH FLOOR SAN FRANCISCO, CA 94104-5203		3b Administrator's EIN 94-3207296
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		3c Administrator's telephone number 415-983-8689
5 Total number of participants at the beginning of the plan year		4b EIN 4c PN
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).		5 9439
a(1) Total number of active participants at the beginning of the plan year		6a(1) 947
a(2) Total number of active participants at the end of the plan year		6a(2) 872
b Retired or separated participants receiving benefits		6b 4609
c Other retired or separated participants entitled to future benefits.....		6c 2859
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 8340
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 950
f Total. Add lines 6d and 6e		6f 9290
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 1I 3F 3H		
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) ☐ 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 _____

<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.

<div>A Name of plan MCKESSON CORPORATION RETIREMENT PLAN</div>	<div>B Three-digit plan number (PN) 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MCKESSON CORPORATION</div>	<div>D Employer Identification Number (EIN) 94-3207296</div>

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 303152056
	b Actuarial value	2b 287580245
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	5463 199430173 199430173
	b For terminated vested participants	3029 76971862 76971862
	c For active participants	947 19257691 19966258
	d Total	9439 295659726 296368293
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 6.34%
6	Target normal cost	6 2600000

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 SUKHJIT S. BHULLAR Type or print name of actuary HEWITT ASSOCIATES LLC Firm name 199 FREMONT ST., SUITE 1500 SAN FRANCISCO, CA 94105 Address of the firm</div>	<div>09/22/2015 Date 14-07814 Most recent enrollment number 415-486-7000 Telephone number (including area code)</div>
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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

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	2971154
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2933640
9 Amount remaining (line 7 minus line 8)	0	37514
10 Interest on line 9 using prior year's actual return of <u>13.35</u> %	0	5008
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1431115
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>6.53</u> %		191054
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		1622169
d Portion of (c) to be added to prefunding balance		1622169
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	1664691

Part III Funding Percentages		
14 Funding target attainment percentage	14	96.47 %
15 Adjusted funding target attainment percentage	15	96.47 %
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	95.09 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2014	1989989				
07/11/2014	1989989				
01/12/2015	100000				
09/14/2015	825000				
			Totals ▶	18(b)	4904978
				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	4720690
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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 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	2600000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	10452739	3772756	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	6372756	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	1664691	1664691
36 Additional cash requirement (line 34 minus line 35).....	36	4708065	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	4720690	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	12625	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	12625	
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 MCKESSON CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MCKESSON CORPORATION	D Employer Identification Number (EIN) 94-3207296	

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

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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)

JP MORGAN CHASE BANK N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
24 27 28 50 51 62	TRUSTEE	404387	Yes ☒ No ☐	Yes ☐ No ☒	7259	Yes ☐ No ☒

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

HEWITT ASSOCIATES LLC

36-2235791

(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 50	NONE	319062	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHILADELPHIA INTERNATIONAL ADVISORS

23-3095938

(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 52	TRUSTEE	274901	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

BROWN BROTHERS

13-4973745

(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	154750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EATON VANCE TRUST COMPANY

20-2074728

(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	NONE	152341	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

WESTERN ASSET

95-2705767

(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?
27 50	NONE	145256	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)

CALLEN ASSOCIATES INC.

94-2192581

(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?
16 50	NONE	88189	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELOITTE AND TOUCHE

13-3891517

(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	NONE	82150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FISHER INVESTMENTS

20-2489800

(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 31 51 55 68	NONE	72729	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

CADENCE CAPITAL MANAGEMENT LLC

04-3244012

(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 68	NONE	32711	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

WEATHERBIE CAPITAL, LLC

02-0484484

(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 68	NONE	28081	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

04-1867445

(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?
19 28 50 51 68	NONE	14170	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

HERRONPALMER LLC

10230 HUMBOLDT AVENUE SOUTH
BLOOMINGTON, MN 55431

(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?
16 50	NONE	11110	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES

PO BOX 219594
KANSAS CITY, MO 64121-9594

(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	NONE	6963	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P. MORGAN CHASE BANK N.A.	99	7259
(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.	
JP MORGAN INCESTMENT MANAGEMENT INC 245 PARK AVENUE NEW YORK, NY 10167	REVENUE SHARE ON MUTUAL FUNDS	
(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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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.
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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>MCKESSON CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MCKESSON CORPORATION</u>	D Employer Identification Number (EIN) <u>94-3207296</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TRUST FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN <u>13-6038770-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16992000</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: S & P 500 FLAGSHIP NL FUND CM13

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN <u>04-0025081-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>72170000</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET US CORE PLUS

b Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT COMPANY

c EIN-PN <u>95-2705767-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES CORE PLUS FXED INC TR

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC

c EIN-PN <u>84-6391546-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>59952000</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)
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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)**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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
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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>MCKESSON CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MCKESSON CORPORATION</u>	D Employer Identification Number (EIN) <u>94-3207296</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)	3883000 925000
	(2) Participant contributions.....	1b(2)	
	(3) Other.....	1b(3)	1073000 312000
c	General investments:		
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
	(2) U.S. Government securities	1c(2)	10879000 12840000
	(3) Corporate debt instruments (other than employer securities):		
	(A) Preferred	1c(3)(A)	2025000 430000
	(B) All other	1c(3)(B)	42833000 49553000
	(4) Corporate stocks (other than employer securities):		
	(A) Preferred	1c(4)(A)	
	(B) Common.....	1c(4)(B)	19535000 18609000
	(5) Partnership/joint venture interests	1c(5)	64989000 58008000
	(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)	85471000 149114000
	(10) Value of interest in pooled separate accounts	1c(10)	
	(11) Value of interest in master trust investment accounts	1c(11)	
	(12) Value of interest in 103-12 investment entities.....	1c(12)	61473000 0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	8223000 5159000
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
	(15) Other.....	1c(15)	4561000 3881000

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	304945000	298831000

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	982000	20000
i Acquisition indebtedness	1i		
j Other liabilities	1j	705000	730000
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1687000	750000

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	303258000	298081000
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4905000	
(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)		4905000

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)	344000	
(C) Corporate debt instruments	2b(1)(C)	1641000	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	145000	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2130000

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	179000	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	21000	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		200000

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	70570000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	70032000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		538000

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-683000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-683000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		10847000
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4371000
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		22308000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	24395000	
(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)		24395000
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)	490000	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1297000	
(4) Other.....	2i(4)	1303000	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3090000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		27485000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-5177000
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: **DELOITTE AND TOUCHE**

(2) EIN: **13-3891517**

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		100000000
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 JP MORGAN CHASE BANK	6b Trust's EIN 134994650
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<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan MCKESSON CORPORATION RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MCKESSON CORPORATION		D Employer Identification Number (EIN) 94-3207296

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.....

10

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): 94-3207296

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.....

16

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

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

Schedule R (Form 5500) 2014 v. 140124

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: 50% Investment-Grade Debt: 37% High-Yield Debt: 3% Real Estate: 5% Other: 5%

- 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): OPTION-ADJUSTED DURATION

McKesson Corporation Retirement Plan

Financial Statements as of and for the Years
Ended December 31, 2014 and 2013,
Supplemental Schedules as of and for the
Year Ended December 31, 2014, and
Independent Auditors' Report

MCKESSON CORPORATION RETIREMENT PLAN

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INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants of the
McKesson Corporation Retirement Plan

We have audited the accompanying financial statements of McKesson Corporation Retirement Plan (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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

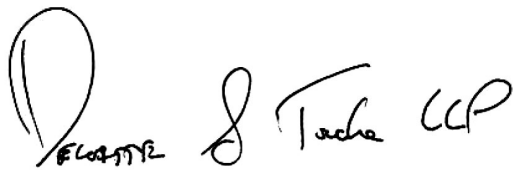
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the McKesson Corporation Retirement Plan's net assets available for benefits as of December 31, 2014, and the changes therein for the year then ended and its financial status as of December 31, 2013, and the changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year, of assets acquired and disposed of within the year, and of reportable plan transactions as of and for the year ended December 31, 2014, as listed in the table of contents, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These schedules are the responsibility of the Plan's management and were derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. These schedules have been subjected to the auditing procedures applied in our audits of the financial statements and certain additional procedures, including comparing and reconciling such schedules directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such schedules are fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink. The signature appears to be "Elaine J. Tache CPA". The first part is a large, stylized "E" followed by "laine". Then there is a smaller "J." followed by "Tache". The last part is "CPA" in a more compact, stylized font.

October 7, 2015

MCKESSON CORPORATION RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2014 AND 2013 (In thousands)

	2014	2013
ASSETS:		
Investments — at fair value:		
Equity securities:		
Common stock	\$ 18,609	\$ 19,535
Equity commingled funds	130,178	135,021
Fixed-income securities:		
Government securities	10,872	8,427
Corporate bonds	16,722	20,805
Mortgage-backed securities	13,621	8,712
Asset-backed securities and other	25,489	22,354
Fixed-income commingled funds	59,952	61,473
Real estate funds	16,992	15,439
Total investments	292,435	291,766
Cash and cash equivalents	5,159	8,223
Receivables:		
Accrued interest and dividend income	309	357
Receivables for securities sold	3	716
Employer contribution receivable	925	3,883
Total assets	298,831	304,945
LIABILITIES:		
Due to McKesson Corporation:		
Payables for securities purchased and other	20	982
Accrued administrative expenses	730	705
Total liabilities	750	1,687
NET ASSETS AVAILABLE FOR BENEFITS	\$ 298,081	\$ 303,258

MCKESSON CORPORATION RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2014 AND 2013

(In thousands)

	2014	2013
ADDITIONS:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments:		
Equity securities:		
Common stock	\$ 990	\$ 6,300
Equity commingled funds	5,157	29,611
Fixed-income securities:		
Government securities	1,262	(925)
Corporate bonds	558	(561)
Mortgage-backed securities	169	(224)
Asset-backed securities and other	395	(627)
Fixed-income commingled funds	4,586	(336)
Real estate funds	1,709	2,125
Interest and dividends	2,330	2,135
Other	123	-
Net investment income	<u>17,279</u>	<u>37,498</u>
CONTRIBUTIONS — Employer	<u>4,905</u>	<u>8,368</u>
DEDUCTIONS:		
Benefits paid	24,395	24,635
Administrative expenses	<u>2,966</u>	<u>3,005</u>
Total deductions	<u>27,361</u>	<u>27,640</u>
NET (DECREASE) INCREASE	(5,177)	18,226
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>303,258</u>	<u>285,032</u>
End of year	<u>\$ 298,081</u>	<u>\$ 303,258</u>

See notes to financial statements.

MCKESSON CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

1. PLAN DESCRIPTION

The following description of the McKesson Corporation Retirement Plan (the “Plan”) is provided for general informational purposes only. Participants should refer to the Plan document for more complete information.

General — The Plan is a defined benefit pension plan covering full-time and part-time employees as of December 31, 1996 (as defined in the Plan document) of McKesson Corporation (the “Company” or “Plan Sponsor”) and its subsidiaries, except those covered by collectively bargained pension plans. JPMorgan Chase Bank serves as the trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Frozen Status of the Plan — Benefits available under the Plan were frozen effective December 31, 1996. The Plan will continue until all vested benefits under the Plan are paid to the participants. However, no new benefits are earned after December 31, 1996, and the participants cannot lose benefits accumulated as of December 31, 1996 as long as they have completed five years of vesting service with the Company. The Plan also includes frozen liabilities resulting from plan mergers after 1996.

Pension Benefits — Benefits are generally equal to 0.9% of a participant’s final average compensation, plus 1.4% of final average compensation in excess of a predetermined level as defined in the Plan document and subject to certain limitations and adjustments, for each year of creditable service up to a maximum of 30 years. Final average compensation under the Plan is defined generally as base salary plus bonuses, commissions, and overtime. Both final average compensation and credited service were frozen effective December 31, 1996. Full benefits are available for retirement at Social Security normal retirement age and reduced benefits are available for retirement at age 55 with 10 years of vesting service. Employees with a benefit of \$1,000 or less receive a mandatory lump-sum payment. Employees with a benefit exceeding \$1,000 but not more than \$10,000 may elect to receive their benefit as a lump-sum payment or as a monthly allowance. Employees with a benefit exceeding \$10,000 may only elect to receive their benefit as a monthly allowance.

Death Benefits — The Plan provides for the payment of a benefit to an employee’s surviving spouse or legally dependent children if the employee dies with at least five years of vesting service before the allowance starts.

Contributions — The Company made contributions of \$4,905 thousand and \$8,368 thousand for the 2014 and 2013 Plan years. Contributions represent the required contributions in accordance with ERISA.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

Use of Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amount of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties — The Plan holds various investment securities, including U.S. government securities, government agency debt, corporate debt instruments, asset-backed securities, mortgage-backed securities, and common stock. In addition, the Plan invests in commingled funds, limited partnerships, and real estate funds. Investment securities, in general, are exposed to various risks, including interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investments, it is possible that changes in the values of investments may occur in the near term and such changes could materially differ from the amounts reported in the financial statements.

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 could be material to the financial statements.

Investment Valuation and Income Recognition — Investments are stated at fair value. Fair value of a financial instrument is the amount 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. If available, publicly quoted market prices are used to value investments. 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 sold as well as held during the year.

Payment of Benefits — Benefit payments to participants are recorded upon distribution.

Administrative Expenses — Administrative expenses of the Plan are paid by the Plan. The amounts due to McKesson Corporation represent certain expenses paid by the Plan Sponsor on behalf of the Plan. The Plan Sponsor will be reimbursed by the Plan for those expenses during the Plan year.

New Accounting Pronouncements — In July 2015, the Financial Accounting Standards Board (the "FASB") issued Accounting Standards Update ("ASU") No. 2015-12, *Plan Accounting: (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*, which amends Accounting Standards Codification ("ASC") 960, *Plan Accounting – Defined Benefit Pension Plans*, ASC 962, *Plan Accounting – Defined Contribution Pension Plans*, and ASC 965, *Plan Accounting – Health and Welfare Benefit Plans*. Part I and Part II of the ASU simplify financial reporting requirements for benefit plans by eliminating or reducing certain investment disclosures. Part III provides an alternative method for measuring investments for plans having fiscal year-ends that do not fall on a month-end date. The new guidance is effective for reporting periods beginning after December 15, 2015 and shall be applied retrospectively for Part I and Part II and prospectively for Part III. Only Part II is applicable to the Plan. Upon adoption, the amended guidance is expected to have an impact on certain investment disclosures and no impact on net assets available for benefits.

In May 2015, the FASB issued ASU No. 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value (“NAV”) per Share (or Its Equivalent)*, which amends ASC 820, *Fair Value Measurement*. Under this ASU, the carrying value of investments measured using the NAV per share practical expedient are no longer required to be categorized within the fair value hierarchy. The ASU also eliminates certain disclosure requirements for investments that are eligible for fair value measurement using the NAV per share practical expedient. The new guidance is effective for reporting periods beginning after December 15, 2016 and shall be applied retrospectively. Upon adoption, the amended guidance is expected to have a limited impact on certain fair value disclosures and no impact on net assets available for benefits.

