

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;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>09/30/2015</u>			
A	This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or	
	☒ a single-employer plan; ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report; ☒ the final return/report;	
	☐ an amended return/report; ☒ a short plan year return/report (less than 12 months).		
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>REVCO D.S., INC. RETIREMENT INCOME PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>020</u>
		1c	Effective date of plan <u>01/01/1973</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CVS HEALTH CORPORATION</u> <u>HR RETIREMENT BENEFITS</u> <u>ONE CVS DRIVE, MAILSTOP 1110</u> <u>WOONSOCKET, RI 02895</u>	2b	Employer Identification Number (EIN) <u>05-0494040</u>
		2c	Plan Sponsor's telephone number <u>401-770-3604</u>
		2d	Business code (see instructions) <u>446110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/13/2016	CANDACE JODICE
	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)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 3757
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 2930
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 09/30/2015

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 REVCO D.S., INC. RETIREMENT INCOME PLAN</div>	<div>B Three-digit plan number (PN) 020</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CVS HEALTH CORPORATION</div>	<div>D Employer Identification Number (EIN) 05-0494040</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 2015			
2 Assets:			
a Market value	2a	116006122	
b Actuarial value	2b	107431589	
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	512	31754761	31754761
b For terminated vested participants	315	5096088	5096088
c For active participants	2930	42706780	43183903
d Total	3757	79557629	80034752
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	6.29%	
6 Target normal cost	6	467954	

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

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>MERYL FEIGENBAUM</div> <div>Type or print name of actuary</div> <div>BUCK CONSULTANTS, LLC</div> <div>Firm name</div> <div>500 PLAZA DRIVE SECAUCUS, NJ 07096-1533</div> <div>Address of the firm</div>	<div>06/29/2016</div> <div>Date</div> <div>14-04720</div> <div>Most recent enrollment number</div> <div>201-902-2300</div> <div>Telephone number (including area code)</div>
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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	5260788
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	5260788
10 Interest on line 9 using prior year's actual return of <u>15.62</u> %	0	821735
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1375905
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>6.48</u> %		89159
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.....		1465064
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	6082523

Part III Funding Percentages		
14 Funding target attainment percentage.....	14	126.63 %
15 Adjusted funding target attainment percentage	15	134.23 %
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	116.32 %
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
Totals ►			18(b)	0	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	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
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	467954	
b Excess assets, if applicable, but not greater than line 31a	31b	467954	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 09/30/2015		
A Name of plan REVCO D.S., INC. RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	020
C Plan sponsor's name as shown on line 2a of Form 5500 CVS HEALTH CORPORATION	D Employer Identification Number (EIN) 05-0494040	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

PIMCO

33-0239892

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	584635	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUCK CONSULTANTS, LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 38 99 17 50 27 70	NONE	123102	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOSS ADAMS

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	15805	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)

PENSION BENEFIT INFORMATION

94-2850621

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50 99	NONE	7187	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 09/30/2015

A Name of plan <u>REVCO D.S., INC. RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ► <u>020</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CVS HEALTH CORPORATION</u>	D Employer Identification Number (EIN) <u>05-0494040</u>	

Part I	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: CVS HEALTH DB PLANS MT-CEA

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

c EIN-PN <u>61-1617506-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: CVS HEALTH DB PLANS MT-FIA

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

c EIN-PN <u>61-1617506-002</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500) <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> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 09/30/2015		
A Name of plan REVCO D.S., INC. RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	020
C Plan sponsor's name as shown on line 2a of Form 5500 CVS HEALTH CORPORATION	D Employer Identification Number (EIN) 05-0494040	

Part I 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)	1500000	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1493150	0
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	113047909	0
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	116041059	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	86102	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	86102	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	115954957	0
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	41	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		41
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-5331916
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-5331875

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2787240	
(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)		2787240
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)	146094	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	584635	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		730729
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3517969

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-8849844
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		107105113

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: MOSS ADAMS LLP

(2) EIN: 91-0189318

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		

	Yes	No	N/A	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		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X			
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)
CVS HEALTH LEGACY PENSION PLAN	05-0494040	027

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

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 09/30/2015

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-4994650</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>59</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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
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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
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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.
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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) 2015
v. 150123