In January 2013, the FASB issued ASU No. 2013-01, *Balance Sheet (Topic 210): Clarifying the Scope of Disclosures about Offsetting Assets and Liabilities*. The amendment clarifies that the scope of ASU 2011-11 applies to derivatives accounted for in accordance with Topic 815, *Derivatives and Hedging*, including bifurcated embedded derivatives, repurchase agreements and reverse repurchase agreements, and securities borrowing and securities lending transactions that are either offset in accordance with Section 210-20-45 or Section 815-10-45 or subject to an enforceable master netting arrangement or similar agreement. The guidance is effective for reporting periods beginning January 1, 2013. The adoption of this standard did not have an impact on the Plan’s financial statements.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan’s provisions to the service employees have rendered as of 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. Nonvested benefits represent additional benefits, such as survivor and disability benefits, that the Plan currently provides. However, these benefits are contingent upon occurrence of a certain event, such as death or disability; hence, these are classified as nonvested.

The actuarial present value of accumulated Plan benefits at January 1, 2014 and 2013 was as follows (in thousands):

	2014	2013
Vested benefits:		
Participants and/or beneficiaries currently receiving payments	\$ 199,659	\$ 186,175
Participants not currently receiving payments	<u>92,637</u>	<u>94,011</u>
Total vested benefits	292,296	280,186
Nonvested benefits	<u>648</u>	<u>734</u>
Total actuarial present value of accumulated Plan benefits	<u>\$ 292,944</u>	<u>\$ 280,920</u>

Changes in the present value of accumulated Plan benefits during the year ended January 1, 2014 were as follows (in thousands):

Actuarial present value of accumulated Plan benefits at January 1, 2013	\$ 280,920
Increase (decrease) attributable to:	
Benefits paid	(24,635)
Interest accrual	19,489
Change in actuarial assumptions	16,743
Other*	427
Net increase	12,024
Total actuarial present value of accumulated Plan benefits at January 1, 2014	<u>\$ 292,944</u>

* Primarily consisting of the increase due to ongoing benefit accruals.

The actuarial present value of accumulated Plan benefits was determined by the Plan's actuary using the accrued benefit actuarial cost method. Under this method, actuarial assumptions are used 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. Significant actuarial assumptions used in the valuations as of January 1, 2014 and 2013 include:

	2014	2013
Investment return	7.16 %	7.52 %
Discount rate	7.25 %	7.25 %
Mortality table	2014 statistic mortality table for annuitants and nonannuitants per IRS §1.430(h)(3)-1(e)	2013 statistic mortality table for annuitants and nonannuitants per IRS §1.430(h)(3)-1(e)
Active retirement rates	5% from 55–61 20% from 62–64 50% from 65–69 100% from 70+	10% from 55–61 20% from 62–64 50% from 65–69 100% from 70+
Assumed retirement age for terminated vested participants	62	62

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial value of accumulated Plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

4. FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date. When determining fair value, the Plan considers the principal or most advantageous market in which the Plan would transact, and the Plan considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions, redemption restrictions, and risk of nonperformance.

In addition to determining fair value, the Plan is required to establish a fair value hierarchy for valuation inputs. The hierarchy prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement reported in one of the three levels is determined by the lowest-level input that is significant to the fair value measurement in its entirety. The Plan's policy is to recognize significant transfers between levels at the beginning of the reporting period. For the years ended December 31, 2014 and 2013, there were no significant transfers in or out of Levels 1, 2, or 3.

These levels are:

Level 1 — Unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2 — Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 — Unobservable inputs to the valuation methodology that are significant to the measurement of the fair value of assets or liabilities.

The Plan's investments measured at fair value on a recurring basis as of December 31, 2014 and 2013 are summarized below (in thousands):

	Fair Value Measurements at December 31, 2014			
	(Level 1)	(Level 2)	(Level 3)	Total
Equity securities:				
Common stock	\$ 18,609	\$ -	\$ -	\$ 18,609
Equity commingled funds — domestic	-	72,170	-	72,170
Equity commingled funds — international	-	58,008	-	58,008
Total equity commingled funds	-	130,178	-	130,178
Fixed-income securities:				
Government securities	-	10,872	-	10,872
Corporate bonds	-	16,715	7	16,722
Mortgage-backed securities	-	13,621	-	13,621
Asset-backed securities and other	-	25,489	-	25,489
Fixed-income commingled funds	-	59,952	-	59,952
Real estate funds	-	-	16,992	16,992
Cash and cash equivalents	5,159	-	-	5,159
Total	\$ 23,768	\$ 256,827	\$ 16,999	\$ 297,594
	Fair Value Measurements at December 31, 2013			
	(Level 1)	(Level 2)	(Level 3)	Total
Equity securities:				
Common stock	\$ 19,535	\$ -	\$ -	\$ 19,535
Equity commingled funds — domestic	-	70,032	-	70,032
Equity commingled funds — international	-	64,989	-	64,989
Total equity commingled funds	-	135,021	-	135,021
Fixed-income securities:				
Government securities	-	8,427	-	8,427
Corporate bonds	-	20,546	259	20,805
Mortgage-backed securities	-	8,712	-	8,712
Asset-backed securities and other	-	22,354	-	22,354
Fixed-income commingled funds	-	61,473	-	61,473
Real estate funds	-	-	15,439	15,439
Cash and cash equivalents	8,223	-	-	8,223
Total	\$ 27,758	\$ 256,533	\$ 15,698	\$ 299,989

Cash and Cash Equivalents — Cash and cash equivalents are primarily held in a money market fund, which has a daily NAV of \$1.00. Holdings in the money market fund are classified as Level 1 investments.

Common Stock — This investment class consists of common shares issued by U.S. and non-U.S. corporations. Common shares are traded actively on exchanges and price quotes are readily available. Holdings of common shares are classified as Level 1 investments.

Equity Commingled Funds — Domestic — Equity securities consisting of common and preferred stock are held in commingled funds, which have daily NAVs derived from quoted prices for the underlying securities in active markets; these are classified as Level 2 investments.

Equity Commingled Funds — International — The Plan also has an interest in a limited partnership, which invests primarily in publicly traded non-U.S. equity securities. Each limited partner in the fund owns a pro rata share of the underlying securities in the fund. The fund's administrator provides a daily NAV for the fund, which is not publicly quoted. The limited partnership is classified as a Level 2 investment.

Fixed-Income Securities — This investment class consists of government bonds, corporate bonds, mortgage-backed securities, and asset-backed securities. Inputs to the valuation methodology include quoted prices for similar assets in active markets and inputs that are observable for the asset, either directly or indirectly, for substantially the full term of the asset. Multiple prices and price types are obtained from pricing vendors whenever possible, which enables cross-provider validations. The Company obtains an understanding of how these prices are derived, including the nature and observability of the inputs used in deriving such prices. Fixed-income securities are classified as Level 2 and Level 3 investments.

Fixed-Income Commingled Funds — Certain fixed-income securities are held in commingled funds, which have daily NAVs derived from the underlying securities; these are classified as Level 2 investments.

Real Estate Funds — The value of the real estate fund is reported by the fund manager and is based on a valuation of the underlying properties. The fund's administrator provides a NAV for the fund. Inputs used in the valuation include items, such as cost, discounted future cash flows, independent appraisals, and market-based comparable data. The real estate fund is classified as a Level 3 investment.

A reconciliation of Level 3 Plan assets held during the Plan years ended December 31, 2014 and 2013 is presented as follows (in thousands):

	Corporate Bonds	Asset- Backed Securities and Other	Real Estate Funds	Total
BALANCE — January 1, 2014	\$ 259	\$ -	\$ 15,439	\$ 15,698
Unrealized gain (loss)	(3)	-	1,663	1,660
Realized gain (loss)	13	-	46	59
Sales	(262)	-	(156)	(418)
Transfer in (out)	-	-	-	-
BALANCE — December 31, 2014	<u>\$ 7</u>	<u>\$ -</u>	<u>\$ 16,992</u>	<u>\$ 16,999</u>
	Corporate Bonds	Asset- Backed Securities and Other	Real Estate Funds	Total
BALANCE — January 1, 2013	\$ 502	\$ 414	\$ 13,450	\$ 14,366
Unrealized gain (loss)	(2)	-	2,098	2,096
Realized gain (loss)	4	-	27	31
Sales	(45)	-	(136)	(181)
Transfer in (out)	(200)	(414)	-	(614)
BALANCE — December 31, 2013	<u>\$ 259</u>	<u>\$ -</u>	<u>\$ 15,439</u>	<u>\$ 15,698</u>

The Plan's investments in certain entities where the fair value is measured by NAV per share are summarized below as of December 31, 2014 and 2013 (in thousands):

	2014	2013	Redemption Frequency	Redemption Notice Period
Equity commingled funds — domestic	\$ 72,170	\$ 70,032	As needed	3–5 days
Fixed-income commingled funds	59,952	61,473	As needed	3–5 days
Equity commingled funds — international	58,008	64,989	As needed	3–4 days
Real estate funds	16,992	15,439	As needed	45 days
Cash and cash equivalents	<u>5,159</u>	<u>8,223</u>	As needed	1 day
Total	<u>\$ 212,281</u>	<u>\$ 220,156</u>		

5. INVESTMENTS

The following table presents the fair value of individual investments that represented 5% or more of the Plan's net assets available for benefits at December 31, 2014 and 2013 (in thousands):

	2014	2013
State Street S&P 500 Index	\$ 72,170	\$ 70,032
Western Asset Core Plus, LLC	**	61,473
Bartram International Fund	47,337	52,919
JPMCB Strategic Property Fund	16,992	15,439
Loomis Sayles Core Plus Fixed Income Trust	59,952	**

** Investment did not represent 5% or more of the Plan's net assets available for benefits at December 31 of the corresponding year.

6. FEDERAL INCOME TAX STATUS

The Company and the Plan administrator believe that the Plan, in form and operation, complies with the applicable requirements of the Internal Revenue Code of 1986, as amended (the "Code"), and that the Plan and related Trust continue to be tax exempt. On February 12, 2014, the Internal Revenue Service issued a favorable determination letter to the Plan indicating that, in its opinion, the terms of the Plan conform to the requirements of Section 401(a) of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2014 and 2013, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in 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 no longer subject to income tax examinations for years prior to 2012.

7. PLAN TERMINATION

The Plan may be terminated by the Company's Board of Directors. If the Plan is terminated (partially or fully), the net assets of the Plan will be distributed to participants in order of priority determined in accordance with ERISA and its applicable regulations and with the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”). Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement age benefits, and certain disability and survivor pensions. 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, subject to a statutory ceiling on the amount of an individual’s monthly benefit.

Whether all participants receive benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide these benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

8. EXEMPT RELATED PARTY TRANSACTIONS

Certain funds are managed by JPMorgan Chase, which also serves as the trustee of the Plan.

9. SUBSEQUENT EVENTS

Effective September 1, 2015, the Plan was amended to offer a lump-sum payment window between September 15, 2015 and October 30, 2015 during which eligible vested participants who terminated employment with the Company or their beneficiaries may elect a lump-sum payment option if the payment does not exceed \$30,000. Any elected lump-sum payments are expected to be made in 2015; the maximum total payout shall not exceed \$14,000,000 or, if lower, the threshold used to determine whether settlement accounting is triggered within the meaning under ASC 715-30, *Compensation – Retirement Benefits*.

For the year ended December 31, 2014, subsequent events were evaluated through October 7, 2015, which is the date that the financial statements were available to be issued.

* * * * *

SUPPLEMENTAL SCHEDULES

MCKESSON CORPORATION RETIREMENT PLAN
EIN 94-3207296

FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

SEE ATTACHED LISTING

MCKESSON CORPORATION RETIREMENT PLAN
EIN 94-3207296

FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN THE YEAR)
YEAR ENDED DECEMBER 31, 2014

SEE ATTACHED LISTING

MCKESSON CORPORATION RETIREMENT PLAN

EIN 94-3207296

**FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE PLAN TRANSACTIONS
YEAR ENDED DECEMBER 31, 2014**

Identity of Issue	Purchases		Sales/Dispositions		Gain/(Loss)
	Number	Amount	Number	Amount	
JPMorgan Prime Money Market - Premier Shares	515	\$117,035,171	321	\$120,099,825	\$ -
Loomis Sayles Core Plus Fixed Income Trust	1	60,000,000	-	-	-
United States Treasury Nov 2019	15	10,803,866	18	8,578,554	39,293
Western Asset Core Plus, LLC	4	30,251	2	66,137,990	7,574,789

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
GENERAL INVESTMENTS ----- -----			
U.S. GOVERNMENT SECURITIES -----			
31402RJV2 FEDERAL NATIONAL MORTGAGE ASSOC 5% MTG B	MONTHLY 5.000% 07/01/2035 419,763.390	456,493	464,791
31416BQA9 FEDERAL NATIONAL MORTGAGE ASSOC 6.50% MT	MONTHLY 6.500% 10/01/2038 110,308.920	121,150	125,622
3128NHRU9 FHLMC MORTPASS ARM 01/DEC/2036 1J PN# 1J	MONTHLY FLOATING 12/01/2036 103,281.670	105,541	111,953
3128NH4L4 FHLMC MORTPASS ARM 01/JUN/2037 1J PN# 1J	MONTHLY FLOATING 06/01/2037 46,419.420	47,672	49,266
3128NKEJ1 FHLMC MORTPASS ARM 01/SEP/2037 1J PN# 1J	MONTHLY FLOATING 09/01/2037 163,289.510	167,321	175,556
3128S4CH8 FHLMC MORTPASS FLT 01/APR/2036 PN# 1Q007	MONTHLY FLOATING 04/01/2036 46,511.860	46,577	49,711
3128QGLN0 FHLMC MORTPASS VAR 01/DEC/2036 PN# 0333	MONTHLY FLOATING 12/01/2036 21,048.540	21,058	22,240
3128M6WB0 FHLMCGLD MORTPASS 6% 01/OCT/2038 G0 PN#	MONTHLY 6.000% 10/01/2038 87,938.030	95,097	99,519
31411E2N6 FNMA MORTPASS ARM 01/JAN/2037 S1 PN# 906	MONTHLY FLOATING 01/01/2037 34,187.000	34,267	36,646
31403DVS5 FNMA MORTPASS ARM 01/SEP/2036 LB PN# 745	MONTHLY FLOATING 09/01/2036 42,848.790	43,153	46,080
31410FR56 FNMA MORTPASS ARM 01/SEP/2036 WD PN# 888	MONTHLY FLOATING 09/01/2036 38,189.480	38,703	41,062
31374CNV4 FNMA MORTPASS 5.5% 01/AUG/2037 ZL PN# 31	MONTHLY 5.500% 08/01/2037 236,933.470	261,145	266,657
31418MEC2 FNMA MORTPASS 6.5% 01/AUG/2039 CL PN# AD	MONTHLY 6.500% 08/01/2039 30,859.290	33,685	35,143

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
31402CVW9 FNMA MORTPASS 6% 01/MAR/2034 CL PN# 7252	MONTHLY 6.000% 03/01/2034 227,871.960	251,870	260,474
31418MU34 FNMA MORTPASS 6% 01/SEP/2037 CL PN# AD06	MONTHLY 6.000% 09/01/2037 160,559.340	175,235	182,657
912810QW1 UNITED STATES OF AMERICA BOND FIXED 3% 1	SEMI-ANN. 3.000% 05/15/2042 295,000.000	292,909	310,072
912828G38 UNITED STATES OF AMERICA NOTES FIXED 2.2	SEMI-ANN. 2.250% 11/15/2024 950,000.000	957,496	956,384
912810RB6 UNITED STATES TREAS BDS 2.875%15/MAY/204	SEMI-ANN. 2.875% 05/15/2043 2,050,000.000	1,865,082	2,096,761
912810PX0 UNITED STATES TREAS BDS 4.500% 15/MAY/20	SEMI-ANN. 4.500% 05/15/2038 2,815,000.000	3,330,871	3,750,762
912828UB4 UNITED STATES TREAS NTS 1%30/NOV/2019	SEMI-ANN. 1.000% 11/30/2019 3,875,000.000	3,740,965	3,758,440
TOTAL U.S. GOVERNMENT SECURITIES		12,086,291	12,839,795
CORPORATE DEBT INSTRUMENTS: PREFERRED -----			
05950XAH9 BANC OF AMERICA COMMERCIAL MORTGAGE TRUS RATINGS: AAA A	MONTHLY 5.448% 09/10/2047 410,000.000	434,248	429,574
TOTAL CORPORATE DEBT INSTRUMENTS: PREFERRED		434,248	429,574
CORPORATE DEBT INSTRUMENTS: ALL OTHER -----			
008686AA5 AHOLD LEASE USA INC 7.82% PASS THRU CERT RATINGS: BAA3 BBB-	SEMI-ANN. FLOATING 01/02/2020 187,101.840	212,873	207,064
009349AF8 AIRCRAFT LEASE SEC 2007-1 G-3 10/MAY/203	MONTHLY FLOATING 05/10/2032 174,071.590	167,435	171,243
02005ACW6 ALLY MASTER OWNER TRUST 1.54% BDS 16/SEP	MONTHLY 1.540% 09/15/2019 100,000.000	99,971	99,244
02005AAF5 ALLY MASTER OWNER TRUST 2010-2 A 4.25% 1	MONTHLY 4.250% 04/15/2017 450,000.000	493,225	454,599

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
020564AA8 ALPEK SA DE CV CALLABLE NOTES FIXED 4.5%	SEMI-ANN. 4.500% 11/20/2022 435,000.000	433,358	438,263
03064JAE5 AMERICREDIT AUTOMOBILE RECEIVABLES TRUST	MONTHLY 1.790% 03/08/2019 630,000.000	629,802	629,229
04010LAP8 ARES CAPITAL CORP CALLABLE NOTES FIXED 3	SEMI-ANN. 3.875% 01/15/2020 350,000.000	348,600	348,996
05357HAJ9 AVENTURA MALL TRUST 2013-AVM 2013-AVM C	MONTHLY FLOATING 12/05/2032 250,000.000	248,677	257,345
05377RBB9 AVIS BUDGET CAR RENTAL 2.1% MTG BDS 20/M	MONTHLY 2.100% 03/20/2019 1,085,000.000	1,084,516	1,085,342
054303BA9 AVON PRODUCTS INC CALLABLE NOTES FIXED 5	SEMI-ANN. FLOATING 03/15/2023 355,000.000	353,472	316,838
054303AZ5 AVON PRODUCTS INC CALLABLE NOTES FIXED 7	SEMI-ANN. FLOATING 03/15/2043 305,000.000	291,801	251,625
05524HAJ7 BAML COMMERCIAL MORTGAGE SECURITIES TRU	MONTHLY FLOATING 09/15/2026 440,000.000	440,000	441,534
05490AAC7 BB-UBS TRUST 2012-TFT B VARIABLE 07/JUN/	MONTHLY FLOATING 06/07/2030 600,000.000	602,086	586,126
05529SAJ8 BBCMS TRUST 2013-TYSN 2013-TYSN B 4.0447	MONTHLY 4.044% 09/05/2032 310,000.000	319,055	328,250
05543BAA6 BCC FUNDING VIII LLC 2014-1A A 1.794% 20	MONTHLY 1.794% 06/20/2020 380,443.640	380,444	379,797
05550YAL2 BLCP HOTEL TRUST 2014-CLRN D FLOATING 15	MONTHLY FLOATING 08/15/2029 595,000.000	595,000	595,589
096821AG8 BOCA HOTEL PORTFOLIO TRUST 2013-BOCA 201	MONTHLY FLOATING 08/15/2026 250,000.000	250,000	250,085
139742AF7 CAPITAL AUTO RECEIVABLES ASSET TRUST 201	MONTHLY 2.660% 04/22/2019 390,000.000	389,983	397,689
13975DAF2 CAPITAL AUTO RECEIVABLES ASSET TRUST 201	MONTHLY 2.790% 10/22/2018 210,000.000	209,971	213,331
14169WAL1 CAREFREE PORTFOLIO TRUST 2014-CARE 2014-	MONTHLY FLOATING 11/15/2019 330,000.000	330,000	328,212

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
14310RAA4 CARLYLE GLOBAL MARKET STRATEGIES COMMODI	QUARTERLY FLOATING 10/15/2021 560,000.000	560,000	559,993
14313JAF8 CARMAX AUTO OWNER TRUST 2012-2 2012-2 C	MONTHLY 2.080% 03/15/2018 380,000.000	379,899	385,391
12505JAB9 CBL & ASSOCIATES LP CALLABLE NOTES FIXED	SEMI-ANN. 4.600% 10/15/2024 270,000.000	269,933	273,445
12505JAA1 CBL & ASSOCIATES LP CALLABLE NOTES FIXED	SEMI-ANN. 5.250% 12/01/2023 360,000.000	356,299	385,736
14985MAB7 CCG RECEIVABLES TRUSTE 2013-1 2013-1 A2	MONTHLY 1.050% 08/14/2020 126,592.470	126,589	126,776
12508FAE8 CDGJ COMMERCIAL MORTGAGE TRUST 2014-BXCH	MONTHLY FLOATING 12/15/2027 405,000.000	405,000	405,130
12508FAG3 CDGJ COMMERCIAL MORTGAGE TRUST 2014-BXCH	MONTHLY FLOATING 12/15/2027 145,000.000	145,000	145,046
12528PAD4 CG-CCRE COMMERCIAL MORTGAGE TRUST 2014-F	MONTHLY FLOATING 11/15/2031 786,000.000	784,838	785,183
12528LAE1 CGBAM COMMERCIAL MORTGAGE TRUST 2014-HD	MONTHLY FLOATING 02/15/2031 110,000.000	110,000	109,769
12528LAG6 CGBAM COMMERCIAL MORTGAGE TRUST 2014-HD	MONTHLY FLOATING 02/15/2031 330,000.000	330,000	328,569
166430AA6 CHESTERFIELD FINANCIAL HOLDINGS LLC 2014	QUARTERLY 4.500% 12/15/2034 410,000.000	410,000	410,000
17322FAG6 CITIGROUP COML MTG CMO VARIABLE 15/JUN/2	MONTHLY FLOATING 06/15/2033 350,000.000	350,000	350,146
17319WAA7 CITIGROUP COML MTG 2.11% CMO 14/JAN/2030	MONTHLY 2.110% 01/12/2018 .010	0	0
17319WAG4 CITIGROUP COMMERCIAL MORTGAGE TRUST 2013	MONTHLY 2.435% 01/12/2030 130,000.000	133,248	131,203
12625EAA7 COMM MORTGAGE TRUST 2013-SFS A-1 1.873%	MONTHLY 1.872% 04/12/2035 196,377.110	196,377	191,084
12632NAE0 COMM 2014-KYO MORTGAGE TRUST 2014-KYO C	MONTHLY FLOATING 06/11/2027 620,000.000	620,000	617,500

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
212168AA6 CONTINENTAL WIND LLC CALLABLE NOTES FIXE	SEMI-ANN. 6.000% 02/28/2033 275,477.920	275,478	302,343
22003BAG1 CORPORATE OFFICE PROPERTIES LP CALLABLE	SEMI-ANN. 3.600% 05/15/2023 635,000.000	618,549	610,140
22533FAA4 CREDIT ACCEPTANCE AUTO LOAN TRUST 2013-1	MONTHLY 1.210% 10/15/2020 200,000.000	199,966	200,059
22533QAC6 CREDIT ACCEPTANCE AUTO LOAN TRUST 2014-2	MONTHLY 2.670% 09/15/2022 640,000.000	639,886	638,880
25389JAJ5 DIGITAL REALTY TRUST LP 5.25% NTS 15/MAR	SEMI-ANN. 5.250% 03/15/2021 265,000.000	273,134	290,233
25389JAH9 DIGITAL REALTY TRUST LP 5.875% NTS 01/FE	SEMI-ANN. 5.875% 02/01/2020 315,000.000	341,378	352,321
25455YAA0 DIRECT CAPITAL FUNDING V LLC 2013-1 A 1.	MONTHLY 1.673% 12/20/2017 82,125.750	82,126	82,224
233283AA8 DORIC NIMROD AIR ALPHA 2013-1 CLASS A PA	SEMI-ANN. 5.250% 05/30/2025 182,605.800	182,606	190,367
258258AA0 DORIC NIMROD AIR FINANCE ALPHA LTD 5.125	SEMI-ANN. 5.125% 11/30/2024 174,817.000	174,817	180,621
26223UAD1 DRUG ROYALTY II LP 2 2014-1 A2 3.484% 15	QUARTERLY 3.484% 07/15/2023 370,767.540	370,762	371,834
26971HAC6 EAGLE I LTD 2014-1A B 5.29% 15/DEC/2039	MONTHLY 5.290% 12/15/2039 320,000.000	319,981	319,981
28140TAA6 EDUCATION REALTY OPERATING PARTNERSHIP L	SEMI-ANN. 4.600% 12/01/2024 410,000.000	409,963	420,156
29081PAE5 EMBOTELLADORA ANDINA SA CALLABLE NOTES F	SEMI-ANN. 5.000% 10/01/2023 220,000.000	219,571	229,843
29082AAA5 EMBRAER SA 5.15% BDS 15/JUN/2022 USD1000	SEMI-ANN. 5.150% 06/15/2022 390,000.000	392,231	411,450
29100XAA3 EMERALD AVIATION FINANCE LTD 2013-1 A ST	MONTHLY FLOATING 10/15/2038 380,104.190	379,138	383,905
29372EAP3 ENTERPRISE FLEET FINANCING LLC 2012-1 A2	MONTHLY 1.140% 11/20/2017 37,518.030	37,515	37,543

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
29372EAT5 ENTERPRISE FLEET FINANCING LLC 2012-2 A3	MONTHLY 0.930% 04/20/2018 320,000.000	319,998	320,245
26885KAJ9 EQTY 2014-INNS MORTGAGE TRUST 2014-INNS	MONTHLY FLOATING 05/08/2031 210,000.000	210,000	207,845
30068DAA5 EXCEL TRUST LP CALLABLE NOTES FIXED 4.62	SEMI-ANN. 4.625% 05/15/2024 315,000.000	314,405	326,885
301658AA8 EXETER AUTOMOBILE RECEIVABLES TRUST 2012	MONTHLY 1.300% 06/15/2017 29,628.620	29,626	29,655
30212PAH8 EXPEDIA INC 5.95% SR NT 15/AUG/2020 USD1	SEMI-ANN. 5.950% 08/15/2020 386,000.000	394,998	431,343
30217AAA1 EXPERIAN FINANCE PLC CALLABLE NOTES FIXE	SEMI-ANN. 2.375% 06/15/2017 285,000.000	286,234	287,186
303901AS1 FAIRFAX FINANCIAL HLDGS 5.8% NTS 15/MAY/	SEMI-ANN. 5.800% 05/15/2021 594,000.000	586,470	637,136
34529RAF8 FORD CREDIT AUTO OWNER TRUST 2011-B 2011	MONTHLY 2.540% 05/15/2017 210,000.000	209,987	213,028
34528QBR4 FORD CREDIT FLOORPLAN MASTER OWNER TRUST	MONTHLY 2.860% 01/15/2019 390,000.000	389,878	401,189
30291DAB2 FRS I LLC 2013-1A A2 3.08% 15/APR/2043	MONTHLY 3.080% 04/15/2043 437,655.940	437,652	436,167
302635AB3 FS INVESTMENT CORP CALLABLE NOTES FIXED	SEMI-ANN. 4.250% 01/15/2020 505,000.000	503,020	502,556
379308AA7 GLITNIR BANKI HF VAR BDS 15/JUN/2016 USD RATINGS: C N/R	SEMI-ANN. 0.000% 06/15/2016 100,000.000	100,000	125
37953RAA7 GLOBAL CONTAINER ASSETS 2013-1 LTD 2013-	MONTHLY 2.200% 11/05/2028 366,308.700	365,748	365,566
38239FAC3 GOODMAN FUNDING PTY LTD CALLABLE NOTES F	SEMI-ANN. 6.375% 04/15/2021 300,000.000	347,363	345,207
38239FAE9 GOODMAN FUNDING PTY LTD 6% BDS 22/MAR/20	SEMI-ANN. 6.000% 03/22/2022 185,000.000	183,931	210,526
384780AA0 GRAIN SPECTRUM FUNDING II LLC CALLABLE N	SEMI-ANN. 3.290% 10/10/2034 195,000.000	195,000	196,014