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): _____

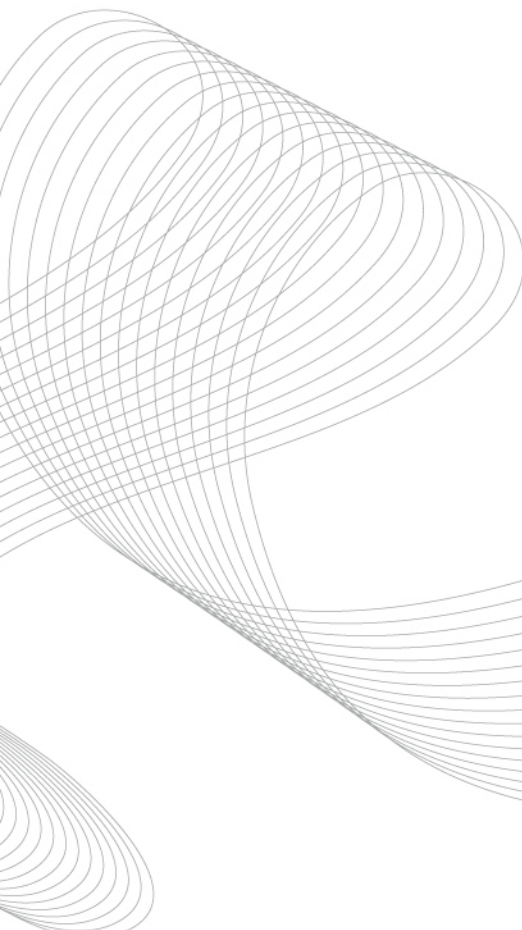
14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of 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
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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: <u>14.3</u> % Investment-Grade Debt: <u>85.7</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>0.0</u> %
	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):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No



Report of Independent Auditors and
Financial Statements

Revco D.S., Inc.
Retirement Income Plan

September 30, 2015 and December 31, 2014

MOSS-ADAMS_{LLP}

Certified Public Accountants | Business Consultants

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REPORT OF INDEPENDENT AUDITORS

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

Report on the Financial Statements

We were engaged to audit the accompanying Financial Statements of the Revco D.S., Inc. Retirement Income Plan (the Plan), which comprise the Statements of Net Assets Available for Benefits as of September 30, 2015 and December 31, 2014, and the related Statements of Changes in Net Assets Available for Benefits for the period January 1, 2015 through September 30, 2015 and for the year ended December 31, 2014, and the related notes to the Financial Statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 7, which was certified by JPMorgan Chase Bank, N.A. (JPMorgan), the Trustee of the Plan, except for comparing such information with the related information included in the Financial Statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Trustee as of September 30, 2015 and December 31, 2014, for the period January 1, 2015 through September 30, 2015, and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

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

The form and content of the information included in the Financial Statements, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Moss Adams LLP". The signature is written in a cursive, flowing style.

Campbell, California
July 1, 2016

FINANCIAL STATEMENTS

REVCO D.S., INC. RETIREMENT INCOME PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As Of September 30, 2015 and December 31, 2014

	September 30, 2015	December 31, 2014
Assets:		
Investments, at fair value:		
Plan interest in Fixed Income Master Trust (Note 3)	\$ -	\$ 96,602,644
Plan interest in Equities Master Trust (Note 3)	-	16,445,265
Interest-bearing cash	-	1,493,150
Total investments	-	114,541,059
Employer's contribution receivable	-	1,500,000
Total assets	-	116,041,059
Liabilities:		
Administrative expenses payable	-	86,102
Net Assets Available for Benefits	\$ -	\$ 115,954,957

REVCO D.S., INC. RETIREMENT INCOME PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Period Ended September 30, 2015 and Year Ended December 31, 2014

	September 30, 2015	December 31, 2014
Additions to net assets attributed to:		
Dividends and interest	\$ 41	\$ -
Plan interest in net gain (loss) of master trusts	<u>(5,331,916)</u>	<u>15,879,322</u>
	(5,331,875)	15,879,322
Employer's contributions	<u>-</u>	<u>1,500,000</u>
Total additions	<u>(5,331,875)</u>	<u>17,379,322</u>
Deductions from net assets attributed to:		
Administrative expenses	730,729	697,731
Benefits paid to participants	<u>2,787,240</u>	<u>3,278,079</u>
Total deductions	<u>3,517,969</u>	<u>3,975,810</u>
Increase (decrease) in net assets available for benefits prior to transfer	(8,849,844)	13,403,512
Transfer of assets from the Plan (Note 1)	<u>(107,105,113)</u>	<u>-</u>
Net increase (decrease) in net assets	(115,954,957)	13,403,512
Net Assets Available for Benefits:		
Beginning of year	<u>115,954,957</u>	<u>102,551,445</u>
End of period	<u><u>\$ -</u></u>	<u><u>\$ 115,954,957</u></u>