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
36192QAG9 GS MORTGAGE SECURITIES CORP II 2012-TMSQ	MONTHLY 3.409% 12/10/2030 600,000.000	549,492	581,823
36193AAA6 GS MORTGAGE SECURITIES CORP II 2013-KING	MONTHLY 2.706% 12/10/2027 477,661.040	491,984	482,846
36248PAL4 GS MTG SECS TR CMO FIXED 3.79000% 10/JAN	MONTHLY 3.790% 01/10/2031 620,000.000	604,838	622,840
36246MAP4 GTP ACQUISITION PARTNERS 2.364% 15/MAY/2	MONTHLY 2.364% 05/15/2043 290,000.000	290,000	287,613
36192EAA9 GTP CELLULAR SITES LLC CALLABLE NOTES FI	MONTHLY 3.721% 03/15/2042 532,431.920	534,205	546,733
40963KAA4 HANA SMALL BUSINESS LENDING LOAN TRUST 2	MONTHLY FLOATING 01/25/2040 294,700.170	288,342	289,260
421946AH7 HEALTHCARE REALTY TRUST INC 3.75% BDS 15	SEMI-ANN. 3.750% 04/15/2023 300,000.000	297,629	294,459
43289UAE5 HILTON USA TRUST 2013-HLF 2013-HLF BFL F	MONTHLY FLOATING 11/05/2030 167,529.060	167,529	167,538
43289UAG0 HILTON USA TRUST 2013-HLF 2013-HLF CFL F	MONTHLY FLOATING 11/05/2030 246,366.260	246,366	246,379
404225BM5 HLSS SERVICER ADVANCE RECEIVABLES BACKED	MONTHLY 1.978% 08/15/2046 310,000.000	310,000	311,023
404225AE4 HLSS SERVICER ADVANCE RECEIVABLES TRUST	MONTHLY 1.990% 10/15/2045 170,000.000	169,992	170,683
404225AN4 HLSS SERVICER ADVANCE RECEIVABLES TRUST	MONTHLY 1.495% 01/16/2046 180,000.000	180,000	179,856
404225BD5 HLSS SERVICER ADVANCE RECEIVABLES TRUST	MONTHLY 1.793% 05/15/2046 280,000.000	279,999	276,584
441060AM2 HOSPIRA INC 5.2% NTS 12/AUG/2020 USD2000	SEMI-ANN. 5.200% 08/12/2020 570,000.000	576,247	611,513
44890LAF1 HYUNDAI AUTO RECEIVABLES TRUST 2013-B 20	MONTHLY 1.710% 02/15/2019 310,000.000	309,892	309,216
462590HW3 IOWA STUDENT LOAN LIQUIDITY CORP 2011-1	QUARTERLY FLOATING 06/25/2042 344,450.640	325,122	353,565

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
46637EAC7 JP MORGAN CHASE COMMERCIAL MORTGAGE SECU	MONTHLY 3.363% 11/13/2044 110,000.000	110,550	114,010
46629MAM7 JP MORGAN CHASE COMMERCIAL MORTGAGE SECU	MONTHLY FLOATING 05/15/2045 530,000.000	561,579	555,386
48632HAA5 KAUPTHING BANK 7.125% BDS 19/MAY/2016 US RATINGS: C N/R	SEMI-ANN. 7.125% 05/19/2016 370,000.000	368,046	4
5006EPAD3 KOREA EAST-WEST POWER CO LTD NOTES FIXED	SEMI-ANN. 2.625% 11/27/2018 510,000.000	505,030	514,565
50064YAK9 KOREA HYDRO & NUCLEAR POWER CO LTD MEDIU	SEMI-ANN. 2.375% 10/28/2019 200,000.000	199,504	198,668
50065WAC0 KOREA NATIONAL OIL CORP NOTES FIXED 3.12	SEMI-ANN. 3.125% 04/03/2017 310,000.000	313,228	318,082
52177DAC3 LEAF RECEIVABLES FUNDING 8 LLC 2012-1 A3	MONTHLY 1.250% 10/15/2016 3.080	3	3
524ESCXA3 LEHMAN BROTHERS HOLDINGS INC BOND FIXED	SEMI-ANN. 5.857% 12/31/2049 70,000.000	67,361	0
524ESC7M6 LEHMAN BROTHERS HOLDINGS INC BOND FIXED	SEMI-ANN. 6.750% 12/28/2017 270,000.000	248,414	338
524ESCR36 LEHMAN BROTHERS HOLDINGS INC MEDIUM TERM	SEMI-ANN. 6.500% 07/19/2017 110,000.000	102,000	0
55259PAD8 M&I MARSHALL & ILSLEY BANK NOTES FIXED 5 RATINGS: BAA1 BBB-	SEMI-ANN. 5.000% 01/17/2017 95,000.000	96,900	100,822
561234AD7 MALLINCKRODT INTERNATIONAL FINANCE SA CA	SEMI-ANN. 3.500% 04/15/2018 470,000.000	468,397	454,138
55314QAE7 MMAF EQUIPMENT FINANCE LLC 2012-A A-5 1.	MONTHLY 1.980% 06/10/2032 600,000.000	599,861	606,731
61205PAK5 MONTANA HIGHER EDUCATION STUDENT ASSISTA	MONTHLY FLOATING 05/20/2030 351,085.480	346,378	356,728
615369AB1 MOODYS CORP 4.5% SNR NTS 01/SEP/2022 USD	SEMI-ANN. 4.500% 09/01/2022 726,000.000	737,346	778,671
617453AV7 MORGAN STANLEY CAPITAL I TRUST 2006-IQ11	MONTHLY FLOATING 10/15/2042 620,000.000	652,792	647,753

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
62718QAA3 MURRAY STREET INVESTMENT TRUST I CALLABL	SEMI-ANN. FLOATING 03/09/2017 200,000.000	217,940	211,080
63857UAB1 NATIONS EQUIPMENT FINANCE FUNDING I LLC	MONTHLY 3.818% 05/20/2021 160,000.000	160,000	161,856
63861GAN0 NATIONSTAR MORTGAGE ADVANCE RECEIVABLES	MONTHLY FLOATING 06/22/2048 600,000.000	595,475	590,520
63938XAA0 NAVITAS EQUIPMENT RECEIVABLES LLC 2013-1	MONTHLY 1.950% 11/15/2016 85,112.480	85,111	85,161
64828UAK5 NEW RESIDENTIAL ADVANCE RECEIVABLES TRUS	MONTHLY 2.377% 03/15/2047 590,000.000	589,998	589,351
65252VAA7 NEWTEK SMALL BUSINESS LOAN TRUST 2014-1	MONTHLY FLOATING 04/25/2040 621,782.180	621,782	621,782
65341KAB2 NEXTGEAR FLOORPLAN MASTER OWNER TRUST 20	MONTHLY 2.610% 10/15/2019 460,000.000	459,875	459,062
675757AA6 ODEBRECHT DRILL VIII/XI 6.35% 30/JUN/202	SEMI-ANN. 6.350% 06/30/2021 161,500.000	167,556	151,003
67576GAA5 ODEBRECHT OFFSHORE DRILLING FINANCE LTD	QUARTERLY 6.750% 10/01/2022 245,050.000	245,035	224,221
67576GAB3 ODEBRECHT OFFSHORE DRILLING FINANCE LTD	QUARTERLY 6.625% 10/01/2023 283,908.000	283,897	254,098
68267YAA8 ONEMAIN FINANCIAL ISSUANCE TRUST 2014-1	MONTHLY 2.430% 06/18/2024 420,000.000	419,991	419,992
68268BAB5 ONEMAIN FINANCIAL ISSUANCE TRUST 2014-2	MONTHLY 3.020% 09/18/2024 210,000.000	210,000	210,130
708062AA2 PENNANTPARK INVESTMENT CORP CALLABLE NOT	SEMI-ANN. 4.500% 10/01/2019 590,000.000	591,885	591,050
71647NAH2 PETROBRAS GLOBAL FINANCE BV CALLABLE NOT	SEMI-ANN. 4.875% 03/17/2020 385,000.000	384,011	360,171
74164MAA6 PRIMERICA INC 4.75% BDS 15/JUL/2022 USD1	SEMI-ANN. 4.750% 07/15/2022 300,000.000	302,766	327,231
74341DAA2 PROLOGIS INTERNATIONAL FUNDING II 4.875%	SEMI-ANN. 4.875% 02/15/2020 305,000.000	309,045	324,355

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
759351AJ8 REINSURANCE GROUP OF AMERICA 5% NTS 01/J	SEMI-ANN. 5.000% 06/01/2021 250,000.000	248,878	275,345
80283DAE1 SANTANDER DRIVE AUTO RECEIVABLES TRUST 2	MONTHLY 1.950% 03/15/2019 210,000.000	203,421	211,084
80283HAE2 SANTANDER DRIVE AUTO RECEIVABLES TRUST 2	MONTHLY 3.250% 01/15/2020 250,000.000	249,961	257,457
78403DAD2 SBA TOWER TRUST 2.24% BDS 16/APR/2018 US	MONTHLY 2.240% 04/15/2043 650,000.000	650,000	644,043
78403DAC4 SBA TOWER TRUST 2.933% BDS 15/DEC/2042 U	MONTHLY 2.933% 12/15/2042 340,000.000	340,000	344,344
806213AA2 SCENTRE GROUP TRUST 1 / SCENTRE GROUP TR	SEMI-ANN. 2.375% 11/05/2019 135,000.000	134,243	134,015
81721MAJ8 SENIOR HOUSING PROPERTIES TRUST CALLABLE	SEMI-ANN. 3.250% 05/01/2019 315,000.000	314,767	316,959
78447UAF7 SMART ABS US TRUST 2013-2US A-4A 14/FEB/	MONTHLY 1.180% 02/14/2019 380,000.000	379,986	376,289
78447DAF5 SMART SERIES 06/JUN/2012% ABS 14/MAR/201	MONTHLY 2.060% 03/14/2018 600,000.000	599,864	605,345
78392NAA9 SNAAC 0% BDS 16/JUL/2018 USD'144A'	MONTHLY 1.140% 07/16/2018 31,705.790	31,705	31,734
84861CAA3 SPIRIT MASTER FUNDING LLC 2014-4A A1 3.5	MONTHLY 3.501% 01/20/2045 405,000.000	404,254	404,650
84860XAB6 SPIRIT MASTER FUNDING VII LLC 2013-2A A	MONTHLY 5.268% 12/20/2043 215,727.690	215,724	232,548
85172BAA6 SPRINGLEAF FUNDING TRUST 2013-A 2013-AA	MONTHLY 2.580% 09/15/2021 930,000.000	929,932	932,677
85172KAB4 SPRINGLEAF FUNDING TRUST 2014-A 2014-AA	MONTHLY 3.450% 12/15/2022 370,000.000	369,886	370,182
86212UAB2 STORE MASTER FUNDING I LLC 2013-1 A-2 4.	MONTHLY 4.650% 03/20/2043 204,226.680	204,158	212,904
86212WAB8 STORE MASTER FUNDING LLC 2013-2 A-2 5.33	MONTHLY 5.330% 07/20/2043 381,762.560	381,697	413,812

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
86213AAB5 STORE MASTER FUNDING LLC 2013-3A A2 5.21	MONTHLY 5.210% 11/20/2043 354,234.000	354,033	382,959
86213BAA5 STORE MASTER FUNDING LLC 2014-1A A1 4.21	MONTHLY 4.210% 04/20/2044 468,629.190	468,605	478,217
87407PAN0 TAL ADVANTAGE V LLC 2014-2A A1 1.7% 20/M	MONTHLY 1.700% 05/20/2039 85,110.910	85,101	84,536
87407PAR1 TAL ADVANTAGE V LLC 2014-3A A 3.27% 21/N	MONTHLY 3.270% 11/21/2039 287,583.330	287,486	287,491
88314RAC0 TEXTAINER MARINE CONTAINERS III LTD 2014	MONTHLY 3.270% 10/20/2039 511,333.340	511,160	510,672
89253UAC4 TRADE MAPS 1 LTD 2013-1A B FLOATING 10/D	MONTHLY FLOATING 12/10/2018 190,000.000	190,000	189,926
89346DAE7 TRANSALTA CORP 6.5% BDS 15/MAR/2040 USD1 RATINGS: BAA2 BBB	SEMI-ANN. 6.500% 03/15/2040 699,000.000	727,003	749,209
90269PAA9 UBS-BAMLL TRUST 2012-WRM A 3.663% 10/JUN	MONTHLY 3.663% 06/10/2030 330,000.000	336,578	338,498
90919UAA2 UNISON GROUND LEASE FDG 2010-1-2 C 2010	MONTHLY 5.349% 04/15/2040 275,000.000	294,745	291,445
91830MAG1 VND0 2013-PENN MORTGAGE TRUST 2013-PENN	MONTHLY FLOATING 12/13/2029 330,000.000	337,771	346,559
92976BEA6 WACHOVIA BANK COMMERCIAL MORTGAGE TRUST	MONTHLY FLOATING 01/15/2045 470,000.000	487,038	482,880
94988MAA8 WELLS FARGO COML MTG TR 2013-BTC 3.544%	MONTHLY 3.544% 04/16/2035 190,000.000	195,693	196,458
959802AR0 WESTERN UNION CO/THE CALLABLE NOTES FIXE	SEMI-ANN. 2.875% 12/10/2017 230,000.000	228,869	234,798
959802AP4 WESTERN UNION CO/THE CALLABLE NOTES FIXE	SEMI-ANN. 3.650% 08/22/2018 100,000.000	103,690	103,747
96950FAB0 WILLIAMS PARTNERS LP CALLABLE NOTES FIXE	SEMI-ANN. 3.800% 02/15/2015 235,000.000	249,410	235,672
TOTAL CORPORATE DEBT INSTRUMENTS: ALL OTHER		50,007,913	49,553,286

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
COMMON -----			
000361105 AAR CORP USD1	2,900.000	75,023	80,562
004225108 ACADIA PHARMACEUTICALS INC COMMON STOCK	3,595.000	79,521	114,141
004239109 ACADIA REALTY TRUST SHS BEN INT USD0.001	3,295.000	58,666	105,539
00762W107 ADVISORY BOARD CO USD0.01	3,428.000	166,432	167,903
025676206 AMERICAN EQUITY INVT LIFE HLDG CO USD1	5,375.000	109,501	156,896
035290105 ANIXTER INTERNATIONAL INC USD1	1,135.000	34,964	100,402
043632108 ASCENT CAPITAL GROUP INC SER'A'USD0.01	1,272.000	75,560	67,327
045327103 ASPEN TECHNOLOGY INC USD0.10	4,106.000	150,605	143,792
049164205 ATLAS AIR WORLDWIDE HOLDINGS INC USD0.01	2,850.000	112,827	140,505
05379B107 AVISTA CORP NPV	2,070.000	43,594	73,175
059692103 BANCORPSOUTH INC COM USD2.50	5,725.000	115,732	128,870
073685109 BEACON ROOFING SUPPLY INC USD0.01 A	2,700.000	107,319	75,060
090572207 BIO RAD LABORATORIES INC USD0.0001 A	625.000	22,358	75,350
09063H107 BIOMED REALTY TRUST INC USD0.01	3,750.000	71,893	80,775
09202G101 BLACK DIAMOND INC USD1	1,688.000	17,992	14,770

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
05566U108 BOFI HLDG INC USD0.01	3,727.000	287,936	289,998
100557107 BOSTON BEER CO INC USD0.01 A	675.000	72,918	195,440
126804301 CABELAS INC USD0.01	1,615.000	38,228	85,127
14057J101 CAPITOL FEDERAL FINANCIAL INC USD0.01	5,250.000	62,566	67,095
16359R103 CHEMED CORP CAP USD1	1,025.000	100,619	108,312
171604101 CHUYS HLDGS INC USD0.01	2,389.000	75,242	46,992
207410101 CONMED CORP USD0.01	2,575.000	107,258	115,772
22002T108 CORPORATE OFFICE PROPERTIES TRUST USD0.0	1,365.000	57,563	38,725
237266101 DARLING INGREDIENTS INC	3,575.000	61,642	64,922
243537107 DECKERS OUTDOOR CORP USD0.01	2,798.000	223,119	254,730
25754A201 DOMINOS PIZZA INC USD0.01	3,090.000	103,676	290,985
258278100 DORMAN PRODUCTS INC	1,681.000	88,370	81,142
262037104 DRIL QUIP INC USD0.01	1,926.000	159,403	147,782
26613Q106 DUPONT FABROS TECHNOLOGY USD1	2,640.000	67,693	87,754
27579R104 EAST WEST BANCORP INC USD0.01	4,610.000	68,658	178,453
28140H203 EDUCATION REALTY TRUST INC REIT USD 0.01	2,407.670	74,472	88,097