REVCO D.S., INC. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – THE PLAN AND ITS SIGNIFICANT ACCOUNTING POLICIES

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

The Plan was a noncontributory defined benefit pension plan covering former eligible employees of Revco D.S., Inc. (Revco). During July 1994, Revco acquired Hook-SupeRx, Inc. (HSI), and effective June 4, 1995, the HSI Retirement Plan's (the HSI Plan) assets and liabilities were transferred to the Plan. During 1997, Revco was acquired by CVS Corporation and the Plan is now sponsored by CVS Health Corporation (CVS). The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

Effective January 1, 2013, CVS adopted a second plan to spin off the terminated vested, retired, and Standard Drug Company's active and terminated vested participants of the Plan. The Revco D.S., Inc. Retirement Income Plan for Former Employees (the Revco Former Plan) had the same benefit provisions as the Plan.

On September 30, 2015 CVS merged the Revco D.S., Inc. Retirement Income Plan into the Revco Former Plan, and subsequently changed the name of the Revco Former Plan to CVS Health Legacy Pension Plan (Legacy Plan).

Pension benefits – Effective June 1, 1997, the Plan was frozen, and effective September 20, 1997, the Plan was amended to freeze benefit accruals with respect to service and salary earned.

The Plan provided normal retirement benefits based on a percentage of average earnings for the last five years of employment. The normal retirement benefits, including social security benefits, range from 50% to 81% as a percentage of average earnings, depending on the amount of average earnings, and is reduced in cases of early retirement (before age 65) or retirement prior to completion of 30 years of credited service. Retirees receiving benefits prior to June 1, 1981, and vested participants terminated prior to June 1, 1981, receive benefits in accordance with the then effective benefit formula. Death benefits were provided at 50% of applicable pension benefits to spouses of participants who were vested.

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

Prior to January 1, 2013, any former participants of the Standard Plan who, as of January 1, 2001, had been granted a retirement pension or rights to a deferred vested benefit under the Standard Plan, became eligible to receive, from the Plan, benefits in the same amount and form without charge as paid under the terms and conditions of the Standard Plan as in effect on December 31, 2000. Participants should refer to the Standard Plan document for a more complete description of the Standard Plan's provisions.

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

Administration – CVS had appointed a Benefit Plans Committee (the Committee) to manage the operation and administration of the Plan. Effective January 2009, the Committee further named an Administrative Subcommittee and an Investment Subcommittee, and delegated certain fiduciary duties to each of these subcommittees. A third-party administrator, Mercer HR Services, LLC, processed and maintained the records of participant data. A master trust was established for all CVS defined benefit pension plans and JPMorgan Chase Bank, N.A. (JPMorgan) was contracted to act as the Trustee. Administrative expenses were paid by the Plan.

Estimates – The preparation of Financial Statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, the disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the Financial Statements. Actual results could differ from those estimates.

REVCO D.S., INC. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

Basis of accounting – The Financial Statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America. Benefits, withdrawals, and distributions are recorded when paid.

Investment valuation and income recognition – The Plan's investments are reported at fair value. The Plan's Trustee, certifies the fair value of all investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 2 for a discussion of fair value measurements.

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

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

Income taxes – The Plan had been amended since receiving a favorable determination letter dated April 26, 2012. CVS believes that the Plan was operated in accordance with, and qualified under, the applicable requirements of the Internal Revenue Code, as amended, and related state statutes, and that the trust, which forms a part of the Plan, was exempt from federal income and state franchise taxes. Accordingly, no provision for income taxes has been included in the Plan's Financial Statements.

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

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

The amendment removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value (NAV) per share practical expedient. The ASU has been adopted for the September 30, 2015 Plan year end; however, the retrospective approach requires that an investment for which fair value is measured using NAV be removed from the fair value hierarchy in all periods presented in the Financial Statements. Accordingly, the investment disclosures in Note 3 have been modified as of December 31, 2014 as well.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960) II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient*. The amendment removes the requirement to:

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

ASU 2015-12 has been adopted for the September 30, 2015 Plan year end; however, the retrospective approach requires that the above items, applicable to the prior year, be presented in accordance with ASU 2015-12 as well. Accordingly, the investment disclosures in Note 3 have been modified as of December 31, 2014.