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
29404K106 ENVESTNET INC USD0.005	4,119.000	174,036	202,408
29414B104 EPAM SYSTEMS INC COMMON STOCK USD 0.001	3,747.000	164,821	178,919
29977A105 EVERCORE PARTNERS INC NPV	3,508.000	175,536	183,714
30066A105 EXAMWORKS GROUP INC USD0.0001	7,732.000	235,124	321,574
30241L109 FEI CO NPV	2,135.000	51,007	192,897
317485100 FINANCIAL ENGINES INC USD0.0001	3,560.000	142,154	130,118
31787A507 FINISAR CORP USD0.001	6,710.000	101,101	130,241
33761N109 FIRSTSERVICE CORP SUB VTG COM NPV	3,435.000	177,786	174,704
33829M101 FIVE BELOW INC USD0.01	2,970.000	115,377	121,265
G35569105 FLEETMATICS GROUP PLC EUR0.015	3,279.000	96,125	116,372
351793104 FRANCESCA'S HLDGS CORP USD0.01	7,052.000	106,683	117,768
35804H106 FRESH MARKET INC (THE) USD0.01	2,457.000	79,628	101,228
302693106 FXCM INC COMMON STOCK USD 0.01	1,083.000	17,748	17,945
37253A103 GENTHERM INC NPV	924.000	35,680	33,837
37364X109 GEOSPACE TECHNOLOGIES CORP USD0.01	950.000	49,433	25,175
37637Q105 GLACIER BANCORP USD0.01	4,605.000	90,288	127,881

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
395259104 GREENHILL & CO INC USD0.01	2,100.000	124,672	91,560
G4095J109 GREENLIGHT CAPITAL RE LTD USD0.10 A	8,448.000	279,809	275,827
422347104 HEARTLAND EXPRESS INC USD0.01	4,400.000	87,518	118,844
42235N108 HEARTLAND PAYMENT SYSTEMS INC USD0.001	3,000.000	129,487	161,850
422806109 HEICO CORP COMMON STOCK USD 0.01	4,536.000	237,325	273,974
423452101 HELMERICH & PAYNE INC USD0.10	735.000	11,273	49,554
431475102 HILL-ROM HOLDINGS INC COM STK NPV	3,875.000	112,590	176,778
443320106 HUB GROUP INC CLASS'A'COM SHS USD0.01	3,000.000	122,952	114,240
447462102 HURON CONSULTING GROUP INC USD0.01	1,395.000	94,656	95,404
451107106 IDACORP INC NPV	1,195.000	37,808	79,097
451734107 IHS INC USD0.01 A	2,272.000	290,484	258,735
45336E109 INCONTACT INC COM STK NPV	12,945.000	103,034	113,787
45384B106 INDEPENDENT BANK GROUP INC USD0.01	953.000	47,482	37,224
457187102 INGREDION INC USD0.01	1,510.000	44,382	128,108
45784P101 INSULET CORPORATION USD0.001	4,803.000	175,661	221,226
457985208 INTEGRA LIFESCIENCES HLDGS CORP USD0.01	3,390.000	147,472	183,840

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
45867G101 INTERDIGITAL INC COM STK USD0.01	556.000	25,751	29,412
44980X109 IPG PHOTONICS CORP USD0.001	1,554.000	98,596	116,426
47102X105 JANUS CAPITAL GROUP INC COM STK USD0.01	9,175.000	75,392	147,993
471109108 JARDEN CORP COM STK NPV	3,993.000	37,054	191,185
485170302 KANSAS CITY SOUTHERN USD0.01	875.000	23,260	106,776
485865109 KATE SPADE & CO COMMON STOCK USD 1	4,335.000	53,401	138,763
515098101 LANDSTAR SYSTEMS INC USD0.01	2,287.000	150,139	165,876
543995625 LOOMIS SAYLES CORE PLUS FIXED INCOME TRU	5,490,071.150	60,000,000	59,951,577
589433101 MEREDITH CORP USD1	1,900.000	67,941	103,208
59001A102 MERITAGE HOMES CORPORATION	2,550.000	107,795	91,775
59522J103 MID-AMERICA APARTMENT COMMUNITIES USD0.0	1,305.000	70,025	97,457
596278101 MIDDLEBY CORP/THE COMMON STOCK USD 0.01	3,383.000	278,667	335,255
553530106 MSC INDUSTRIAL DIRECT CO USD0.001 A	1,055.000	18,733	85,719
624756102 MUELLER INDUSTRIES INC USD0.01	2,690.000	41,172	91,837
63886Q109 NATURAL GAS SERVICES GROUP USD0.01	2,868.000	85,853	66,079
639050103 NATUS MEDICAL INC USD0.001	3,475.000	89,292	125,239

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
62886E108 NCR CORP USD0.01	4,065.000	66,029	118,454
64111Q104 NETGEAR INC USD0.001	2,525.000	97,440	89,840
G6583A102 NORD ANGLIA EDUCATION INC COMMON STOCK U	1,743.000	30,595	33,256
667655104 NORTHWEST NATURAL GAS CO USD3.167	700.000	30,908	34,930
670704105 NUVASIVE INC USD0.001	2,775.000	72,479	130,869
675232102 OCEANEERING INTERNATIONAL INC USD0.25	1,135.000	13,092	66,749
682163100 ON DECK CAPITAL INC COMMON STOCK USD 0.0	358.000	9,790	8,030
690070107 OUTERWALL INC COMMON STOCK USD 0.001	1,725.000	92,786	129,755
695263103 PACWEST BANCORP COM STK NPV	3,971.010	119,968	180,522
699462107 PAREXEL INTERNATIONAL CORP USD0.01	3,405.000	79,740	189,182
703343103 PATRICK INDUSTRIES INC NPV	1,120.000	49,307	49,258
70438V106 PAYLOCITY HOLDING CORP COMMON STOCK USD	3,255.000	67,161	84,988
705573103 PEGASYSTEMS INC USD0.01	6,665.000	74,011	138,432
729132100 PLEXUS CORP USD0.01	2,120.000	45,169	87,365
69344F106 PMC-SIERRA INC COMMON STOCK USD 0.001	17,415.000	119,891	159,521
73278L105 POOL CORP USD0.001	3,470.000	89,131	220,137

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
74112D101 PRESTIGE BRANDS HOLDINGS INC COMMON STOC	4,925.000	67,528	170,996
74164M108 PRIMERICA INC USD0.01	2,598.000	126,596	140,967
742962103 PRIVATEBANCORP INC NPV	4,475.000	130,752	149,465
74587V107 PUMA BIOTECHNOLOGY INC USD0.0001	920.000	120,889	174,128
75606N109 REALPAGE INC USD0.001	3,803.000	81,945	83,514
758750103 REGAL BELOIT CORP USD0.01	940.000	39,063	70,688
76169B102 REXNORD CORP USD0.01	2,757.000	70,383	77,775
74965L101 RLJ LODGING TRUST USD0.01	3,200.000	76,465	107,296
783764103 RYLAND GROUP INC USD1	4,185.000	103,581	161,374
810186106 SCOTTS MIRACLE-GRO CO NPV A	2,425.000	81,208	151,126
82669G104 SIGNATURE BANK COMMON SHS	3,016.000	359,381	379,895
83421A104 SOLERA HOLDINGS INC USD0.01	3,480.000	225,712	178,106
835898107 SOTHEBY'S COMMON STOCK USD 0.01	3,225.000	109,052	139,256
84610H108 SOVRAN SELF STORAGE INC USD0.01	1,675.000	79,045	146,094
78463M107 SPS COMMERCE INC USD0.001	2,633.000	147,713	149,107
85472N109 STANTEC INC COM NPV	1,423.000	44,142	39,019

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
859152100 STERIS CORP NPV	2,740.000	72,909	177,689
860630102 STIFEL FINANCIAL CORP USD0.15	3,935.000	125,537	200,764
78486Q101 SVB FINANCIAL GROUP USD0.001	2,325.000	75,448	269,863
879360105 TELEDYNE TECHNOLOGIES INC USD0.01	1,015.000	23,717	104,281
88224Q107 TEXAS CAPITAL BANCSHARES INC COMMON STOC	2,660.000	107,151	144,518
883211104 TEXTURA CORP USD0.001	1,968.000	38,331	56,029
891092108 TORO CO USD1	1,475.000	13,189	94,120
89469A104 TREEHOUSE FOODS INC COM STK USD0.01	1,175.000	62,912	100,498
896288107 TRINET GROUP INC COMMON STOCK USD 0.0000	5,272.000	140,326	164,908
89674K103 TRIQUINT SEMICONDUCTOR INC COMMON STOCK	13,345.000	75,206	367,655
90385D107 ULTIMATE SOFTWARE GROUP INC/THE COMMON S 0.01	1,855.000	230,528	272,342
902788108 UMB FINANCIAL CORP USD12.50	1,800.000	109,898	102,402
904214103 UMPQUA HOLDINGS CORP USD0.01	6,950.000	121,438	118,220
910710102 UNITED INSURANCE HLDGS CORP USD0.001	1,616.000	31,552	35,471
922280102 VARONIS SYSTEMS INC COMMON STOCK USD 0.0	3,497.000	80,996	114,807
922417100 VEECO FEI INCCOM USD0.01	3,725.000	116,345	129,928

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
92342Y109 VERIFONE SYSTEMS INC	6,244.000	215,386	232,277
92828Q109 VIRTUS INVESTMENT PARTNERS INC USD0.01	1,838.000	355,349	313,361
928298108 VISHAY INTL USD0.10	7,525.000	104,288	106,479
930059100 WADDELL & REED FINANCIAL INC USD0.01 A	4,035.000	112,323	201,024
930427109 WAGEWORKS INC USD0.001	2,110.000	83,421	136,243
941053100 WASTE CONNECTIONS INC USD0.01	6,587.000	303,603	289,762
94419L101 WAYFAIR INC COMMON STOCK USD 0.001	2,247.000	55,825	44,603
947890109 WEBSTER FINANCIAL CORP USD0.01	5,160.000	132,592	167,855
957090103 WESTAMERICA BANCORP NPV	1,860.000	79,634	91,177
97650W108 WINTRUST FINANCIAL CORP NPV	3,100.000	130,988	144,956
98235T107 WRIGHT MEDICAL GROUP INC USD0.01	3,375.000	73,700	90,686
983793100 XPO LOGISTICS INC COM	4,443.000	113,663	181,630
TOTAL COMMON		74,080,767	78,560,701
PARTNERSHIP/JOINT VENTURE INTERESTS -----			
069997526 BARTRAM INTERNATIONAL FUND	3,322,167.180	38,472,448	47,336,953
TOTAL PARTNERSHIP/JOINT VENTURE INTERESTS		38,472,448	47,336,953

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
VALUE OF INTEREST IN COMMON/COLLECTIVE TRUSTS -----			
89599L244 JPMCB STRATEGIC PROPERTY FUND	7,027.290	11,179,216	16,992,020
928991843 JPMORGAN PRIME MMKT - PREMIER SHR FUND 3	MONTHLY VARIABLE 12/31/2049 5,158,269.810	5,158,270	5,158,270
857997977 STATE STR S&P 500 INDEX	155,151.240	37,268,610	72,169,532
TOTAL VALUE OF INTEREST IN COMMON/COLLECTIVE TRUSTS		53,606,095	94,319,822
VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES -----			
277997888 EATON VANCE PARAMETRIC STRUCTURED FUND	1,020,137.760	9,375,066	10,671,049
TOTAL VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES		9,375,066	10,671,049
GENERAL INVESTMENTS - OTHER =====			
STATE AND MUNICIPAL SECURITIES -----			
2511295D0 DETROIT MICH CITY SCH DIST TAXABLE-B-BUI	SEMI-ANN. 7.747% 05/01/2039 805,000.000	870,266	1,066,182
452152GS4 ILLINOIS ST FOR ISSUES DTD PRIOR TO 01/1	SEMI-ANN. 7.350% 07/01/2035 545,000.000	634,500	641,056
658262GE4 NORTH CAROLINA ST ED ASSISTANCE AUTH REV	MONTHLY FLOATING 07/25/2039 239,556.830	238,995	239,260
717883LV2 PHILADELPHIA PA SCH DIST TAXABLE-SER A-Q	SEMI-ANN. 5.995% 09/01/2030 325,000.000	325,000	349,336
83754LAS6 SOUTH DAKOTA EDL ENHANCEMENT FDG CORP TO	SEMI-ANN. 3.539% 06/01/2022 280,000.000	280,579	280,426
840555CZ7 SOUTH TEXAS HIGHER ED AUTH INC STUDENT L	QUARTERLY FLOATING 10/01/2024 275,000.000	265,915	276,702

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
888808DG4 TOBACCO SETTLEMENT FING CORP N J RFDG-SU	SEMI-ANN. 0.000% 06/01/2041 2,775,000.000	672,938	662,282
888808DH2 TOBACCO SETTLEMENT FING CORP N J RFDG-SU	SEMI-ANN. 0.000% 06/01/2041 775,000.000	184,063	182,009
917546HX4 UTAH ST BRD REGENTS STUDENT LN REV RFDG	QUARTERLY FLOATING 05/01/2029 183,484.810	178,676	184,378
TOTAL STATE AND MUNICIPAL SECURITIES		3,650,930	3,881,631
OTHER SECURITIES -----			
LEHESCR LEHMAN ESCROW RECEIPT	24,609.380	0	6,398
TOTAL OTHER SECURITIES		0	6,398
TOTAL GENERAL INVESTMENTS - OTHER		3,650,930	3,888,029
		=====	=====
TOTAL GENERAL INVESTMENTS		241,713,758	297,599,209
		-----	-----
		-----	-----

IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
OTHER LIABILITIES				

OVERDRAFTS				

CASH	CASH	(6,032.500)	(6,033)	(6,033)
TOTAL OVERDRAFTS			(6,033)	(6,033)
TOTAL PAYABLES FOR SECURITIES PURCHASED			(19,666)	(19,666)
TOTAL OTHER LIABILITIES			(25,698)	(25,698)
			-----	-----
			-----	-----

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST OF ACQUISITION	PROCEEDS FROM DISPOSITION
CORPORATE DEBT INSTRUMENTS -----			
03879QAE4 ARC PROPERTIES OPERATING PARTNERSHIP LP/	SEMI-ANN. 4.600% 02/06/2024 625,000.000	(624,006)	635,982
60682VAA8 MITSUBISHI UFJ TRUST & BANKING CORP NOTE	SEMI-ANN. 1.600% 10/16/2017 245,000.000	(244,836)	243,471
86960BAE2 SVENSKA HANDELSBANKEN AB MEDIUM TERM NOT	SEMI-ANN. 2.500% 01/25/2019 380,000.000	(384,161)	386,715
TOTAL CORPORATE DEBT INSTRUMENTS		(1,253,003)	1,266,168
COMMON -----			
004498101 ACI WORLDWIDE INC USD0.005	1,400.000	(89,134)	76,135
00508X203 ACTUANT CORP USD0.20 A	2,600.000	(90,821)	92,267
005125109 ACXION CORP USD0.10	2,860.000	(103,712)	70,657
02043Q107 ALNYLAM PHARMACEUTICALS INC USD0.01	1,374.000	(106,009)	75,183
034164103 ANDERSONS INC NPV	1,170.000	(73,285)	59,469
03937C105 ARCBEST CORP COMMON STOCK USD 0.01	2,180.000	(79,362)	91,895
05334D107 AUXILIUM PHARMACEUTICALS INC COMMON STOC	2,020.000	(57,324)	45,057
067806109 BARNES GROUP INC USD0.01	2,829.000	(104,371)	104,272
15135B101 CENTENE CORP(DEL) USD0.001	1,500.000	(94,910)	108,452
15670R107 CEPHEID COMMON STOCK USD 0	2,480.000	(119,768)	111,415

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST OF ACQUISITION	PROCEEDS FROM DISPOSITION
159179100 CHANNELADVISOR CORP USD0.001	1,830.000	(80,870)	51,258
206708109 CONCUR TECHNOLOGIES INC COMMON STOCK EUR	1,145.000	(95,413)	145,485
210313102 CONSTANT CONTACT INC USD0.01	3,620.000	(96,949)	103,584
21249J105 CONVERSANT INC COMMON STOCK 0.001	4,440.000	(105,303)	107,891
235825205 DANA HOLDING CORP USD0.01	4,250.000	(95,903)	93,073
242309102 DEALERTRACK TECHNOLOGIES INC	1,670.000	(77,707)	65,907
248019101 DELUXE CORP USD1	1,590.000	(88,244)	86,537
252603105 DIAMOND FOODS INC NPV	1,194.000	(36,821)	38,280
233377407 DXP ENTERPRISES INC USD0.01	1,100.000	(101,561)	79,327
29089Q105 EMERGENT BIOSOLUTIONS USD0.001	2,510.000	(63,243)	53,029
29251M106 ENANTA PHARMACEUTICALS INC USD0.01	1,990.000	(78,056)	76,204
29275Y102 ENERSYS COMMON STOCK USD 0.01	1,380.000	(96,294)	94,864
297425100 ESTERLINE TECHNOLOGIES CORP USD0.20	680.000	(74,139)	74,920
311642102 FARO TECHNOLOGIES INC USD0.001	1,421.000	(61,343)	73,776
40418F108 HFF INC USD0.01 A	2,530.000	(70,914)	82,833
436893200 HOME BANCSHARES INC USD0.01	3,423.000	(107,183)	108,054

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST OF ACQUISITION	PROCEEDS FROM DISPOSITION
44047T109 HORIZON PHARMA INC USD0.0001	4,380.000	(55,353)	64,199
45824V209 INSYS THERAPEUTICS INC USD0.0002145	1,064.500	(36,851)	32,144
458334109 INTER PARFUMS INC USD0.001	1,030.000	(37,342)	29,890
460254105 INTERNATIONAL RECTIFIER CORP COMMON STOC	3,430.000	(95,243)	92,213
461203101 INVACARE CORP NPV	3,040.000	(72,113)	49,838
477143101 JETBLUE AIRWAYS CORP USD0.01	10,810.000	(97,906)	107,024
48123V102 J2 GLOBAL INC COMMON STOCK USD 0.01	1,850.000	(89,006)	86,348
493732101 KFORCE INC USD0.01	3,330.000	(73,734)	72,088
53224V100 LIFELOCK INC USD0.001	5,470.000	(108,411)	82,297
538034109 LIVE NATION ENTERTAINMENT INC USD0.01	4,680.000	(102,772)	109,502
562750109 MANHATTAN ASSOCIATES INC USD0.01	1,120.000	(36,449)	36,426
68372A104 OPENTABLE INC COMMON STOCK EUR 0.0001	970.000	(80,041)	70,607
667743107 ORIENT EXPRESS HOTELS LTD USD0.01	6,720.000	(103,755)	89,836
69336V101 PGT INC NPV	7,212.000	(83,140)	63,094
724078100 PIPER JAFFRAY COMPANIES USD0.01	1,363.000	(60,883)	60,219
76132B106 RETAILMENOT INC USD0.001	5,126.000	(131,887)	88,814

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST OF ACQUISITION	PROCEEDS FROM DISPOSITION
781220108 RUCKUS WIRELESS INC COMMON STOCK USD 0.0	5,394.000	(81,880)	62,865
786692103 SAGENT PHARMACEUTICALS INC USD0.01	3,240.000	(71,249)	71,074
80908T101 SCIQUEST INC. USD0.001	3,280.000	(99,923)	52,480
835451105 SONIC CORP USD0.01	3,200.000	(66,545)	65,544
84649R200 SPANSION INC COMMON STOCK 0.001	5,070.000	(90,385)	99,434
853666105 STANDARD MOTOR PRODUCTS INC USD2	835.000	(33,623)	34,381
861642106 STONE ENERGY CORP USD0.01	1,670.000	(78,328)	71,330
G8827U100 THIRD POINT REINSURANCE LTD USD0.1	6,162.000	(100,732)	93,912
89600B201 TRIANGLE PETROLEUM CORP USD0.00001	9,350.000	(88,505)	91,104
92343X100 VERINT SYSTEMS INC USD0.001	2,060.000	(88,963)	95,087
92886T201 VONAGE HOLDINGS CORP USD0.001	24,306.000	(98,079)	85,599
98954A107 ZILLOW INC USD0.0001	333.000	(39,086)	43,624
TOTAL COMMON		(4,450,819)	4,170,792
TOTAL GENERAL INVESTMENTS		(5,703,822)	5,436,960

**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 <u>Mckesson Corporation Retirement Plan</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Mckesson Corporation</u>	D Employer Identification Number (EIN) <u>94-3207296</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	<u>303,152,056</u>	
b Actuarial value	2b	<u>287,580,245</u>	
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.....	<u>5,463</u>	<u>199,430,173</u>	<u>199,430,173</u>
b For terminated vested participants.....	<u>3,029</u>	<u>76,971,862</u>	<u>76,971,862</u>
c For active participants.....	<u>947</u>	<u>19,257,691</u>	<u>19,966,258</u>
d Total.....	<u>9,439</u>	<u>295,659,726</u>	<u>296,368,293</u>
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	<u>6.34 %</u>	
6 Target normal cost	6	<u>2,600,000</u>	

Statement by Enrolled Actuary

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

**SIGN
HERE**Sukhjit Bhullar SB

Signature of actuary

9/22/2015

Date

Sukhjit S. Bhullar

Type or print name of actuary

14-07814

Most recent enrollment number

Hewitt Associates LLC

Firm name

(415) 486-7000

Telephone number (including area code)

199 Fremont St., Suite 1500San Francisco CA 94105

Address of the firm

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

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

Schedule SB (Form 5500) 2014
v. 140124

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	2,971,154
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2,933,640
9 Amount remaining (line 7 minus line 8)	0	37,514
10 Interest on line 9 using prior year's actual return of <u>13.35%</u>	0	5008
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1431115
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>6.5%</u>		191054
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		1622169
d Portion of (c) to be added to prefunding balance		1622169
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	1664691

Part III Funding Percentages

14 Funding target attainment percentage	14	96.47 %
15 Adjusted funding target attainment percentage	15	96.47 %
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	95.09 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2014	1,989,989				
07/11/2014	1,989,989				
01/12/2015	100,000				
09/14/2015	825,000				
Totals ▶			18(b)	4,904,978	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	4,720,690

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	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 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	2,600,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	10,452,739		3,772,756
b Waiver amortization installment.....	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	6,372,756	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	1,664,691	1,664,691
36 Additional cash requirement (line 34 minus line 35)	36	4,708,065	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	4,720,690	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	12,625	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	12,625	
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 SB Attachment (Form 5500)—2014 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.34%	Interest Adjusted Contribution
April 11, 2014	\$ 1,989,989	100	\$ 1,956,755
July 11, 2014	1,989,989	191	1,926,995
January 12, 2015	100,000	376	93,864
September 14, 2015	825,000	621	743,076
Total Contribution	\$ 4,904,978		\$ 4,720,690

Schedule SB Attachment (Form 5500)—2014 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.0	5.00%	1.0000	2.78
56.0	5.00%	0.9500	2.68
57.0	5.00%	0.9025	2.59
58.0	5.00%	0.8574	2.51
59.0	5.00%	0.8145	2.42
60.0	5.00%	0.7738	2.34
61.0	5.00%	0.7351	2.26
62.0	20.00%	0.6983	8.73
63.0	20.00%	0.5587	7.10
64.0	20.00%	0.4469	5.77
65.0	50.00%	0.3575	11.71
66.0	50.00%	0.1788	5.94
67.0	50.00%	0.0894	3.02
68.0	50.00%	0.0447	1.53
69.0	50.00%	0.0223	0.78
70.0	100.00%	0.0112	0.78
Weighted Average			62.94

Schedule SB Attachment (Form 5500)—2014 Plan Year

McKesson Corporation Retirement Plan

EIN: 94-3207296 PN: 001

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

Actuarial Assumptions and Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA

1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization

1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%

Optional Payment Form Election Percentage

McKesson and NDCHealth: 100% Life Annuity

Moore Medical: 50% elect Lump Sum and 50% elect 50% Joint and Survivor

Optional Payment Form Conversion Interest Rate

Same as funding interest rate above for lump sums

Optional Payment Form Conversion Mortality

Current 417(e) table for lump sums

Retirement Age

Active Participants	See Table 1
Terminated Vested Participants	Age 62

Mortality Rates

Healthy and Disabled

2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)

Withdrawal Rates

See Tables 2–3

Schedule SB Attachment (Form 5500)—2014 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

For ERISA Requirements

Disability Rates	See Table 4
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are Three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2012 Plan Year	8.00%, limited to 7.52%
2013 Plan Year	7.25%, limited to 7.16%
Trust Expenses Included in Target Normal Cost	\$2,600,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Actuarial Assumptions

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62	20.00%
63	20.00%
64	20.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Table 2—Page 1 of 2

Withdrawal Rates (Exempt)

Age	Years of Service		
	0-1	2	3+
15	25.00%	20.00%	13.20%
16	25.00%	20.00%	13.20%
17	25.00%	20.00%	13.20%
18	25.00%	20.00%	13.20%
19	25.00%	20.00%	13.20%
20	25.00%	20.00%	13.20%
21	25.00%	20.00%	13.20%
22	25.00%	20.00%	13.20%
23	25.00%	20.00%	13.20%
24	25.00%	20.00%	13.20%
25	25.00%	20.00%	13.20%
26	25.00%	20.00%	13.00%
27	25.00%	20.00%	12.80%
28	25.00%	20.00%	12.40%
29	25.00%	20.00%	12.00%
30	25.00%	20.00%	11.60%
31	25.00%	20.00%	11.20%
32	25.00%	20.00%	10.80%
33	25.00%	20.00%	10.40%
34	25.00%	20.00%	10.00%
35	25.00%	20.00%	9.60%
36	25.00%	20.00%	9.20%
37	25.00%	20.00%	8.80%
38	25.00%	20.00%	8.60%
39	25.00%	20.00%	8.40%
40	25.00%	20.00%	8.20%
41	24.00%	19.00%	8.00%
42	23.00%	18.00%	7.80%
43	22.00%	17.00%	7.60%
44	21.00%	16.00%	7.40%

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Withdrawal Rates (Exempt)

Age	Years of Service		
	0-1	2	3+
45	20.00%	15.00%	7.20%
46	20.00%	15.00%	7.00%
47	20.00%	15.00%	6.80%
48	20.00%	15.00%	6.60%
49	20.00%	15.00%	6.40%
50	20.00%	15.00%	6.40%
51	20.00%	15.00%	6.00%
52	20.00%	15.00%	5.60%
53	20.00%	15.00%	5.20%
54	20.00%	15.00%	4.80%
55+	20.00%	15.00%	4.40%

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Withdrawal Rates (Non-Exempt)

Age	Years of Service		
	0-1	2	3+
15	25.00%	20.00%	0.00%
16	25.00%	20.00%	0.00%
17	25.00%	20.00%	0.00%
18	25.00%	20.00%	16.40%
19	25.00%	20.00%	16.40%
20	25.00%	20.00%	16.40%
21	25.00%	20.00%	16.40%
22	25.00%	20.00%	16.40%
23	25.00%	20.00%	16.40%
24	25.00%	20.00%	16.40%
25	25.00%	20.00%	16.40%
26	25.00%	20.00%	16.00%
27	25.00%	20.00%	15.60%
28	25.00%	20.00%	15.20%
29	25.00%	20.00%	14.80%
30	25.00%	20.00%	14.40%
31	25.00%	20.00%	14.00%
32	25.00%	20.00%	13.60%
33	25.00%	20.00%	13.20%
34	25.00%	20.00%	12.80%
35	25.00%	20.00%	12.40%
36	25.00%	20.00%	12.00%
37	25.00%	20.00%	11.60%
38	25.00%	20.00%	11.20%
39	25.00%	20.00%	10.80%
40	25.00%	20.00%	10.40%
41	24.00%	19.00%	10.00%
42	23.00%	18.00%	9.60%
43	22.00%	17.00%	9.20%
44	21.00%	16.00%	8.80%

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Withdrawal Rates (Non-Exempt)

Age	Years of Service		
	0-1	2	3+
45	20.00%	15.00%	8.40%
46	20.00%	15.00%	8.00%
47	20.00%	15.00%	7.60%
48	20.00%	15.00%	7.20%
49	20.00%	15.00%	6.80%
50	20.00%	15.00%	6.40%
51	20.00%	15.00%	6.00%
52	20.00%	15.00%	5.60%
53	20.00%	15.00%	5.20%
54	20.00%	15.00%	4.80%
55+	20.00%	15.00%	4.40%

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Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.10%	0.10%	45	0.50%	0.66%
16	0.10%	0.10%	46	0.50%	0.66%
17	0.10%	0.10%	47	0.50%	0.66%
18	0.10%	0.10%	48	0.50%	0.66%
19	0.10%	0.10%	49	0.50%	0.66%
20	0.10%	0.10%	50	1.00%	0.88%
21	0.10%	0.10%	51	1.00%	0.88%
22	0.10%	0.10%	52	1.00%	0.88%
23	0.10%	0.10%	53	1.00%	0.88%
24	0.10%	0.10%	54	1.00%	0.88%
25	0.10%	0.10%	55	1.62%	1.26%
26	0.10%	0.10%	56	1.62%	1.26%
27	0.10%	0.10%	57	1.62%	1.26%
28	0.10%	0.10%	58	1.62%	1.26%
29	0.10%	0.10%	59	1.62%	1.26%
30	0.10%	0.15%	60+	2.15%	1.33%
31	0.10%	0.15%			
32	0.10%	0.15%			
33	0.10%	0.15%			
34	0.10%	0.15%			
35	0.18%	0.30%			
36	0.18%	0.30%			
37	0.18%	0.30%			
38	0.18%	0.30%			
39	0.18%	0.30%			
40	0.24%	0.42%			
41	0.24%	0.42%			
42	0.24%	0.42%			
43	0.24%	0.42%			
44	0.24%	0.42%			

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Schedule SB, Part V—Summary of Plan Provisions

Plan Provisions

Effective Date	January 1, 1972. Amended and restated as of January 1, 2008. Plan most recently amended (Amendment No. 1) effective January 1, 2010.
Eligibility	Regular employees not covered by a union who attained age 21 and completed one year of service plan hired prior to December 31, 1996 (the Freeze Date). Includes Armor All employees for service prior to the sale of Armor All, effective December 31, 1996. Includes Ephrata employees for service prior to the Sale of Ephrata Diamond Spring Water Company, effective December 31, 2003. Includes former participants in the Moore Medical Corporation Plan as of December 31, 2006 and former participants in the NDCHealth Plan as of December 31, 2007.
Normal Retirement Eligibility	Termination of employment on or after the Normal Retirement Date.
Benefit	Monthly Retirement Allowance determined as of Normal Retirement Date. Benefits are frozen as of the Freeze Date.