Subsequent events – The Plan has evaluated subsequent events through July 1, 2016, which is the date the Financial Statements were available to be issued, and no events were noted that require disclosure.

REVCO D.S., INC. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 – FAIR VALUE MEASUREMENTS

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

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

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

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

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

	December 31, 2014			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 1,493,150	\$ -	\$ -	\$ 1,493,150

NOTE 3 – MASTER TRUST

Effective January 1, 2011, a Master Trust was created for the CVS Health Defined Benefit Plans. As part of this Master Trust arrangement, JPMorgan holds certain investments of the Plan in two Master Trust Investment Accounts (MTIAs) and executes all investment transactions on behalf of the Plan. All investment information disclosed in the accompanying Financial Statements, including Plan investments held in the MTIAs as of December 31, 2014, and Plan interest in investment gain in the MTIAs for the period January 1, 2015 through September 30, 2015, and for the year ended December 31, 2014, was obtained from information provided and certified as complete and accurate by JPMorgan.

REVCO D.S., INC. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

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

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

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

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

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

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

Mutual funds (publicly traded): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Mutual funds (non-publicly traded): Valued using the net asset value per share practical expedient (NAV practical expedient) of the mutual fund as reported by the mutual fund managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the mutual funds, minus its liabilities, and then divided by the number of units outstanding.

Common/collective trusts: Units held in common/collective trusts (CCTs) are valued using the net asset value per share practical expedient (NAV practical expedient) of the CCT as reported by the CCT managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the CCT, minus its liabilities, and then divided by the number of units outstanding. The NAV practical expedient of a CCT is calculated based on a compilation of primarily observable market information.

Equities Master Trust Investment Account

The Plan's allocated interest in the net assets of the Equities MTIA at December 31, 2014 \$16,445,265 (approximately 14%). At September 30, 2015, all Plan interest in the Equities MTIA was transferred to the Legacy Plan. As a result, the Plan had a 0% interest in the Equities MTIA at September 30, 2015, and investment summaries of the Equities MTIA as of September 30, 2015, have not been presented below.

Investments of the Equities MTIA consist of the following as of:

	December 31, 2014
Assets:	
Investments, at fair value:	
Interest-bearing cash	\$ 603,844
Common stocks	20,575,121
Mutual funds	62,681,777
Common/collective trusts	29,990,258
Total investments at fair value	113,851,000
Accrued income	24,142
Total Net Assets of the Equities MTIA	<u>\$ 113,875,142</u>

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

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

	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 603,844	\$ -	\$ -	\$ 603,844
Common stocks	20,575,121	-	-	20,575,121
Mutual funds	62,681,777	-	-	62,681,777
Total assets in fair value hierarchy	<u>\$ 83,860,742</u>	<u>\$ -</u>	<u>\$ -</u>	83,860,742
Investments measured at NAV (practical expedient)				<u>29,990,258</u>
Investments at fair value				<u>\$ 113,851,000</u>

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

The Equities MTIA invested in the Mellon EB Stock Index Common/collective Trust Fund (the Fund). Investors may purchase or redeem units of the Fund for cash or securities (in-kind transactions may occur at the sole discretion of JPMorgan) based on the unit value determined as of the valuation date. Unit value is generally determined on a daily basis. All investors in the Fund have a proportionate undivided interest in the net assets of the Fund.

The Equities MTIA also invested in the Dimensional Funds U.S. Small Cap Common/collective Trust Fund.

Both these funds have daily redemption frequency and a daily redemption notice period.

Fixed Income Master Trust Investment Account

The Plan's allocated interest in the net assets of the Fixed Income MTIA at December 31, 2014 was \$96,602,644 (approximately 45%). At September 30, 2015, all Plan interest in the Fixed Income MTIA was transferred to the Legacy Plan. As a result, the Plan had a 0% interest in the Fixed Income MTIA at September 30, 2015, and investment summaries of the Fixed Income MTIA as of September 30, 2015 have not been presented below.