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Early Retirement

Eligibility

Attainment of age 55 and the completion of 10 years of service (5 years for Moore Medical and 15 years for NDCHealth).

Benefit

The monthly early retirement benefit is calculated as the normal retirement benefit, reduced by multiplying the following factors:

1. 0.3% for each month between age 65 and Normal Retirement Date, subtracted from 100%, and further multiplied by
2. 0.3% for each month that early retirement precedes age 65, subtracted from 100%.

Ephrata reduction: 0.5% for each month for the first 5 years and 0.25% for each month for the next 5 years that early retirement precedes normal retirement.

Moore Medical reduction: 1/15 for each of the first 5 years and 1/30 for each of the next 5 years that early retirement precedes normal retirement.

NDCHealth reduction: 5/9 of 1% for each of the first 60 months and 5/18 of 1% for the next 60 months. The offset benefit is also reduced actuarially for each additional month retirement precedes Social Security Retirement Age.

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Deferred Vested Benefit

Eligibility

Termination with five years of service.

Benefit

The amount of the deferred vested benefit equals the Accrued Pension payable at Normal Retirement Date, or reduced by multiplying the following factors:

1. 0.3% for each month between age 65 and Normal Retirement Date, subtracted from 100%, and further multiplied by
2. 0.5% for each month between the date payments commence and age 65, subtracted from 100%.

Reductions for former Ephrata, Moore Medical and NDCHealth participants are the same as for Early Retirement.

Late Retirement

Eligibility

Any time after eligibility for normal retirement.

Benefit

McKesson and NDCHealth: The monthly Late Retirement benefit is calculated as the normal retirement benefit, using credited service and final average earnings as of the earlier of the late retirement date and the Freeze Date.

Moore Medical: Actuarial Equivalent increase.

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Disability

Eligibility

Attainment of age 35 or after completing 5 years of service.

Moore Medical participants: Total and Permanent Disability for 6 consecutive months. NDCHealth participants: Rate of 40 (age plus service), eligible for LTD plan, and Total and Permanent Disability for 12 consecutive months.

Benefit

If eligible for Social Security Disability, the benefit is determined in the same manner as the Monthly Pension Benefit with the following exceptions: creditable service continues to accrue to the earlier of the Freeze Date and normal retirement age; earnings for final average pay during disability will be computed by using the annual rate at the time of disability; covered compensation is determined at the earlier of the Freeze Date and the time of disability.

If not eligible for Social Security Disability, then no benefit is earned during disability. Vesting service, however, continues to accrue.

Moore Medical participants: Monthly pension benefit for life with 10 years certain.

NDCHealth participants: Credited service cease accrual. However, earnings are projected level forward to age 65 from the amount earned in the year-preceding disablement.

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Preretirement Spouse Benefit

Eligibility

Death while eligible for deferred vested, early, normal, or late retirement benefits, with a surviving spouse.

Ephrata participants: death regardless of existence of a surviving spouse.

Benefit

Monthly preretirement spouse benefit shall be determined as follows:

1. For a participant who dies after age 50 with ten years of service, age 65 with five years of service, or ten years of service and age plus service of 60 or more at the date of death, the spouse receives a benefit equal to 50% of the amount that would have been payable to the participant as a single life annuity, determined as if the first day of the month following his death were his Normal Retirement Date.
2. For a participant with age plus service at date of death equals 51 or more, with 10 or more years of service, and not eligible for (1) above, the spouse receives the benefit described in (1), reduced 10% multiplied by the amount by which the sum of age plus service is less than 60.
3. For vested participants not eligible for any of the above benefits, the spouse receives a benefit equals 50% of the accrued pension, reduced to a 50% contingent annuity basis, and reduced for early retirement at age 55, payable commencing on the date the participant would have attained age 55, had he survived.

Ephrata, Moore Medical and NDCHealth preretirement survivor benefit shall be the amount payable as a survivor annuity under the joint and 50% survivor annuity provisions if the participant had terminated on the date of death, retired at the earliest retirement age, and then died.

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Normal Form of Payment

Married Participants

50% joint and survivor annuity.

Unmarried Participants

Life annuity.

Moore Medical participants: Life annuity with 10 years certain.

Optional Form of Payment

100%, 75%, 66-2/3%, or 50% joint and survivor annuity, a level income annuity, or (for married participant) a life annuity; lump sum (up to \$10,000).

Ephrata Optional Forms also include a Life Annuity with 5 year and 10 year certain periods and lump sums less than \$10,000, but exclude the level income annuity.

Moore Medical Optional Forms include 15, 10 or 5 year certain and life annuities and also a lump sum payment option.

NDCHealth Optional Forms also include 10 year certain and life a lump sum payment option (up to \$5,000) but excludes the level income annuity and the 66-2/3% joint and survivor annuity.

Definitions

Plan Year

January 1 to December 31.

Service

All continuous employment, (back to original date of hire for acquisitions) determined under the elapsed time method.

Creditable Service

Full year for Plan Year participant is credited with 2000 or more hours of service. Partial years equal to ratio of hours of service credited in Plan Year 2000. Creditable service was frozen on the Freeze Date.

Covered Compensation

The 35-year average of Social Security wage bases ending in the year Social Security Retirement Age is attained.

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Compensation	Compensation includes scheduled base pay, bonuses, overtime pay, and commissions paid during the calendar year. Effective January 1, 1994, compensation cannot exceed \$150,000, as indexed. For participants whose earnings exceeded this amount prior to 1994, there is a minimum benefit equal to the December 31, 1993 accrued benefit plus the formula benefit for service after January 1, 1994.
Final Average Pay	(1) Average monthly compensation of the five consecutive years out of the last fifteen years when compensation were highest. If an employee worked for less than five years, the average of compensation during the period of employment is used. (2) Final average pay was frozen on the Freeze Date.
Normal Retirement Date	First of the month coinciding with or next following the Social Security Retirement Age with five years of service. First of the month following age 65 for Ephrata and Moore Medical and NDCHealth.
Retirement Allowance	0.9% of Final Average Pay up to Covered Compensation plus 1.4% of Final Average Pay over Covered Compensation, times Creditable Service up to 30 years. Not less than the benefit accrued to December 31, 1989 under the prior formula.
Monthly Ephrata Pension Benefit	Sum of 1% of Average Monthly Compensation for each year of Service. Benefit accruals were frozen as of April 15, 1999. Effective April 15, 1999, all participants are 100% vested in their accrued benefit.
Monthly Moore Medical Pension Benefit	1.25% of Average Annual Compensation plus 0.6% of Average Annual Compensation in excess of Covered Compensation per year of Credited Service, to a maximum of 25 years. Calculated at the earlier of separation from service or the Freeze Date.
Contributions	All contributions are made by the company, employee contributions are not required.

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Actuarial Equivalent

Factors listed in Appendix 1 for joint and survivor annuities. For other forms, based on the 1994 Group Annuity Reserving Table in IRS Revenue Ruling 2001-62 and the annual rate of interest on 30 year Treasury securities for the third month preceding the month of determination.

Monthly NDCHealth Pension Benefit

1.65% of Final Average Earnings (FAE) per year of Credited Service (up to 35 Years) less 0.75% of the participant's Integration Level per year of Credited Service (up to 35 years) reduced by 5/9 of 1% for each month retirement precedes the participant's Social Security Normal Retirement age.

The amount above is based on Credited Service at July 31, 1998, FAE and Integration Level at December 31, 1998 and multiplied by the ratio of FAE at June 1, 2003 to FAE at December 31, 1998.

Freeze Date

December 31, 1996; April 15, 1999 for Ephrata; April 1, 2004 for Moore Medical; July 31, 1998 for NDCHealth.

Changes

Effective December 31, 2006, the Moore Medical Corporation Defined Benefit Pension Plan was merged into the McKesson Corporation Retirement Plan.

Effective December 31, 2007, the NDC Health Corporation Employees' Retirement Plan was merged into the Retirement Plan.

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Integration Level (NDCHealth)

The lesser of the three-year final average FICA Compensation (highest consecutive three calendar years) and Covered Compensation determined as of the date of termination. Frozen as of December 31, 1998.

- (1) NDCHealth: Total compensation actually paid during a calendar year plus 401(k) contributions and Section 125 deferrals limited by the IRC Section 401(a)(17) limit for purposes of determining retirement benefit. Compensation after June 30, 2003 is not considered.
- (2) NDCHealth: Average of the highest five consecutive annual earnings during the last ten years preceding termination (or December 31, 1998 if earlier).

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- A change in the mortality basis for lump sum payments from the 2013 plan year 417(e)(3) mortality table to the 2014 plan year 417(e)(3) mortality table.
- Effective January 1, 2014, an increase in the annual maximum benefit limit under IRC §415 from \$205,000 in 2013 to \$210,000 in 2014.
- Effective January 1, 2014 an increase in the annual pay limit under IRC Section 401(a)(17) from \$255,000 in 2013 to \$260,000 in 2014.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 24—Change in Actuarial Assumptions

A change in the retirement age assumption to better reflect estimated future experience.

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Attained Age	Years of Credited Service and Accrued Benefit									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				3						
35-39				6	10	2				
40-44				12	37 \$709	25 \$1,070	1			
45-49				12	51 \$1,171	65 \$1,733	32 \$2,999	3		
50-54				9	47 \$897	79 \$1,717	83 \$2,878	30 \$4,614	6	
55-59				14	37 \$1,473	56 \$1,895	41 \$4,024	48 \$5,504	23 \$6,751	6
60-64			1	1	20 \$1,666	39 \$2,592	33 \$4,074	24 \$6,305	17	15
65-69			1	5	7	10	13	4	4	6
70+						1	4	1	1	2

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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 29,860,927	January 1, 2011	4	\$ 8,019,029
Shortfall	\$ (19,134,377)	January 1, 2012	5	\$ (4,208,341)
Shortfall	\$ 359,873	January 1, 2013	6	\$ 68,121
Shortfall	\$ (633,684)	January 1, 2014	7	\$ (106,053)

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Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.34%	Interest Adjusted Contribution
April 11, 2014	\$ 1,989,989	100	\$ 1,956,755
July 11, 2014	1,989,989	191	1,926,995
January 12, 2015	100,000	376	93,864
September 14, 2015	825,000	621	743,076
Total Contribution	\$ 4,904,978		\$ 4,720,690

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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.0	5.00%	1.0000	2.78
56.0	5.00%	0.9500	2.68
57.0	5.00%	0.9025	2.59
58.0	5.00%	0.8574	2.51
59.0	5.00%	0.8145	2.42
60.0	5.00%	0.7738	2.34
61.0	5.00%	0.7351	2.26
62.0	20.00%	0.6983	8.73
63.0	20.00%	0.5587	7.10
64.0	20.00%	0.4469	5.77
65.0	50.00%	0.3575	11.71
66.0	50.00%	0.1788	5.94
67.0	50.00%	0.0894	3.02
68.0	50.00%	0.0447	1.53
69.0	50.00%	0.0223	0.78
70.0	100.00%	0.0112	0.78
Weighted Average			62.94

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

Actuarial Assumptions and Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA

1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization

1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%

Optional Payment Form Election Percentage

McKesson and NDCHealth: 100% Life Annuity

Moore Medical: 50% elect Lump Sum and 50% elect 50% Joint and Survivor

Optional Payment Form Conversion Interest Rate

Same as funding interest rate above for lump sums

Optional Payment Form Conversion Mortality

Current 417(e) table for lump sums

Retirement Age

Active Participants	See Table 1
Terminated Vested Participants	Age 62

Mortality Rates

Healthy and Disabled

2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)

Withdrawal Rates

See Tables 2–3

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For ERISA Requirements

Disability Rates	See Table 4
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are Three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2012 Plan Year	8.00%, limited to 7.52%
2013 Plan Year	7.25%, limited to 7.16%
Trust Expenses Included in Target Normal Cost	\$2,600,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2014

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Actuarial Assumptions

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62	20.00%
63	20.00%
64	20.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

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Withdrawal Rates (Exempt)

Age	Years of Service		
	0-1	2	3+
15	25.00%	20.00%	13.20%
16	25.00%	20.00%	13.20%
17	25.00%	20.00%	13.20%
18	25.00%	20.00%	13.20%
19	25.00%	20.00%	13.20%
20	25.00%	20.00%	13.20%
21	25.00%	20.00%	13.20%
22	25.00%	20.00%	13.20%
23	25.00%	20.00%	13.20%
24	25.00%	20.00%	13.20%
25	25.00%	20.00%	13.20%
26	25.00%	20.00%	13.00%
27	25.00%	20.00%	12.80%
28	25.00%	20.00%	12.40%
29	25.00%	20.00%	12.00%
30	25.00%	20.00%	11.60%
31	25.00%	20.00%	11.20%
32	25.00%	20.00%	10.80%
33	25.00%	20.00%	10.40%
34	25.00%	20.00%	10.00%
35	25.00%	20.00%	9.60%
36	25.00%	20.00%	9.20%
37	25.00%	20.00%	8.80%
38	25.00%	20.00%	8.60%
39	25.00%	20.00%	8.40%
40	25.00%	20.00%	8.20%
41	24.00%	19.00%	8.00%
42	23.00%	18.00%	7.80%
43	22.00%	17.00%	7.60%
44	21.00%	16.00%	7.40%

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Withdrawal Rates (Exempt)