Investments of the Fixed Income MTIA consist of the following as of:

	December 31, 2014
Assets:	
Investments, at fair value:	
Interest-bearing cash	\$ 547,628
Government obligations (Bonds)	40,678,256
Government agency obligations (Bonds)	17,268,193
Mutual funds	<u>155,251,232</u>
Total investments at fair value	213,745,309
Pending trades payable	(838,435)
Accrued income	<u>381,122</u>
Total Net Assets of the Fixed Income MTIA	<u>\$ 213,287,996</u>

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

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash	\$ 547,628	\$ -	\$ -	\$ 547,628
Bonds	-	57,946,449	-	57,946,449
Total assets in fair value hierarchy	<u>\$ 547,628</u>	<u>\$ 57,946,449</u>	<u>\$ -</u>	58,494,077
Investments measured at NAV (practical expedient)				<u>155,251,232</u>
Investments at fair value				<u>\$ 213,745,309</u>

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

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

NOTE 4 – RELATED PARTY TRANSACTIONS

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

NOTE 5 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits represent the estimated future periodic payments, including lump sum distributions, under the Plan's provisions that are attributable to services rendered by employees through the valuation date. Accumulated Plan benefits include benefits expected to be paid to:

- a) retired or terminated employees or their beneficiaries,
- b) beneficiaries of employees who have died, and
- c) present employees or their beneficiaries.

Benefits under the Plan were based on years of service and benefit credit rates. The accumulated Plan benefits for active employees are based on years of service and benefit credit rates on the date at which the benefit information is presented (valuation date). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

REVCO D.S., INC. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary, Buck Consultants, and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2015 (beginning of the Plan year) are as follows:

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

The actuarial present value of accumulated Plan benefits as of January 1, 2015 is as follows:

Actuarial present value of accumulated Plan benefits:

Vested benefits:

Participants currently receiving payments	\$	34,787,644
Terminated vested participants		5,978,510
Active participants		<u>50,491,064</u>
		91,257,218

Nonvested benefits

		<u>232,637</u>
Total actuarial present value of accumulated Plan benefits	\$	<u><u>91,489,855</u></u>

The change in the actuarial present value of accumulated Plan benefits for the year ended January 1, 2015 is as follows:

Actuarial present value of accumulated Plan benefits, January 1, 2014	\$	91,430,954
Increase (decrease) during the year attributable to:		
Interest		5,164,352
Benefit payments		(3,278,079)
Assumption changes (1)		(1,927,079)
Benefits accumulated and other		<u>99,707</u>
Net change		<u>58,901</u>
Actuarial present value of accumulated Plan benefits, January 1, 2015	\$	<u><u>91,489,855</u></u>

- (1) Assumption changes reflect results of experience study performed during 2014, resulting in a change in the retirement rates, withdrawal rates, and optional payment form to better anticipate future Plan experience.

NOTE 6 – FUNDING POLICY

CVS' funding policy is to make annual contributions at least equal to the minimum funding requirements of ERISA. This funding standard is such that, based on certain assumptions, annual contributions will provide adequate funding to meet benefit claims as they come due. CVS has met these minimum funding requirements in 2015 and 2014.

REVCO D.S., INC. RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 7 – CERTIFIED INFORMATION

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, JPMorgan, the Trustee of the Plan, has certified to the completeness and accuracy of:

- Investments and Plan interest in MTIA accounts presented on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2014.
- Investments held within the MTIA accounts presented in Note 3 as of December 31, 2014.
- Plan interest in net gain and loss of MTIAs, dividends and interest reflected on the accompanying Statements of Changes in Net Assets Available for Benefits for the period ended September 30, 2015 and the year ended December 31, 2014.
- Net appreciation/depreciation in fair value of investments and dividends and interest within the MTIAs of which the Plan invested in for the period ended September 30, 2015 and the year ended December 31, 2014.

NOTE 8 – PLAN TERMINATION OR MODIFICATION

The Plan was merged into the Legacy Plan as of September 30, 2015 (Note 1). Subsequently, the Legacy Plan was voluntarily terminated by CVS effective December 31, 2015; upon approval of the plan termination by the Pension Benefit Guarantee Corporation and the Internal Revenue Service, payout options under the Legacy Plan will be in the form of lump sum or annuity payments from an insurance company chosen by CVS.



Revco D.S., Inc. Retirement Income Plan
EIN/PN: 05-0494040 / 020

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit	No.	Avg. Benefit
Under 25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	0	N/A	21	136	5	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	0	N/A	227	497	145	507	9	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
45 to 49	0	N/A	163	622	213	1,460	125	1,949	4	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
50 to 54	0	N/A	155	468	155	1,530	202	3,262	145	2,994	7	N/A	0	N/A	0	N/A	0	N/A	0	N/A
55 to 59	0	N/A	139	538	137	1,352	126	3,046	216	4,719	107	3,468	4	N/A	0	N/A	0	N/A	0	N/A
60 to 64	0	N/A	108	595	96	1,326	70	2,721	117	4,169	129	6,830	37	7,098	0	N/A	0	N/A	0	N/A
65 to 69	0	N/A	18	N/A	14	N/A	10	N/A	8	N/A	6	N/A	4	N/A	2	N/A	0	N/A	0	N/A
70 & up	0	N/A	3	N/A	2	N/A	0	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A

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

Revco D.S., Inc. Retirement Income Plan

EIN/PN: 05-0494040 / 020

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

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

For 2015 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.15%	4.72%
Second Segment Rate	4.06%	6.11%
Third Segment Rate	5.15%	6.81%

Effective Interest Rate:
Based on constrained rates 6.29%

For 2014 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.37%	4.99%
Second Segment Rate	4.05%	6.32%
Third Segment Rate	5.06%	6.99%

Effective Interest Rate:
Based on constrained rates 6.48%

* Used for maximum tax-deduction purposes

** Used for minimum funding and benefit restriction purposes

Mortality

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

Lump Sum Conversion

Mortality: IRS Applicable Mortality Table in effect for the valuation year

Interest: Same as for minimum funding and benefit restriction purposes

Actuarial cost method

For minimum required and maximum deductible contribution purposes:

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

Revco D.S., Inc. Retirement Income Plan

EIN/PN: 05-0494040 / 020

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

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

Salary increases

None.

Expenses

Plan expenses expected to be paid in the current Plan Year are equal to the prior 2 year average of expenses paid from the Trust (excluding PBGC premium) adjusted with an inflation rate of 2.91%, prorated for 9 months to September 30, 2015, plus the current year PBGC premium. An inflation rate of 0.00% was used in the determination of plan expenses expected to be paid in the prior Plan Year.

For January 1, 2015 Valuation: Expected plan expenses of \$467,954 were added to the Target Normal Cost.

For January 1, 2014 Valuation: Expected plan expenses of \$603,231 were added to the Target Normal Cost.

Retirement rates

Normal retirement is age 65.

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

Active participants are assumed to retire according to the following retirement rates.

For January 1, 2015 Valuation:

Age	Retirement Rates
Under 55	0.00
55	0.10
56 – 60	0.08
61	0.13
62	0.16
63	0.14
64	0.44
65	0.85
66 – 69	0.50
Above 69	1.00

Revco D.S., Inc. Retirement Income Plan
EIN/PN: 05-0494040 / 020

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Retirement rates (continued)

For January 1, 2014 Valuation:

Age	Retirement Rates
Under 55	0.00
55	0.14
56	0.11
57	0.09
58	0.14
59	0.12
60	0.12
61	0.15
62	0.16
63	0.17
64	0.50
65	1.00

Withdrawal rates

Representative values of the assumed annual rates of withdrawal are as follows.

For January 1, 2015 Valuation:

Age	Salaried and Hourly
20	.000
26	.012
30	.060
35	.060
40	.060
45	.060
50	.040
55	.000

Revco D.S., Inc. Retirement Income Plan
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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Withdrawal rates (continued)

For January 1, 2014 Valuation:

Age	Salaried	Hourly
20	.140	.180
25	.140	.180
30	.100	.150
35	.080	.140
40	.070	.120
45	.060	.100
50	.050	.080
55	.025	.040
56	.020	.032
57	.015	.024
58	.010	.016
59	.005	.008
60	.000	.000
61	.000	.000
62	.000	.000
63	.000	.000
64	.000	.000
65	.000	.000

Revco D.S., Inc. Retirement Income Plan
EIN/PN: 05-0494040 / 020

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Frequency of optional payment forms

For January 1, 2015 Valuation:

Frequency of optional payment forms for retiring active participants and retiring current and future terminated vested participants are as follows.

Eligible for Small Lump Sum Cashout			Not Eligible for Small Lump Sum Cashout		
Optional Form	Probability		Optional Form	Probability	
	Actives	Terminated Vested		Actives	Terminated Vested
Lump Sum	45.0%	0.0%	Lump Sum	0.0%	0.0%
Life Annuity	5.0%	0.0%	Life Annuity	20.0%	0.0%
50% Joint & Survivor	0.0%	0.0%	50% Joint & Survivor	20.0%	0.0%
100% Joint & Certain	0.0%	0.0%	100% Joint & Certain	10.0%	0.0%
100% Joint & Pop-up	0.0%	0.0%	100% Joint & Pop-up	5.0%	0.0%
Lump Sum Deferred to age 65	40.0%	80.0%	Lump Sum Deferred to age 65	0.0%	0.0%
Life Annuity Deferred to age 65	7.5%	15.0%	Life Annuity Deferred to age 65	18.0%	40.0%
50% Joint & Survivor Deferred to age 65	2.5%	5.0%	50% Joint & Survivor Deferred to age 65	13.5%	30.0%
100% Joint & Certain Deferred to age 65	0.0%	0.0%	100% Joint & Certain Deferred to age 65	9.0%	20.0%
100% Joint & Pop-up Deferred to age 65	0.0%	0.0%	100% Joint & Pop-up Deferred to age 65	4.5%	10.0%

For January 1, 2014 Valuation:

Frequency of optional payment forms for retiring active participants and retiring terminated vested participants who terminate in the future were as follows.

Eligible for Small Lump Sum Cashout		Not Eligible for Small Lump Sum Cashout	
Optional Form	Probability	Optional Form	Probability
Lump Sum	50.0%	Lump Sum	0.0%
Life Annuity	27.5%	Life Annuity	55.0%
50% J&S	17.5%	50% J&S	35.0%
100% J&S	5.0%	100% J&S	10.0%

Current terminated vested participants were assumed to elect a Single Life Annuity at age 65.

Revco D.S., Inc. Retirement Income Plan

EIN/PN: 05-0494040 / 020

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Marital percentage

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

Asset valuation method

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

The actuary's expected rate of return is based on the plan's asset allocation and forward-looking expected rates of return by asset category provided by the plan's investment consultant.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2015 Expected Return	5.75%	6.81%	5.75%
2014 Expected Return	5.75%	6.99%	5.75%
2013 Expected Return	7.25%	6.76%	6.76%

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Impact of assumption changes

- The mortality table used for funding purposes reflects an additional year of mortality improvement as required by PPA. The IRS Applicable Mortality Table was updated to the mortality table in effect for the current valuation year. These changes increased the Funding Target by approximately \$129,000.
- In accordance with PPA, the interest rates used to value the Funding Target and Target Normal Cost have been updated to reflect the current applicable three-segment rates as adjusted to reflect the provisions of HATFA. This change increased the Funding Target by approximately \$3,100,000.
- The expected plan related expenses added to the Target Normal Cost were decreased from \$603,231 to \$467,954 due to a decrease in plan related expenses and proration for 9 months to September 30, 2015, offset by a higher current year PBGC premium.
- The assumed retirement rates, withdrawal rates, and optional payment form frequency were changed as described above as a result of an experience review. These changes decreased the Funding Target by approximately \$2,800,000.

SCHEDULE SB (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>	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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 09/30/2015

- **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

Part I Basic Information				
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>				
2 Assets:				
a Market value	2a	116,006,122		
b Actuarial value	2b	107,431,589		
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	512	31,754,761	31,754,761	
b For terminated vested participants	315	5,096,088	5,096,088	
c For active participants	2,930	42,706,780	43,183,903	
d Total	3,757	79,557,629	80,034,752	
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		6.29%	
6 Target normal cost	6		467,954	

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

SIGN HERE	 Signature of actuary	<u>6/29/16</u> Date
MERYL FEIGENBAUM Type or print name of actuary		1404720 Most recent enrollment number
BUCK CONSULTANTS, LLC Firm name		201-902-2300 Telephone number (including area code)
500 PLAZA DRIVE SECAUCUS NJ 07096-1533 Address of the firm		

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2015 v. 150123**

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	5,260,788
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	5,260,788
10 Interest on line 9 using prior year's actual return of <u>15.62</u> %	0	821,735
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1,375,905
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>6.48</u> %		89,159
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		1,465,064
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	6,082,523

Part III Funding Percentages

14 Funding target attainment percentage	14	126.63%
15 Adjusted funding target attainment percentage	15	134.23%
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	116.32%
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
Totals ▶			18(b)	0	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	0

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
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	467,954	
b Excess assets, if applicable, but not greater than line 31a	31b	467,954	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Revco D.S., Inc. Retirement Income Plan
EIN/PN: 05-0494040 / 020

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

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	1,329.8454	0.1000	132.9845	7,314.1499
56	1,355.3392	0.0800	108.4271	6,071.9197
57	1,390.9645	0.0800	111.2772	6,342.7980
58	1,429.2813	0.0800	114.3425	6,631.8652
59	1,447.0683	0.0800	115.7655	6,830.1623
60	1,468.0092	0.0800	117.4407	7,046.4441
61	1,486.8003	0.1300	193.2840	11,790.3266
62	1,397.1800	0.1600	223.5488	13,860.0252
63	1,272.1627	0.1400	178.1028	11,220.4754
64	1,178.5926	0.4400	518.5807	33,189.1666
65	707.5382	0.8500	601.4075	39,091.4856
66	115.6009	0.5000	57.8005	3,814.8298
67	69.1772	0.5000	34.5886	2,317.4376
68	48.1926	0.5000	24.0963	1,638.5483
69	31.8090	0.5000	15.9045	1,097.4110
70	18.7056	1.0000	18.7056	1,309.3888
71	1.0000	1.0000	1.0000	71.0000
72	2.0000	1.0000	2.0000	144.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	2.0000	1.0000	<u>2.0000</u>	<u>150.0000</u>
Total			2,571.2568	159,931.4339
Weighted Average Retirement Age = 159931.4339 / 2571.2568				62.20
Rounded Weighted Average Retirement Age				62

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

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

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

Revco D.S., Inc. Retirement Income Plan

EIN/PN: 05-0494040 / 020

Schedule SB, Part V - Summary of Plan Provisions

Effective Date

February 1, 1968.

Plan Year

January 1 to December 31. Plan Year 2015 ends September 30, 2015 since effective September 30, 2015, the Plan merged into the Revco D.S., Inc. Retirement Income Plan for Former Employees (EIN/PN: 05-0494040 / 027).

Employer

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

Participation

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

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

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

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

Effective January 1, 2013, employees covered by the Revco D.S., Inc. Retirement Income Plan who have been identified for purposes of the January 1, 2013 actuarial valuation and (i) have terminated employment with CVS Health prior to January 1, 2013 (and their spouses and beneficiaries) or (ii) all participants (and their spouses and beneficiaries) entitled to or in receipt of a benefit under the provisions of the former Standard Drug Company Retirement Plan were spun-off into the Revco D.S., Inc. Retirement Income Plan for Former Employees. Effective September 30, 2015, the Plan merged into the Revco D.S., Inc. Retirement Income Plan for Former Employees.

Benefit Eligibility

Normal Retirement Benefits

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

Early Retirement Benefits

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

Deferred Vested Benefits

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

Revco D.S., Inc. Retirement Income Plan

EIN/PN: 05-0494040 / 020

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

Retirement Benefits

Normal Retirement

Basic Formula (Revco Plan)

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

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

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

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

Minimum Accrued Benefits

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

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

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

Revco D.S., Inc. Retirement Income Plan

EIN/PN: 05-0494040 / 020

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

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

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

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

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

Normal Retirement

Basic Formula (Standard Plan)

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

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

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

Early Retirement Benefits

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

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

Revco D.S., Inc. Retirement Income Plan

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

Deferred Vested Benefits

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

Normal Form of Annuity

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

Preretirement Spouse Benefit

Eligibility

Active or former participants who are vested.

Benefit

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

Prior Plan Cash Values

Amount

An amount listed by the Plan.

Interest Credited

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

Death or Termination Refund

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

Definitions (Revco Plan)

Vesting Service

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

Credited Service

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

Monthly Earnings

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

Average Monthly Earnings

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

Revco D.S., Inc. Retirement Income Plan

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

Social Security Benefit

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

For retirements at or after age 65

the estimated amount payable at retirement.

For early retirement, before age 65

the estimated amount payable at age 65, determined assuming earnings continue to age 65 at the same rate as upon termination.

For deferred vested retirements

the estimated amount payable at age 65, determined assuming earnings continue to age 65 at the same rate as upon termination.

Definitions (Standard Plan)

Credited Service

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

Compensation

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

Summary of Changes from the January 1, 2014 Valuation

Effective September 30, 2015, the plan merged into the Revco D.S., Inc. Retirement Income Plan for Former Employees (EIN/PN: 05-0494040 / 027).

Revco D.S., Inc. Retirement Income Plan
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Schedule SB, Line 24 - Change in Actuarial Assumptions

- The expected plan related expenses added to the Target Normal Cost were decreased from \$603,231 to \$467,954 due to a decrease in plan related expenses and proration for 9 months to September 30, 2015, offset by a higher current year PBGC premium.
- The assumed retirement rates, withdrawal rates, and optional payment form frequency were changed as a result of an experience review as described in the 2015 Schedule SB Attachment Part V – Statement of Actuarial Assumptions/Methods.