Age	Years of Service		
	0-1	2	3+
45	20.00%	15.00%	7.20%
46	20.00%	15.00%	7.00%
47	20.00%	15.00%	6.80%
48	20.00%	15.00%	6.60%
49	20.00%	15.00%	6.40%
50	20.00%	15.00%	6.40%
51	20.00%	15.00%	6.00%
52	20.00%	15.00%	5.60%
53	20.00%	15.00%	5.20%
54	20.00%	15.00%	4.80%
55+	20.00%	15.00%	4.40%

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Withdrawal Rates (Non-Exempt)

Age	Years of Service		
	0-1	2	3+
15	25.00%	20.00%	0.00%
16	25.00%	20.00%	0.00%
17	25.00%	20.00%	0.00%
18	25.00%	20.00%	16.40%
19	25.00%	20.00%	16.40%
20	25.00%	20.00%	16.40%
21	25.00%	20.00%	16.40%
22	25.00%	20.00%	16.40%
23	25.00%	20.00%	16.40%
24	25.00%	20.00%	16.40%
25	25.00%	20.00%	16.40%
26	25.00%	20.00%	16.00%
27	25.00%	20.00%	15.60%
28	25.00%	20.00%	15.20%
29	25.00%	20.00%	14.80%
30	25.00%	20.00%	14.40%
31	25.00%	20.00%	14.00%
32	25.00%	20.00%	13.60%
33	25.00%	20.00%	13.20%
34	25.00%	20.00%	12.80%
35	25.00%	20.00%	12.40%
36	25.00%	20.00%	12.00%
37	25.00%	20.00%	11.60%
38	25.00%	20.00%	11.20%
39	25.00%	20.00%	10.80%
40	25.00%	20.00%	10.40%
41	24.00%	19.00%	10.00%
42	23.00%	18.00%	9.60%
43	22.00%	17.00%	9.20%
44	21.00%	16.00%	8.80%

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Withdrawal Rates (Non-Exempt)

Age	Years of Service		
	0-1	2	3+
45	20.00%	15.00%	8.40%
46	20.00%	15.00%	8.00%
47	20.00%	15.00%	7.60%
48	20.00%	15.00%	7.20%
49	20.00%	15.00%	6.80%
50	20.00%	15.00%	6.40%
51	20.00%	15.00%	6.00%
52	20.00%	15.00%	5.60%
53	20.00%	15.00%	5.20%
54	20.00%	15.00%	4.80%
55+	20.00%	15.00%	4.40%

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Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.10%	0.10%	45	0.50%	0.66%
16	0.10%	0.10%	46	0.50%	0.66%
17	0.10%	0.10%	47	0.50%	0.66%
18	0.10%	0.10%	48	0.50%	0.66%
19	0.10%	0.10%	49	0.50%	0.66%
20	0.10%	0.10%	50	1.00%	0.88%
21	0.10%	0.10%	51	1.00%	0.88%
22	0.10%	0.10%	52	1.00%	0.88%
23	0.10%	0.10%	53	1.00%	0.88%
24	0.10%	0.10%	54	1.00%	0.88%
25	0.10%	0.10%	55	1.62%	1.26%
26	0.10%	0.10%	56	1.62%	1.26%
27	0.10%	0.10%	57	1.62%	1.26%
28	0.10%	0.10%	58	1.62%	1.26%
29	0.10%	0.10%	59	1.62%	1.26%
30	0.10%	0.15%	60+	2.15%	1.33%
31	0.10%	0.15%			
32	0.10%	0.15%			
33	0.10%	0.15%			
34	0.10%	0.15%			
35	0.18%	0.30%			
36	0.18%	0.30%			
37	0.18%	0.30%			
38	0.18%	0.30%			
39	0.18%	0.30%			
40	0.24%	0.42%			
41	0.24%	0.42%			
42	0.24%	0.42%			
43	0.24%	0.42%			
44	0.24%	0.42%			

Schedule SB Attachment (Form 5500)—2014 Plan Year
McKesson Corporation Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

Plan Provisions

Effective Date	January 1, 1972. Amended and restated as of January 1, 2008. Plan most recently amended (Amendment No. 1) effective January 1, 2010.
Eligibility	Regular employees not covered by a union who attained age 21 and completed one year of service plan hired prior to December 31, 1996 (the Freeze Date). Includes Armor All employees for service prior to the sale of Armor All, effective December 31, 1996. Includes Ephrata employees for service prior to the Sale of Ephrata Diamond Spring Water Company, effective December 31, 2003. Includes former participants in the Moore Medical Corporation Plan as of December 31, 2006 and former participants in the NDCHealth Plan as of December 31, 2007.
Normal Retirement Eligibility	Termination of employment on or after the Normal Retirement Date.
Benefit	Monthly Retirement Allowance determined as of Normal Retirement Date. Benefits are frozen as of the Freeze Date.

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Early Retirement

Eligibility

Attainment of age 55 and the completion of 10 years of service (5 years for Moore Medical and 15 years for NDCHealth).

Benefit

The monthly early retirement benefit is calculated as the normal retirement benefit, reduced by multiplying the following factors:

1. 0.3% for each month between age 65 and Normal Retirement Date, subtracted from 100%, and further multiplied by
2. 0.3% for each month that early retirement precedes age 65, subtracted from 100%.

Ephrata reduction: 0.5% for each month for the first 5 years and 0.25% for each month for the next 5 years that early retirement precedes normal retirement.

Moore Medical reduction: 1/15 for each of the first 5 years and 1/30 for each of the next 5 years that early retirement precedes normal retirement.

NDCHealth reduction: 5/9 of 1% for each of the first 60 months and 5/18 of 1% for the next 60 months. The offset benefit is also reduced actuarially for each additional month retirement precedes Social Security Retirement Age.

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Deferred Vested Benefit

Eligibility

Termination with five years of service.

Benefit

The amount of the deferred vested benefit equals the Accrued Pension payable at Normal Retirement Date, or reduced by multiplying the following factors:

1. 0.3% for each month between age 65 and Normal Retirement Date, subtracted from 100%, and further multiplied by
2. 0.5% for each month between the date payments commence and age 65, subtracted from 100%.

Reductions for former Ephrata, Moore Medical and NDCHealth participants are the same as for Early Retirement.

Late Retirement

Eligibility

Any time after eligibility for normal retirement.

Benefit

McKesson and NDCHealth: The monthly Late Retirement benefit is calculated as the normal retirement benefit, using credited service and final average earnings as of the earlier of the late retirement date and the Freeze Date.

Moore Medical: Actuarial Equivalent increase.

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Disability

Eligibility

Attainment of age 35 or after completing 5 years of service.

Moore Medical participants: Total and Permanent Disability for 6 consecutive months. NDCHealth participants: Rate of 40 (age plus service), eligible for LTD plan, and Total and Permanent Disability for 12 consecutive months.

Benefit

If eligible for Social Security Disability, the benefit is determined in the same manner as the Monthly Pension Benefit with the following exceptions: creditable service continues to accrue to the earlier of the Freeze Date and normal retirement age; earnings for final average pay during disability will be computed by using the annual rate at the time of disability; covered compensation is determined at the earlier of the Freeze Date and the time of disability.

If not eligible for Social Security Disability, then no benefit is earned during disability. Vesting service, however, continues to accrue.

Moore Medical participants: Monthly pension benefit for life with 10 years certain.

NDCHealth participants: Credited service cease accrual. However, earnings are projected level forward to age 65 from the amount earned in the year-preceding disablement.

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Preretirement Spouse Benefit

Eligibility

Death while eligible for deferred vested, early, normal, or late retirement benefits, with a surviving spouse.

Ephrata participants: death regardless of existence of a surviving spouse.

Benefit

Monthly preretirement spouse benefit shall be determined as follows:

1. For a participant who dies after age 50 with ten years of service, age 65 with five years of service, or ten years of service and age plus service of 60 or more at the date of death, the spouse receives a benefit equal to 50% of the amount that would have been payable to the participant as a single life annuity, determined as if the first day of the month following his death were his Normal Retirement Date.
2. For a participant with age plus service at date of death equals 51 or more, with 10 or more years of service, and not eligible for (1) above, the spouse receives the benefit described in (1), reduced 10% multiplied by the amount by which the sum of age plus service is less than 60.
3. For vested participants not eligible for any of the above benefits, the spouse receives a benefit equals 50% of the accrued pension, reduced to a 50% contingent annuity basis, and reduced for early retirement at age 55, payable commencing on the date the participant would have attained age 55, had he survived.

Ephrata, Moore Medical and NDCHealth preretirement survivor benefit shall be the amount payable as a survivor annuity under the joint and 50% survivor annuity provisions if the participant had terminated on the date of death, retired at the earliest retirement age, and then died.

Schedule SB Attachment (Form 5500)—2014 Plan Year
McKesson Corporation Retirement Plan
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Normal Form of Payment

Married Participants

50% joint and survivor annuity.

Unmarried Participants

Life annuity.

Moore Medical participants: Life annuity with 10 years certain.

Optional Form of Payment

100%, 75%, 66-2/3%, or 50% joint and survivor annuity, a level income annuity, or (for married participant) a life annuity; lump sum (up to \$10,000).

Ephrata Optional Forms also include a Life Annuity with 5 year and 10 year certain periods and lump sums less than \$10,000, but exclude the level income annuity.

Moore Medical Optional Forms include 15, 10 or 5 year certain and life annuities and also a lump sum payment option.

NDCHealth Optional Forms also include 10 year certain and life a lump sum payment option (up to \$5,000) but excludes the level income annuity and the 66-2/3% joint and survivor annuity.

Definitions

Plan Year

January 1 to December 31.

Service

All continuous employment, (back to original date of hire for acquisitions) determined under the elapsed time method.

Creditable Service

Full year for Plan Year participant is credited with 2000 or more hours of service. Partial years equal to ratio of hours of service credited in Plan Year 2000. Creditable service was frozen on the Freeze Date.

Covered Compensation

The 35-year average of Social Security wage bases ending in the year Social Security Retirement Age is attained.

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Compensation	Compensation includes scheduled base pay, bonuses, overtime pay, and commissions paid during the calendar year. Effective January 1, 1994, compensation cannot exceed \$150,000, as indexed. For participants whose earnings exceeded this amount prior to 1994, there is a minimum benefit equal to the December 31, 1993 accrued benefit plus the formula benefit for service after January 1, 1994.
Final Average Pay	(1) Average monthly compensation of the five consecutive years out of the last fifteen years when compensation were highest. If an employee worked for less than five years, the average of compensation during the period of employment is used. (2) Final average pay was frozen on the Freeze Date.
Normal Retirement Date	First of the month coinciding with or next following the Social Security Retirement Age with five years of service. First of the month following age 65 for Ephrata and Moore Medical and NDCHealth.
Retirement Allowance	0.9% of Final Average Pay up to Covered Compensation plus 1.4% of Final Average Pay over Covered Compensation, times Creditable Service up to 30 years. Not less than the benefit accrued to December 31, 1989 under the prior formula.
Monthly Ephrata Pension Benefit	Sum of 1% of Average Monthly Compensation for each year of Service. Benefit accruals were frozen as of April 15, 1999. Effective April 15, 1999, all participants are 100% vested in their accrued benefit.
Monthly Moore Medical Pension Benefit	1.25% of Average Annual Compensation plus 0.6% of Average Annual Compensation in excess of Covered Compensation per year of Credited Service, to a maximum of 25 years. Calculated at the earlier of separation from service or the Freeze Date.
Contributions	All contributions are made by the company, employee contributions are not required.

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Actuarial Equivalent

Factors listed in Appendix 1 for joint and survivor annuities. For other forms, based on the 1994 Group Annuity Reserving Table in IRS Revenue Ruling 2001-62 and the annual rate of interest on 30 year Treasury securities for the third month preceding the month of determination.

Monthly NDCHealth Pension Benefit

1.65% of Final Average Earnings (FAE) per year of Credited Service (up to 35 Years) less 0.75% of the participant's Integration Level per year of Credited Service (up to 35 years) reduced by 5/9 of 1% for each month retirement precedes the participant's Social Security Normal Retirement age.

The amount above is based on Credited Service at July 31, 1998, FAE and Integration Level at December 31, 1998 and multiplied by the ratio of FAE at June 1, 2003 to FAE at December 31, 1998.

Freeze Date

December 31, 1996; April 15, 1999 for Ephrata; April 1, 2004 for Moore Medical; July 31, 1998 for NDCHealth.

Changes

Effective December 31, 2006, the Moore Medical Corporation Defined Benefit Pension Plan was merged into the McKesson Corporation Retirement Plan.

Effective December 31, 2007, the NDC Health Corporation Employees' Retirement Plan was merged into the Retirement Plan.

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Integration Level (NDCHealth)

The lesser of the three-year final average FICA Compensation (highest consecutive three calendar years) and Covered Compensation determined as of the date of termination. Frozen as of December 31, 1998.

- (1) NDCHealth: Total compensation actually paid during a calendar year plus 401(k) contributions and Section 125 deferrals limited by the IRC Section 401(a)(17) limit for purposes of determining retirement benefit. Compensation after June 30, 2003 is not considered.
- (2) NDCHealth: Average of the highest five consecutive annual earnings during the last ten years preceding termination (or December 31, 1998 if earlier).

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- A change in the mortality basis for lump sum payments from the 2013 plan year 417(e)(3) mortality table to the 2014 plan year 417(e)(3) mortality table.
- Effective January 1, 2014, an increase in the annual maximum benefit limit under IRC §415 from \$205,000 in 2013 to \$210,000 in 2014.
- Effective January 1, 2014 an increase in the annual pay limit under IRC Section 401(a)(17) from \$255,000 in 2013 to \$260,000 in 2014.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Schedule SB, line 24—Change in Actuarial Assumptions

A change in the retirement age assumption to better reflect estimated future experience.

Schedule SB Attachment (Form 5500)—2014 Plan Year

McKesson Corporation Retirement Plan

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Attained Age	Number of Participants									
	Years of Credited Service and Accrued Benefit									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				3						
35-39				6	10	2				
40-44				12	37 \$709	25 \$1,070	1			
45-49				12	51 \$1,171	65 \$1,733	32 \$2,999	3		
50-54				9	47 \$897	79 \$1,717	83 \$2,878	30 \$4,614	6	
55-59				14	37 \$1,473	56 \$1,895	41 \$4,024	48 \$5,504	23 \$6,751	6
60-64			1	1	20 \$1,666	39 \$2,592	33 \$4,074	24 \$6,305	17	15
65-69			1	5	7	10	13	4	4	6
70+						1	4	1	1	2

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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 29,860,927	January 1, 2011	4	\$ 8,019,029
Shortfall	\$ (19,134,377)	January 1, 2012	5	\$ (4,208,341)
Shortfall	\$ 359,873	January 1, 2013	6	\$ 68,121
Shortfall	\$ (633,684)	January 1, 2014	7	\$ (106,053)

Plan Name	McKesson Corporation Retirement Plan
Plan Sponsor EIN	94-3207296
ERISA Plan No.	001
Plan Year End	12/31/2014

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Plan Name	McKesson Corporation Retirement Plan
Plan Sponsor EIN	94-3207296
ERISA Plan No.	001
Plan Year End	12/31/2014

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions