

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: 1.2em; 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>12/31/2015</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>MCKESSON CORPORATION RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/1972</u>
2a	Plan sponsor's name (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>MCKESSON CORPORATION</u> <u>ONE POST STREET, 30TH FLOOR</u> <u>SAN FRANCISCO, CA 94104-5203</u>	2b	Employer Identification Number (EIN) <u>94-3207296</u>
		2c	Plan Sponsor's telephone number <u>415-983-8689</u>
		2d	Business code (see instructions) <u>424210</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2016	JERRY WARREN
	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 MCKESSON CORPORATION EMPLOYEES BENEFITS MANAGEMENT COMMITTEE TS MANAGEMENT COMMITTEE ONE POST STREET, 30TH FLOOR SAN FRANCISCO, CA 94104-5203	3b Administrator's EIN 94-3207296
	3c Administrator's telephone number 415-983-8689
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 9290
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) 872
a(2) Total number of active participants at the end of the plan year	6a(2) 740
b Retired or separated participants receiving benefits.....	6b 4602
c Other retired or separated participants entitled to future benefits.....	6c 2109
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 7451
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 960
f Total. Add lines 6d and 6e	6f 8411
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3F 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 12/31/2015	
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 MCKESSON CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MCKESSON CORPORATION	D Employer Identification Number (EIN) 94-3207296
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	298046002	
b	Actuarial value	2b	294695958	
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	5555	202925571	202925571
b	For terminated vested participants	2863	74111210	74111210
c	For active participants	872	18094278	18747918
d	Total	9290	295131059	295784699
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	6.12%	
6	Target normal cost	6	2600000	

Statement by Enrolled Actuary

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

SIGN HERE		09/23/2016
SUKHJIT S. BHULLAR	Signature of actuary	Date
HEWITT ASSOCIATES LLC	Type or print name of actuary	14-07814
425 MARKET STREET, SUITE 2800 SAN FRANCISCO, CA 94105	Firm name	Most recent enrollment number
	Address of the firm	415-486-7000
		Telephone number (including area code)

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	1664691
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1664691
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>5.58</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		12625
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>6.34</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		704
c Total available at beginning of current plan year to add to prefunding balance		13329
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	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	99.63 %
15 Adjusted funding target attainment percentage	15	99.63 %
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	96.47 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2015	1593189	0			
07/14/2015	1593189	0			
10/14/2015	470000	0			
01/14/2016	1212389	0			
09/14/2016	800000	0			
			Totals ►	18(b)	5668767
				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	5422301
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	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	2600000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1088741	2788395	
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	5388395	
	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	5388395	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	5422301	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	33906	
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 Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan MCKESSON CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MCKESSON CORPORATION	D Employer Identification Number (EIN) 94-3207296	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	755931	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN CHASE BANK N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
24 27 28 50 51	TRUSTEE	392251	Yes ☒ No ☐	Yes ☐ No ☒	12420	Yes ☐ No ☒

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

LOOMIS SAYLES

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	201925	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)

BROWN BROTHERS

13-4973745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	162186	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EATON VANCE TRUST COMPANY

20-2074728

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	130499	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

CALLAN ASSOCIATES INC.

94-2192581

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	89935	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)

DELOITTE AND TOUCHE

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	81450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ISHARES MSCI EAFE ETF

94-3401419

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	71683	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

FISHER INVESTMENTS

20-2489800

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 31 51 55 68 56	NONE	65487	Yes ☒ No ☐	Yes ☒ No ☐	71	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)

PHILADELPHIA INTERNATIONAL ADVISORS

23-3095938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	TRUSTEE	63017	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

WEATHERBIE CAPITAL, LLC

02-0484484

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68 52	NONE	52429	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 50 51 68	NONE	43484	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P. MORGAN CHASE BANK N.A.	99	12420
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JP MORGAN INCESTMENT MANAGEMENT INC 245 PARK AVENUE NEW YORK, NY 10167	REVENUE SHARE ON MUTUAL FUNDS	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FISHER INVESTMENTS	56	71
(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.
FISHER INVESTMENTS 94-3029777	LUNCH PAID BY FISHER INVESTMENTS	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 12/31/2015

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMMINGLED PENSION TRUST FUND</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>13-6038770-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39120297</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S & P 500 FLAGSHIP NL FUND CM13</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>57344139</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MSCI EAFE EQ IN NON-LEND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>26-3816145-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18323252</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES CORE PLUS FXED INC TR</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>		
c EIN-PN <u>84-6391546-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>MCKESSON CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MCKESSON CORPORATION</u>	D Employer Identification Number (EIN) <u>94-3207296</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	925000	2012000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	312000	5392000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)	12840000	15478000
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	430000	418000
(B) All other.....	1c(3)(B)	49553000	42513000
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	18609000	16749000
(5) Partnership/joint venture interests	1c(5)	58008000	61930000
(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)	149114000	114787000
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5159000	7464000
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	3881000	4612000

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	298831000	271355000

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	20000	5579000
i Acquisition indebtedness	1i		
j Other liabilities	1j	730000	670000
k Total liabilities (add all amounts in lines 1g through 1j)	1k	750000	6249000

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	298081000	265106000
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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)	5669000	
(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)		5669000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	453000	
(C) Corporate debt instruments	2b(1)(C)	1700000	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	184000	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2337000
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	144000	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	785000	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		929000
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	121620000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	119107000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2513000
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1782000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1782000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2830000
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-6449000
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6047000

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22866000	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	12295000	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		35161000
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)	928000	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1186000	
(4) Other	2i(4)	1747000	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3861000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		39022000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-32975000
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☐ Yes ☒ No

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

(1) Name: **DELOITTE AND TOUCHE**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	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.)		☒		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒		

	Yes	No	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		
4c		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		
4d		X		
e Was this plan covered by a fidelity bond?	X			100000000
4e	X			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
4f		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		
4g		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		
4h		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			
4i	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			
4j	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		
4k		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
4m				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
4n				
o Did the plan trust incur unrelated business taxable income?				
4o				
p Were in-service distributions made during the plan year?				
4p				

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

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

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

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

Part V Trust Information

6a Name of trust JP MORGAN CHASE BANK	6b Trust's EIN 134994650
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 12/31/2015

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

Part I	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>94-3207296</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>655</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>47.0%</u> Investment-Grade Debt: <u>38.0%</u> High-Yield Debt: <u>5.0%</u> Real Estate: <u>7.0%</u> Other: <u>3.0%</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

McKesson Corporation Retirement Plan

Financial Statements as of and for the Years
Ended December 31, 2015 and 2014,
Supplemental Schedules as of and for the
Year Ended December 31, 2015, and
Independent Auditors' Report

MCKESSON CORPORATION RETIREMENT PLAN

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INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants of the
McKesson Corporation Retirement Plan

We have audited the accompanying financial statements of McKesson Corporation Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the McKesson Corporation Retirement Plan's net assets available for benefits as of December 31, 2015, and the changes therein for the year then

ended and its financial status as of December 31, 2014, and the changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year, of assets acquired and disposed of within the year, and of reportable plan transactions as of and for the year ended December 31, 2015 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These schedules are the responsibility of the Plan's management and were derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. These schedules have been subjected to the auditing procedures applied in our audits of the financial statements and certain additional procedures, including comparing and reconciling such schedules directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such schedules are fairly stated in all material respects in relation to the financial statements as a whole.

Deloitte & Touche LLP

October 12, 2016

MCKESSON CORPORATION RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2015 AND 2014 (In thousands)

	2015	2014
ASSETS:		
Investments — at fair value:		
Equity securities:		
Common stock	\$ 16,749	\$ 18,609
Equity commingled funds	108,955	130,178
Fixed-income securities:		
Government securities	18,508	10,872
Corporate bonds	12,512	16,722
Mortgage-backed securities	14,943	13,621
Asset-backed securities and other	17,054	25,489
Fixed-income commingled funds	49,439	59,952
Real estate funds	<u>18,323</u>	<u>16,992</u>
Total investments	256,483	292,435
Cash and cash equivalents	7,464	5,159
Receivables:		
Accrued interest and dividend income	356	309
Receivables for securities sold	-	3
Employer contribution receivable	<u>2,015</u>	<u>925</u>
Total assets	<u>266,318</u>	<u>298,831</u>
LIABILITIES:		
Payables for securities purchased and other	542	20
Accrued administrative expenses	<u>670</u>	<u>730</u>
Total liabilities	<u>1,212</u>	<u>750</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 265,106</u>	<u>\$ 298,081</u>

See notes to financial statements.

MCKESSON CORPORATION RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014 (In thousands)

	2015	2014
ADDITIONS:		
Investment income:		
Net (depreciation) appreciation in fair value of investments	\$ (3,015)	\$ 14,826
Interest and dividends	3,266	2,330
Other	<u>-</u>	<u>123</u>
Net investment income	<u>251</u>	<u>17,279</u>
CONTRIBUTIONS — Employer	<u>5,669</u>	<u>4,905</u>
DEDUCTIONS:		
Benefits paid	35,161	24,395
Administrative expenses	<u>3,734</u>	<u>2,966</u>
Total deductions	<u>38,895</u>	<u>27,361</u>
NET DECREASE	(32,975)	(5,177)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>298,081</u>	<u>303,258</u>
End of year	<u>\$ 265,106</u>	<u>\$ 298,081</u>

See notes to financial statements.

MCKESSON CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

1. PLAN DESCRIPTION

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

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

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

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

On September 1, 2015, the Plan was amended to offer a one-time lump-sum payment window between September 15, 2015 and October 30, 2015 during which eligible vested participants who terminated employment with the Company or their beneficiaries could elect a lump-sum payment option if the payment did not exceed \$30,000. The total payout in 2015 under this one-time lump-sum payment window was \$10,570,000 and did not trigger settlement accounting under ASC 715-30, *Compensation – Retirement Benefits*.

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

Contributions — The Company made contributions of \$5,669,000 and \$4,905,000 for the 2015 and 2014 plan years, respectively. Contributions represent the required contributions in accordance with ERISA.

2. SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

Investment Valuation and Income Recognition — Investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. If available, publicly quoted market prices are used to value investments. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan’s gains and losses on investments sold as well as held during the year.

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

Administrative Expenses — Administrative expenses of the Plan are paid by the Plan.

New Accounting Pronouncements — In July 2015, the Financial Accounting Standards Board (the “FASB”) issued Accounting Standards Update (“ASU”) No. 2015-12, *Plan Accounting: (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*, which amends Accounting Standards Codification (“ASC”) 960, *Plan Accounting – Defined Benefit Pension Plans*, ASC 962, *Plan Accounting – Defined Contribution Pension Plans*, and ASC 965, *Plan Accounting – Health and Welfare Benefit Plans*. The Topic eliminates the requirements to disclose individual investments that represent five percent or more of net assets available for benefits and the net appreciation or depreciation for investments by general type. Also, the Topic requires that investments of employee benefit plans be grouped only by general type, eliminating the need to disaggregate the investments in multiple ways. The new guidance is effective for reporting periods beginning after December 15, 2015 and shall be applied retrospectively for Part I and Part II and prospectively for Part III. Only Part II is applicable to the Plan. The Plan early adopted ASU No. 2015-12 during the year ended December 31, 2015.

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

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan’s provisions to the service employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Nonvested benefits represent additional benefits, such as survivor and disability benefits, that the Plan currently provides. However, these benefits are contingent upon occurrence of a certain event, such as death or disability; hence, these are classified as nonvested.

The actuarial present value of accumulated plan benefits at January 1, 2015 and 2014 was as follows (in thousands):

	2015	2014
Vested benefits:		
Participants and/or beneficiaries currently receiving payments	\$ 203,556	\$ 199,659
Participants not currently receiving payments	<u>91,249</u>	<u>92,637</u>
Total vested benefits	294,805	292,296
Nonvested benefits	<u>608</u>	<u>648</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 295,413</u>	<u>\$ 292,944</u>

Changes in the present value of accumulated plan benefits during the year ended January 1, 2015 were as follows (in thousands):

Actuarial present value of accumulated plan benefits at January 1, 2014	<u>\$ 292,944</u>
Increase (decrease) attributable to:	
Benefits paid	(24,395)
Interest accrual	20,370
Change in actuarial assumptions	6,910
Other	<u>(416)</u>
Net increase	<u>2,469</u>
Total actuarial present value of accumulated plan benefits at January 1, 2015	<u><u>\$ 295,413</u></u>

The actuarial present value of accumulated plan benefits was determined by the Plan's actuary using the accrued benefit actuarial cost method. Under this method, actuarial assumptions are used to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Significant actuarial assumptions used in the valuations as of January 1, 2015 and 2014 include:

	2015	2014
Investment return	6.75 %	7.16 %
Discount rate	6.75 %	7.25 %
Mortality table	2015 statistic mortality table for annuitants and nonannuitants per IRS §1.430(h)(3)-1(e)	2014 statistic mortality table for annuitants and nonannuitants per IRS §1.430(h)(3)-1(e)
Active retirement rates	5% from 55–57 10% from 58–60 15% for 61 15% for 62 20% from 63–64 30% from 65–67 50% from 68–69 100% from 70+	5% from 55–57 5% from 58–60 5% for 61 20% for 62 20% from 63–64 50% from 65–67 50% from 68–69 100% from 70+
Assumed retirement age for terminated vested participants	62	62

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

4. FAIR VALUE MEASUREMENTS

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

In addition to determining fair value, the Plan is required to establish a fair value hierarchy for valuation inputs. The hierarchy prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement reported in one of the three levels is determined by the lowest level input that is significant to the fair value measurement in its entirety. The Plan's policy is to recognize significant transfers between levels at the beginning of the reporting period. For the years ended December 31, 2015 and 2014, there were no significant transfers in or out of Levels 1, 2, or 3.

These levels are:

- Level 1 — unadjusted quoted prices in active markets for identical assets or liabilities;
- Level 2 — quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, and inputs that are derived principally from or corroborated by observable market data by correlation or other means;
- Level 3 — unobservable inputs to the valuation methodology that are significant to the measurement of the fair value of assets or liabilities.

The Plan's investments measured at fair value on a recurring basis as of December 31, 2015 and 2014 are summarized below (in thousands):

	Fair Value Measurements at December 31, 2015			
	(Level 1)	(Level 2)	(Level 3)	Total
Equity securities:				
Common stock	\$ 16,749	\$ -	\$ -	\$ 16,749
Equity commingled funds — domestic	-	57,344	-	57,344
Equity commingled funds — international	-	51,611	-	51,611
Total equity commingled funds	-	108,955	-	108,955
Fixed-income securities:				
Government securities	-	18,508	-	18,508
Corporate bonds	-	12,512	-	12,512
Mortgage-backed securities	-	14,943	-	14,943
Asset-backed securities and other	-	17,054	-	17,054
Fixed-income commingled funds	-	49,439	-	49,439
Real estate funds	-	-	18,323	18,323
Cash and cash equivalents	7,464	-	-	7,464
Total	\$ 24,213	\$ 221,411	\$ 18,323	\$ 263,947

	Fair Value Measurements at December 31, 2014			
	(Level 1)	(Level 2)	(Level 3)	Total
Equity securities:				
Common stock	\$ 18,609	\$ -	\$ -	\$ 18,609
Equity commingled funds — domestic	-	72,170	-	72,170
Equity commingled funds — international	-	58,008	-	58,008
Total equity commingled funds	-	130,178	-	130,178
Fixed-income securities:				
Government securities	-	10,872	-	10,872
Corporate bonds	-	16,715	7	16,722
Mortgage-backed securities	-	13,621	-	13,621
Asset-backed securities and other	-	25,489	-	25,489
Fixed-income commingled funds	-	59,952	-	59,952
Real estate funds	-	-	16,992	16,992
Cash and cash equivalents	5,159	-	-	5,159
Total	\$ 23,768	\$ 256,827	\$ 16,999	\$ 297,594

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

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

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

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

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

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

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

A reconciliation of Level 3 plan assets held during the plan years ended December 31, 2015 and 2014 is presented as follows (in thousands):

	Corporate Bonds	Real Estate Funds	Total
BALANCE — January 1, 2015	\$ 7	\$ 16,992	\$ 16,999
Unrealized gain (loss)	(3)	1,682	1,679
Realized gain (loss)	-	823	823
Sales	-	(1,174)	(1,174)
Transfer in (out)	(4)	-	(4)
BALANCE — December 31, 2015	<u>\$ -</u>	<u>\$ 18,323</u>	<u>\$ 18,323</u>

	Corporate Bonds	Real Estate Funds	Total
BALANCE — January 1, 2014	\$ 259	\$ 15,439	\$ 15,698
Unrealized gain (loss)	(3)	1,663	1,660
Realized gain (loss)	13	46	59
Sales	(262)	(156)	(418)
Transfer in (out)	-	-	-
BALANCE — December 31, 2014	<u>\$ 7</u>	<u>\$ 16,992</u>	<u>\$ 16,999</u>

The Plan's investments in certain entities where the fair value is measured by NAV per share are summarized below as of December 31, 2015 and 2014 (in thousands):

	2015	2014	Redemption Frequency	Redemption Notice Period
Equity commingled funds — domestic	\$ 57,344	\$ 72,170	As needed	3–5 days
Fixed-income commingled funds	49,439	59,952	As needed	3–5 days
Equity commingled funds — international	51,611	58,008	As needed	3–4 days
Real estate funds	18,323	16,992	As needed	45 days
Cash and cash equivalents	<u>7,464</u>	<u>5,159</u>	As needed	1 day
Total	<u>\$ 184,181</u>	<u>\$ 212,281</u>		

There are no unfunded commitments for the Plan's investments in certain entities where the fair value is measured by NAV per share.

5. FEDERAL INCOME TAX STATUS

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

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2015 and 2014, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

6. PLAN TERMINATION

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

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"). Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement age benefits, and certain disability and survivor pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

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

7. EXEMPT RELATED PARTY TRANSACTIONS

Certain funds are managed by JPMorgan Chase, which also serves as the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to JPMorgan Chase are included as a reduction of the return on the funds.

8. SUBSEQUENT EVENTS

For the year ended December 31, 2015, subsequent events were evaluated through October 12, 2016, which is the date that the financial statements were available to be issued.

* * * * *

SUPPLEMENTAL SCHEDULES

MCKESSON CORPORATION RETIREMENT PLAN
EIN 94-3207296

FORM 5500, SCHEDULE H, PART IV, LINE 4i-1
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2015

SEE ATTACHED LISTING

MCKESSON CORPORATION RETIREMENT PLAN

EIN 94-3207296

FORM 5500, SCHEDULE H, PART IV, LINE 4i-2

SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN THE YEAR)

YEAR ENDED DECEMBER 31, 2015

SEE ATTACHED LISTING

MCKESSON CORPORATION RETIREMENT PLAN

EIN 94-3207296

**FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE PLAN TRANSACTIONS
YEAR ENDED DECEMBER 31, 2015**

Identity of Issue	Purchases		Sales/Dispositions		Gain/(Loss)
	Number	Amount	Number	Amount	
Bartram International Fund	-	\$ -	564	\$ 49,634,541	\$ 11,162,094
Blackrock MSCI EAFE					
Equity Index Non-Lendable Fund	5	40,000,000	-	-	-
Eaton Vance Parametric Structured Fund	345	4,000,000	-	-	-
iShares MSCI EAFE ETF	4	45,991,704	18	43,120,511	(2,886,111)
JPMorgan Prime Money Market - Premier Shares	503	162,215,049	287	159,909,636	-
Loomis Sayles Core Plus Fixed Income Trust	-	-	20	9,000,000	20,756
Philadelphia PA School District Taxable Series A Bonds	1	18,801	-	-	-
QORVO Inc. Common Stock	-	-	2	35	20
Seaspine Holdings Corp Common Stock	-	-	1	11	3
State Street S&P 500 Index	1	1,000,000	5	17,030,560	8,340,932
United States Treasury Nov 2018	7	11,207,187	11	11,213,106	5,919
United States Treasury Nov 2021	10	12,960,672	9	13,002,042	41,368

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 6 C 37455	
		BASE CURRENCY: USD		AS OF DECEMBER 31, 2015	
IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT SHARES / PAR		COST	CURRENT VALUE
GENERAL INVESTMENTS ----- -----					
U.S. GOVERNMENT SECURITIES -----					
3128S4CH8 FHLMC MORTPASS ARM 01/APR/2036 1Q PN# 1Q		MONTHLY FLOATING 04/01/2036		40,550	42,920
		40,493.260			
3128NHRU9 FHLMC MORTPASS ARM 01/DEC/2036 1J PN# 1J		MONTHLY FLOATING 12/01/2036		90,805	96,111
		88,861.100			
3128QGLN0 FHLMC MORTPASS ARM 01/DEC/2036 1N PN# 1N		MONTHLY FLOATING 12/01/2036		20,890	22,016
		20,879.930			
3128NH4L4 FHLMC MORTPASS ARM 01/JUN/2037 1J PN# 1J		MONTHLY FLOATING 06/01/2037		47,556	49,021
		46,305.830			
3128NKEJ1 FHLMC MORTPASS ARM 01/SEP/2037 1J PN# 1J		MONTHLY FLOATING 09/01/2037		157,296	163,345
		153,506.400			
3128M6WB0 FHLMCGLD MORTPASS 6% 01/OCT/2038 G0 PN#		MONTHLY 6.000% 10/01/2038		65,271	68,223
		60,357.460			
31411E2N6 FNMA MORTPASS ARM 01/JAN/2037 S1 PN# 906		MONTHLY FLOATING 01/01/2037		31,392	33,192
		31,318.180			
31403DVS5 FNMA MORTPASS ARM 01/SEP/2036 LB PN# 745		MONTHLY FLOATING 09/01/2036		39,773	41,791
		39,492.720			
31410FR56 FNMA MORTPASS ARM 01/SEP/2036 WD PN# 888		MONTHLY FLOATING 09/01/2036		34,160	35,600
		33,707.290			
31374CNV4 FNMA MORTPASS 5.5% 01/AUG/2037 ZL PN# 31		MONTHLY 5.500% 08/01/2037		201,146	205,437
		182,497.220			
31402RJV2 FNMA MORTPASS 5% 01/JUL/2035 CL PN# 7356		MONTHLY 5.000% 07/01/2035		350,353	356,081
		322,163.490			
31418MEC2 FNMA MORTPASS 6.5% 01/AUG/2039 CL PN# AD		MONTHLY 6.500% 08/01/2039		24,895	26,065
		22,807.070			
31416BQA9 FNMA MORTPASS 6.5% 01/OCT/2038 CL PN# 99		MONTHLY 6.500% 10/01/2038		91,135	94,833
		82,979.490			
JPMorgan Investor Services		J.P.Morgan			

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
	SHARES / PAR		
31402CVW9 FNMA MORTPASS 6% 01/MAR/2034 CL PN# 7252	MONTHLY 6.000% 03/01/2034	198,524	204,816
	179,609.160		
31418MU34 FNMA MORTPASS 6% 01/SEP/2037 CL PN# AD06	MONTHLY 6.000% 09/01/2037	133,718	138,787
	122,518.740		
912810RB6 UNITED STATES OF AMERICA BOND FIXED 2.87	SEMI-ANN. 2.875% 05/15/2043	2,027,749	2,120,625
	2,175,000.000		
912810QA9 UNITED STATES OF AMERICA BOND FIXED 3.5%	SEMI-ANN. 3.500% 02/15/2039	167,268	165,914
	150,000.000		
912810PX0 UNITED STATES OF AMERICA BOND FIXED 4.5%	SEMI-ANN. 4.500% 05/15/2038	3,967,791	4,127,996
	3,215,000.000		
912828VB3 UNITED STATES OF AMERICA NOTES FIXED 1.7	SEMI-ANN. 1.750% 05/15/2023	1,218,066	1,217,825
	1,250,000.000		
912828F96 UNITED STATES OF AMERICA NOTES FIXED 2%	SEMI-ANN. 2.000% 10/31/2021	6,290,000	6,267,313
	6,250,000.000		
TOTAL U.S. GOVERNMENT SECURITIES		15,198,337	15,477,909
CORPORATE DEBT INSTRUMENTS: PREFERRED			

05950XAH9 BANC OF AMERICA COMMERCIAL MORTGAGE TRUS	MONTHLY 5.448% 09/10/2047	434,248	417,662
RATINGS: AAA A	410,000.000		
TOTAL CORPORATE DEBT INSTRUMENTS: PREFERRED		434,248	417,662
CORPORATE DEBT INSTRUMENTS: ALL OTHER			

00287YAQ2 ABBVIE INC CALLABLE NOTES FIXED 3.6% 14/	SEMI-ANN. 3.600% 05/14/2025	553,663	547,752
	555,000.000		
942683AH6 ACTAVIS INC CALLABLE NOTES FIXED 4.625%	SEMI-ANN. 4.625% 10/01/2042	362,235	361,239
	380,000.000		
008686AA5 AHOLD LEASE SERIES 2001-A-1 PASS THROUGH	SEMI-ANN. FLOATING 01/02/2020	0	0
RATINGS: BAA3 BBB-	.010		
001406AB3 AIM AVIATION FINANCE LTD 2015-1A B1 STEP	MONTHLY FLOATING 02/15/2040	324,464	315,113
	324,464.300		

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 8 C 37455	
		BASE CURRENCY: USD		AS OF DECEMBER 31, 2015	
IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT		COST	CURRENT VALUE
		SHARES / PAR			
009349AF8 AIRCRAFT LEASE SECURITISATION LTD 2007-1		MONTHLY FLOATING 05/10/2032		62,821	64,495
				65,311.290	
02005ACW6 ALLY MASTER OWNER TRUST 2012-5 A 1.54% 1		MONTHLY 1.540% 09/15/2019		99,971	99,402
				100,000.000	
04685A2A8 ATHENE GLOBAL FUNDING MEDIUM TERM NOTE F		SEMI-ANN. 2.875% 10/23/2018		339,769	334,512
				340,000.000	
05357HAJ9 AVENTURA MALL TRUST 2013-AVM 2013-AVM C		MONTHLY FLOATING 12/05/2032		248,677	253,793
				250,000.000	
05377RBB9 AVIS BUDGET RENTAL CAR FUNDING AESOP LLC		MONTHLY 2.100% 03/20/2019		1,084,516	1,083,727
				1,085,000.000	
054303BA9 AVON PRODUCTS INC CALLABLE NOTES FIXED 6		SEMI-ANN. FLOATING 03/15/2023		353,472	244,950
				355,000.000	
054303AZ5 AVON PRODUCTS INC CALLABLE NOTES FIXED 8		SEMI-ANN. FLOATING 03/15/2043		291,801	219,600
				305,000.000	
05524HAJ7 BAMLL COMMERCIAL MORTGAGE SECURITIES TRU		MONTHLY FLOATING 09/15/2026		440,000	435,579
				440,000.000	
05490AAC7 BB-UBS TRUST 2012-TFT B VARIABLE 05/JUN/		MONTHLY FLOATING 06/05/2030		602,086	584,901
				600,000.000	
05529SAJ8 BBCMS TRUST 2013-TYSN 2013-TYSN B 4.0447		MONTHLY 4.044% 09/05/2032		319,055	325,581
				310,000.000	
05543BAA6 BCC FUNDING VIII LLC 2014-1A A 1.794% 20		MONTHLY 1.794% 06/20/2020		177,600	176,934
				177,599.820	
05550YAL2 BLCP HOTEL TRUST 2014-CLRN D FLOATING 15		MONTHLY FLOATING 08/15/2029		595,000	582,124
				595,000.000	
096821AG8 BOCA HOTEL PORTFOLIO TRUST 2013-BOCA 201		MONTHLY FLOATING 08/15/2026		250,000	249,968
				250,000.000	
05606YAQ5 BXHTL 2015-JWRZ MORTGAGE TRUST 2015-JWRZ		MONTHLY FLOATING 05/15/2029		520,000	512,176
				520,000.000	
139742AF7 CAPITAL AUTO RECEIVABLES ASSET TRUST 201		MONTHLY 2.660% 04/22/2019		389,983	392,537
				390,000.000	
13975DAF2 CAPITAL AUTO RECEIVABLES ASSET TRUST 201		MONTHLY 2.790% 10/22/2018		209,971	211,884
				210,000.000	
JPMorgan Investor Services		J.P.Morgan			

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 9 C 37455	
		BASE CURRENCY: USD		AS OF DECEMBER 31, 2015	
IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT SHARES / PAR		COST	CURRENT VALUE
14169WAL1 CAREFREE PORTFOLIO TRUST 2014-CARE 2014-		MONTHLY FLOATING 11/15/2019		330,000	331,789
		330,000.000			
14310RAA4 CARLYLE GLOBAL MARKET STRATEGIES COMMODI		QUARTERLY FLOATING 10/15/2021		560,000	562,728
		560,000.000			
14313JAF8 CARMAX AUTO OWNER TRUST 2012-2 2012-2 C		MONTHLY 2.080% 03/15/2018		379,899	381,767
		380,000.000			
12505JAB9 CBL & ASSOCIATES LP CALLABLE NOTES FIXED		SEMI-ANN. 4.600% 10/15/2024		269,933	254,491
		270,000.000			
12505JAA1 CBL & ASSOCIATES LP CALLABLE NOTES FIXED		SEMI-ANN. 5.250% 12/01/2023		356,299	344,380
		360,000.000			
14985MAB7 CCG RECEIVABLES TRUSTE 2013-1 2013-1 A2		MONTHLY 1.050% 08/14/2020		25,832	25,829
		25,832.970			
12508FAE8 CDGJ COMMERCIAL MORTGAGE TRUST 2014-BXCH		MONTHLY FLOATING 12/15/2027		405,000	400,174
		405,000.000			
12508FAG3 CDGJ COMMERCIAL MORTGAGE TRUST 2014-BXCH		MONTHLY FLOATING 12/15/2027		145,000	142,363
		145,000.000			
12528PAD4 CG-CCRE COMMERCIAL MORTGAGE TRUST 2014-F		MONTHLY FLOATING 11/15/2031		784,838	787,745
		786,000.000			
12528LAE1 CGBAM COMMERCIAL MORTGAGE TRUST 2014-HD		MONTHLY FLOATING 02/15/2031		110,000	109,435
		110,000.000			
12528LAG6 CGBAM COMMERCIAL MORTGAGE TRUST 2014-HD		MONTHLY FLOATING 02/15/2031		330,000	328,448
		330,000.000			
166430AA6 CHESTERFIELD FINANCIAL HOLDINGS LLC 2014		QUARTERLY 4.500% 12/15/2034		388,680	391,046
		388,680.000			
17319WAA7 CITIGROUP COMMERCIAL MORTGAGE TRUST 2013		MONTHLY 2.110% 01/12/2030		0	0
		.010			
17319WAG4 CITIGROUP COMMERCIAL MORTGAGE TRUST 2013		MONTHLY 2.435% 01/12/2030		133,248	130,356
		130,000.000			
17322FAG6 CITIGROUP COMMERCIAL MORTGAGE TRUST 2014		MONTHLY FLOATING 06/15/2033		350,000	343,178
		350,000.000			
12625EAA7 COMM 2013-SFS MORTGAGE TRUST 2013-SFS A1		MONTHLY 1.872% 04/12/2035		175,337	171,104
		175,337.200			
JPMorgan Investor Services		J.P.Morgan			

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 10 C 37455	
		BASE CURRENCY: USD		AS OF DECEMBER 31, 2015	
IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT SHARES / PAR		COST	CURRENT VALUE
12632NAE0 COMM 2014-KYO MORTGAGE TRUST 2014-KYO C		MONTHLY FLOATING 06/11/2027		620,000	608,411
		620,000.000			
212168AA6 CONTINENTAL WIND LLC CALLABLE NOTES FIXE		SEMI-ANN. 6.000% 02/28/2033		266,150	293,747
		266,150.100			
22003BAG1 CORPORATE OFFICE PROPERTIES LP CALLABLE		SEMI-ANN. 3.600% 05/15/2023		1,094,207	1,059,599
		1,150,000.000			
22533FAA4 CREDIT ACCEPTANCE AUTO LOAN TRUST 2013-1		MONTHLY 1.210% 10/15/2020		29,316	29,308
		29,320.440			
22533QAC6 CREDIT ACCEPTANCE AUTO LOAN TRUST 2014-2		MONTHLY 2.670% 09/15/2022		639,886	639,599
		640,000.000			
238791AB3 DAVINCIRE HOLDINGS LTD CALLABLE NOTES FI		SEMI-ANN. 4.750% 05/01/2025		689,169	690,587
		695,000.000			
233283AA8 DORIC NIMROD AIR ALPHA 2013-1 CLASS A PA		SEMI-ANN. 5.250% 05/30/2025		0	0
		.010			
26207UAF6 DRIVE AUTO RECEIVABLES TRUST 2015-B 2015		MONTHLY 2.760% 07/15/2021		579,920	575,496
		580,000.000			
26223UAD1 DRUG ROYALTY II LP 2 2014-1 A2 3.484% 15		QUARTERLY 3.484% 07/15/2023		313,441	315,719
		313,445.440			
26971HAC6 EAGLE I LTD 2014-1A B 5.29% 15/DEC/2039		MONTHLY 5.290% 12/15/2039		299,982	294,038
		299,999.980			
26827EAA3 ECAF I LTD 2015-1A A1 3.473% 15/JUN/2040		MONTHLY 3.473% 06/15/2040		524,187	517,881
		524,186.610			
28140TAA6 EDUCATION REALTY OPERATING PARTNERSHIP L		SEMI-ANN. 4.600% 12/01/2024		409,963	403,789
		410,000.000			
29082AAA5 EMBRAER SA CALLABLE NOTES FIXED 5.15% 15		SEMI-ANN. 5.150% 06/15/2022		392,231	378,300
		390,000.000			
29100XAA3 EMERALD AVIATION FINANCE LTD 2013-1 A ST		MONTHLY FLOATING 10/15/2038		353,578	356,806
		354,479.210			
29244UAF5 EMPRESA ELECTRICA GUACOLDA SA CALLABLE N		SEMI-ANN. 4.560% 04/30/2025		339,810	312,820
		340,000.000			
29250RAV8 ENBRIDGE ENERGY PARTNERS LP CALLABLE NOT		SEMI-ANN. 4.375% 10/15/2020		215,218	209,737
		215,000.000			
JPMorgan Investor Services		J.P.Morgan			

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 11 C 37455	
		BASE CURRENCY: USD		AS OF DECEMBER 31, 2015	
IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT SHARES / PAR		COST	CURRENT VALUE
29372EAT5 ENTERPRISE FLEET FINANCING LLC 2012-2 A3		MONTHLY 0.930% 04/20/2018		169,216	169,062
		169,216.530			
26885KAJ9 EQTY 2014-INNS MORTGAGE TRUST 2014-INNS		MONTHLY FLOATING 05/08/2031		210,000	206,046
		210,000.000			
30217AAA1 EXPERIAN FINANCE PLC CALLABLE NOTES FIXE		SEMI-ANN. 2.375% 06/15/2017		286,234	283,552
		285,000.000			
304071AA1 FAIRFAX US INC CALLABLE NOTES FIXED 4.87		SEMI-ANN. 4.875% 08/13/2024		576,109	577,114
		595,000.000			
34528QBR4 FORD CREDIT FLOORPLAN MASTER OWNER TRUST		MONTHLY 2.860% 01/15/2019		389,878	393,142
		390,000.000			
30291DAB2 FRS I LLC 2013-1A A2 3.08% 15/APR/2043		MONTHLY 3.080% 04/15/2043		436,113	429,885
		436,116.920			
302635AB3 FS INVESTMENT CORP CALLABLE NOTES FIXED		SEMI-ANN. 4.250% 01/15/2020		702,920	707,750
		705,000.000			
379308AA7 GLITNIR BANKI HF CALLABLE PRIV PLACEMENT		SEMI-ANN. 0.000% 06/15/2016		100,000	125
RATINGS: C N/R		100,000.000			
37890RAF2 GLOBAL CONTAINER ASSETS LTD 2015-1A B 4.		MONTHLY 4.500% 02/05/2030		667,086	671,760
		667,307.700			
37953RAA7 GLOBAL CONTAINER ASSETS 2013-1 LTD 2013-		MONTHLY 2.200% 11/05/2028		193,573	193,369
		193,869.690			
384780AA0 GRAIN SPECTRUM FUNDING II LLC CALLABLE N		SEMI-ANN. 3.290% 10/10/2034		190,595	190,214
		190,594.900			
36192QAG9 GS MORTGAGE SECURITIES CORP II 2012-TMSQ		MONTHLY 3.409% 12/10/2030		549,492	589,966
		600,000.000			
36193AAA6 GS MORTGAGE SECURITIES CORP II 2013-KING		MONTHLY 2.706% 12/10/2027		472,959	462,989
		459,189.740			
36248PAL4 GS MORTGAGE SECURITIES CORP TRUST 2014-N		MONTHLY 3.790% 01/10/2031		604,838	618,942
		620,000.000			
36192EAA9 GTP CELLULAR SITES LLC CALLABLE NOTES FI		MONTHLY 3.721% 03/15/2042		521,595	525,967
		519,863.840			
40963KAA4 HANA SMALL BUSINESS LENDING LOAN TRUST 2		MONTHLY FLOATING 01/25/2040		201,753	205,077
		206,202.170			
JPMorgan Investor Services		J.P.Morgan			

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 12 C 37455	
		BASE CURRENCY: USD		AS OF DECEMBER 31, 2015	
IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT		COST	CURRENT VALUE
		SHARES / PAR			
43289UAE5	HILTON USA TRUST 2013-HLF 2013-HLF BFL F	MONTHLY	FLOATING 11/05/2030	154,141	153,146
		154,141.440			
43289UAG0	HILTON USA TRUST 2013-HLF 2013-HLF CFL F	MONTHLY	FLOATING 11/05/2030	226,679	225,544
		226,678.590			
448578AL8	HYATT HOTEL PORTFOLIO TRUST 2015-HYT 201	MONTHLY	FLOATING 11/15/2029	370,000	371,435
		370,000.000			
44890LAF1	HYUNDAI AUTO RECEIVABLES TRUST 2013-B 20	MONTHLY	1.710% 02/15/2019	309,892	310,141
		310,000.000			
462590HW3	IOWA STUDENT LOAN LIQUIDITY CORP 2011-1	QUARTERLY	FLOATING 06/25/2042	291,486	305,977
		308,815.060			
46637EAC7	JP MORGAN CHASE COMMERCIAL MORTGAGE SECU	MONTHLY	3.363% 11/13/2028	110,550	111,386
		110,000.000			
46629MAM7	JP MORGAN CHASE COMMERCIAL MORTGAGE SECU	MONTHLY	FLOATING 05/15/2045	561,579	538,963
		530,000.000			
48632HAA5	KAUPTHING BANK 7.125% BDS 19/MAY/2016 US	SEMI-ANN.	7.125% 05/19/2016	368,046	4
RATINGS: C N/R		370,000.000			
50064YAK9	KOREA HYDRO & NUCLEAR POWER CO LTD MEDIU	SEMI-ANN.	2.375% 10/28/2019	199,504	197,990
		200,000.000			
50065WAC0	KOREA NATIONAL OIL CORP NOTES FIXED 3.12	SEMI-ANN.	3.125% 04/03/2017	313,228	314,759
		310,000.000			
524ESCXA3	LEHMAN BROTHERS HOLDINGS INC BOND FIXED	SEMI-ANN.	5.857% 12/31/2049	67,361	0
		70,000.000			
524ESC7M6	LEHMAN BROTHERS HOLDINGS INC BOND FIXED	SEMI-ANN.	6.750% 12/28/2017	248,414	338
		270,000.000			
524ESCR36	LEHMAN BROTHERS HOLDINGS INC MEDIUM TERM	SEMI-ANN.	6.500% 07/19/2017	102,000	0
		110,000.000			
55259PAD8	M&I MARSHALL & ILSLEY BANK NOTES FIXED 5	SEMI-ANN.	5.000% 01/17/2017	96,900	97,923
RATINGS: BAA1 BBB-		95,000.000			
561234AD7	MALLINCKRODT INTERNATIONAL FINANCE SA CA	SEMI-ANN.	3.500% 04/15/2018	468,397	446,500
		470,000.000			
55314QAE7	MMAF EQUIPMENT FINANCE LLC 2012-A 2012-A	MONTHLY	1.980% 06/10/2032	599,861	598,939
		600,000.000			
JPMorgan Investor Services					
J.P.Morgan					

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
	SHARES / PAR		
61205PAK5 MONTANA HIGHER EDUCATION STUDENT ASSISTA	MONTHLY FLOATING 05/20/2030 308,286.010	304,153	310,064
617453AV7 MORGAN STANLEY CAPITAL I TRUST 2006-IQ11	MONTHLY FLOATING 10/15/2042 620,000.000	652,792	620,455
63938XAA0 NAVITAS EQUIPMENT RECEIVABLES LLC 2013-1	MONTHLY 1.950% 11/15/2016 22,528.020	22,528	22,513
65252VAA7 NEWTEK SMALL BUSINESS LOAN TRUST 2014-1	MONTHLY FLOATING 04/25/2040 527,258.580	527,259	520,896
65341KAB2 NEXTGEAR FLOORPLAN MASTER OWNER TRUST 20	MONTHLY 2.610% 10/15/2019 460,000.000	459,875	452,291
658262GE4 NORTH CAROLINA STATE EDUCATION ASSISTANC	MONTHLY FLOATING 07/25/2039 204,184.490	203,709	199,401
675757AA6 ODEBRECHT DRILLING NORBE VIII/IX LTD CAL	SEMI-ANN. 6.350% 06/30/2022 149,150.000	154,743	53,694
67576GAB3 ODEBRECHT OFFSHORE DRILLING FINANCE LTD	QUARTERLY 6.625% 10/01/2023 271,075.500	271,065	59,637
67576GAA5 ODEBRECHT OFFSHORE DRILLING FINANCE LTD	QUARTERLY 6.750% 10/01/2023 232,076.000	232,062	53,377
68267YAA8 ONEMAIN FINANCIAL ISSUANCE TRUST 2014-1	MONTHLY 2.430% 06/18/2024 420,000.000	419,991	418,551
68268BAB5 ONEMAIN FINANCIAL ISSUANCE TRUST 2014-2	MONTHLY 3.020% 09/18/2024 210,000.000	210,000	209,000
68268EAB9 ONEMAIN FINANCIAL ISSUANCE TRUST 2015-1	MONTHLY 3.850% 03/18/2026 350,000.000	349,917	353,969
708062AA2 PENNANTPARK INVESTMENT CORP CALLABLE NOT	SEMI-ANN. 4.500% 10/01/2019 590,000.000	591,885	590,602
71647NAH2 PETROBRAS GLOBAL FINANCE BV CALLABLE NOT	SEMI-ANN. 4.875% 03/17/2020 385,000.000	384,011	288,750
80283DAE1 SANTANDER DRIVE AUTO RECEIVABLES TRUST 2	MONTHLY 1.950% 03/15/2019 210,000.000	203,421	210,406
80283HAE2 SANTANDER DRIVE AUTO RECEIVABLES TRUST 2	MONTHLY 3.250% 01/15/2020 250,000.000	249,961	253,127

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 14 C 37455	
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IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT		COST	CURRENT VALUE
		SHARES / PAR			
78403DAC4	SBA TOWER TRUST CALLABLE NOTES FIXED 2.9	MONTHLY	2.933% 12/15/2042	340,000	344,021
			340,000.000		
81618TAC4	SELECT INCOME REIT CALLABLE NOTES FIXED	SEMI-ANN.	4.500% 02/01/2025	681,510	631,999
			680,000.000		
81721MAJ8	SENIOR HOUSING PROPERTIES TRUST CALLABLE	SEMI-ANN.	3.250% 05/01/2019	314,767	313,875
			315,000.000		
82321UAA1	SHENTON AIRCRAFT INVESTMENT I LTD 2015-1	MONTHLY	4.750% 10/15/2042	656,683	656,418
			663,047.980		
78447DAF5	SMART ABS SERIES 2012-2US TRUST 2012-2US	MONTHLY	2.060% 03/14/2018	559,765	561,038
			559,892.280		
78447UAF7	SMART ABS SERIES 2013-2US TRUST 2013-2US	MONTHLY	1.180% 02/14/2019	379,986	377,375
			380,000.000		
840555CZ7	SOUTH TEXAS HIGHER EDUCATION AUTHORITY I	QUARTERLY	FLOATING 10/01/2024	265,915	273,298
			275,000.000		
84861CAA3	SPIRIT MASTER FUNDING LLC 2014-4A A1 3.5	MONTHLY	3.501% 01/20/2045	404,254	401,002
			405,000.000		
84860XAB6	SPIRIT MASTER FUNDING VII LLC 2013-2A A	MONTHLY	5.268% 12/20/2043	211,214	228,632
			211,218.220		
85172BAA6	SPRINGLEAF FUNDING TRUST 2013-A 2013-AA	MONTHLY	2.580% 09/15/2021	0	0
			.040		
85172KAB4	SPRINGLEAF FUNDING TRUST 2014-A 2014-AA	MONTHLY	3.450% 12/15/2022	369,886	369,121
			370,000.000		
86212UAB2	STORE MASTER FUNDING LLC 2013-1A A2 4.65	MONTHLY	4.650% 03/20/2043	200,638	208,276
			200,705.840		
86212WAB8	STORE MASTER FUNDING LLC 2013-2A A2 5.33	MONTHLY	5.330% 07/20/2043	375,523	400,511
			375,587.200		
86213AAB5	STORE MASTER FUNDING LLC 2013-3A A2 5.21	MONTHLY	5.210% 11/20/2043	348,430	372,048
			348,627.670		
86213BAA5	STORE MASTER FUNDING LLC 2014-1A A1 4.21	MONTHLY	4.210% 04/20/2044	466,255	476,713
			466,279.230		
87407PAN0	TAL ADVANTAGE V LLC 2014-2A A1 1.7% 20/M	MONTHLY	1.700% 05/20/2039	59,580	58,797
			59,586.700		
JPMorgan Investor Services		J.P.Morgan			

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 15 C 37455	
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IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT		COST	CURRENT VALUE
		SHARES / PAR			
87407PAR1	TAL ADVANTAGE V LLC 2014-3A A 3.27% 21/N	MONTHLY	3.270% 11/21/2039	258,495	254,132
		258,583.350			
88314RAC0	TEXTAINER MARINE CONTAINERS III LTD 2014	MONTHLY	3.270% 10/20/2039	459,178	446,920
		459,333.380			
89253UAC4	TRADE MAPS 1 LTD 2013-1A B FLOATING 10/D	MONTHLY	FLOATING 12/10/2018	190,000	187,281
		190,000.000			
89346DAE7	TRANSALTA CORP 6.5% BDS 15/MAR/2040 USD1	SEMI-ANN.	6.500% 03/15/2040	727,003	526,263
RATINGS: BAA2 BBB		699,000.000			
90269PAA9	UBS-BAMLL TRUST 2012-WRM A 3.663% 10/JUN	MONTHLY	3.663% 06/10/2030	336,578	332,414
		330,000.000			
90919UAA2	UNISON GROUND LEASE FUNDING LLC CALLABLE	MONTHLY	5.349% 04/15/2040	294,745	284,931
		275,000.000			
917546HX4	UTAH STATE BOARD OF REGENTS 2011-1 A2 FL	QUARTERLY	FLOATING 05/01/2029	110,261	113,232
		113,229.330			
91830MAG1	VND0 2013-PENN MORTGAGE TRUST 2013-PENN	MONTHLY	FLOATING 12/13/2029	337,771	344,216
		330,000.000			
92976BEA6	WACHOVIA BANK COMMERCIAL MORTGAGE TRUST	MONTHLY	FLOATING 01/15/2045	487,038	469,001
		470,000.000			
94974BGL8	WELLS FARGO & CO MEDIUM TERM NOTE FIXED	SEMI-ANN.	4.300% 07/22/2027	358,632	366,893
		360,000.000			
94988MAA8	WELLS FARGO COMMERCIAL MORTGAGE TRUST 20	MONTHLY	3.544% 04/16/2035	195,693	195,749
		190,000.000			
92890XAE7	WFCG COMMERCIAL MORTGAGE TRUST 2015-BXRP	MONTHLY	FLOATING 11/15/2029	421,272	416,955
		421,799.240			
TOTAL CORPORATE DEBT INSTRUMENTS: ALL OTHER COMMON				44,545,050	42,512,785

000361105	AAR CORP COMMON STOCK USD 1		1,750.000	45,272	46,008
004225108	ACADIA PHARMACEUTICALS INC COMMON STOCK		5,760.000	177,981	205,344
JPMorgan Investor Services					
J.P.Morgan					

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 16 C 37455	
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IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT SHARES / PAR		COST	CURRENT VALUE
004239109 ACADIA REALTY TRUST REIT USD 0.001		2,820.000		50,209	93,483
00762W107 ADVISORY BOARD CO/THE COMMON STOCK USD 0		6,103.000		298,739	302,770
00771V108 AERIE PHARMACEUTICALS INC COMMON STOCK U		1,651.000		40,515	40,202
025676206 AMERICAN EQUITY INVESTMENT LIFE HOLDING		STOCK USD 1		98,805	116,546
035290105 ANIXTER INTERNATIONAL INC COMMON STOCK U		4,850.000		34,964	68,543
04316A108 ARTISAN PARTNERS ASSET MANAGEMENT INC CO		USD 0.01		72,814	69,416
045327103 ASPEN TECHNOLOGY INC COMMON STOCK USD 0.		1,925.000		102,005	105,011
049164205 ATLAS AIR WORLDWIDE HOLDINGS INC COMMON		0.01		73,239	76,479
05379B107 AVISTA CORP COMMON STOCK USD 0		1,850.000		34,117	57,299
059692103 BANCORPSOUTH INC COMMON STOCK USD 2.5		1,620.000		90,463	107,355
073685109 BEACON ROOFING SUPPLY INC COMMON STOCK U		4,475.000		102,484	109,127
090572207 BIO-RAD LABORATORIES INC COMMON STOCK US		2,650.000		18,781	72,797
05566U108 BOFI HOLDING INC COMMON STOCK USD 0.01		525.000		315,320	319,265
100557107 BOSTON BEER CO INC/THE COMMON STOCK USD		15,167.000		59,415	111,051
126804301 CABELA'S INC COMMON STOCK USD 0.01		550.000		31,718	62,618
128195104 CALATLANTIC GROUP INC		1,340.000		95,520	149,139
		3,932.990			
JPMorgan Investor Services		J.P.Morgan			

IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE
		SHARES / PAR		
14057J101	CAPITOL FEDERAL FINANCIAL INC COMMON STO	0.01	52,734	55,578
		4,425.000		
16359R103	CHEMED CORP COMMON STOCK USD 1		86,479	127,330
		850.000		
171604101	CHUY'S HOLDINGS INC COMMON STOCK USD 0.0		176,555	207,910
		6,634.000		
194693107	COLLIERS INTERNATIONAL GROUP INC COMMON	0	105,542	127,146
		2,854.000		
207410101	CONMED CORP COMMON STOCK USD 0.01		79,142	83,695
		1,900.000		
22002T108	CORPORATE OFFICE PROPERTIES TRUST REIT U		57,563	29,798
		1,365.000		
237266101	DARLING INGREDIENTS INC		46,986	28,667
		2,725.000		
25456K101	DIPLOMAT PHARMACY INC COMMON STOCK USD 0		299,126	260,106
		7,601.000		
25754A201	DOMINO'S PIZZA INC COMMON STOCK USD 0.01		77,673	257,544
		2,315.000		
262037104	DRIL-QUIP INC COMMON STOCK USD 0.01		144,405	114,077
		1,926.000		
26613Q106	DUPONT FABROS TECHNOLOGY INC REIT USD 0.		55,514	68,825
		2,165.000		
27579R104	EAST WEST BANCORP INC COMMON STOCK USD 0		57,488	160,422
		3,860.000		
28140H203	EDUCATION REALTY TRUST INC REIT USD 0.01		61,326	75,104
		1,982.670		
29414B104	EPAM SYSTEMS INC COMMON STOCK USD 0.001		131,904	195,921
		2,492.000		
29977A105	EVERCORE PARTNERS INC COMMON STOCK USD 0		96,120	102,679
		1,899.000		
30066A105	EXAMWORKS GROUP INC COMMON STOCK USD		191,638	163,430
		6,144.000		

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 18 C 37455	
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IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT SHARES / PAR		COST	CURRENT VALUE
30241L109 FEI CO COMMON STOCK USD 0		1,960.000		54,716	156,388
317485100 FINANCIAL ENGINES INC COMMON STOCK USD 0		2,472.000		98,349	83,232
31787A507 FINISAR CORP COMMON STOCK USD 0.001		5,485.000		82,644	79,752
31847R102 FIRST AMERICAN FINANCIAL CORP COMMON STO		0.00001		73,255	63,723
33767E103 FIRSTSERVICE CORP COMMON STOCK CAD		7,342.000		170,128	296,837
G35569105 FLEETMATICS GROUP PLC COMMON STOCK USD 0		5,330.000		193,495	270,711
351793104 FRANCESCA'S HOLDINGS CORP COMMON STOCK U		5,876.000		90,844	102,301
35804H106 FRESH MARKET INC/THE COMMON STOCK USD 0.		2,842.000		86,501	66,560
37253A103 GENTHERM INC COMMON STOCK USD 0		1,758.000		72,037	83,329
37364X109 GEOSPACE TECHNOLOGIES CORP COMMON STOCK		1,084.000		35,733	15,252
37637Q105 GLACIER BANCORP INC COMMON STOCK USD 0.0		4,005.000		78,524	106,253
L44385109 GLOBANT SA COMMON STOCK USD 1.2		3,953.000		121,613	148,277
395259104 GREENHILL & CO INC COMMON STOCK USD 0.01		1,625.000		96,473	46,491
G4095J109 GREENLIGHT CAPITAL RE LTD COMMON STOCK U		2,065.000		68,362	38,636
362393100 GTT COMMUNICATIONS INC COMMON STOCK USD		5,879.000		127,741	100,296
404030108 H&E EQUIPMENT SERVICES INC COMMON STOCK		3,747.000		89,327	65,498
JPMorgan Investor Services		J.P.Morgan			

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 19 C 37455	
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IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT SHARES / PAR		COST	CURRENT VALUE
422347104 HEARTLAND EXPRESS INC COMMON STOCK USD 0		3,725.000		74,092	63,400
42235N108 HEARTLAND PAYMENT SYSTEMS INC COMMON STO		0.001		82,009	180,158
422806109 HEICO CORP COMMON STOCK USD 0.01		1,900.000		193,639	200,371
423452101 HELMERICH & PAYNE INC COMMON STOCK USD 0		3,686.000		8,206	28,649
431475102 HILL-ROM HOLDINGS INC COMMON STOCK USD 0		535.000		93,704	154,994
443320106 HUB GROUP INC COMMON STOCK USD 0.01		3,225.000		107,583	86,494
451107106 IDACORP INC COMMON STOCK USD 0		2,625.000		28,316	60,860
451734107 IHS INC COMMON STOCK USD 0.01		895.000		171,360	160,591
45336E109 INCONTACT INC COMMON STOCK USD 0.0001		1,356.000		94,883	102,364
45384B106 INDEPENDENT BANK GROUP INC COMMON STOCK		10,730.000		65,171	49,312
457187102 INGREDION INC COMMON STOCK USD 0.01		1,541.000		37,769	123,154
45784P101 INSULET CORP COMMON STOCK USD 0.001		1,285.000		196,496	214,383
457985208 INTEGRA LIFESCIENCES HOLDINGS CORP COMMO		5,670.000		112,206	192,495
44980X109 IPG PHOTONICS CORP COMMON STOCK USD 0.00		2,840.000		103,750	120,990
47102X105 JANUS CAPITAL GROUP INC COMMON STOCK USD		1,357.000		62,450	107,084
471109108 JARDEN CORP COMMON STOCK USD 0.01		7,600.000		31,254	192,380
		3,368.000			
JPMorgan Investor Services		J.P.Morgan			

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 20 C 37455	
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IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT SHARES / PAR		COST	CURRENT VALUE
485170302 KANSAS CITY SOUTHERN COMMON STOCK USD 0.		725.000		19,273	54,136
485865109 KATE SPADE & CO COMMON STOCK USD 1		3,535.000		43,546	62,817
48666K109 KB HOME COMMON STOCK USD 1		7,618.000		119,616	93,930
515098101 LANDSTAR SYSTEM INC COMMON STOCK USD 0.0		2,180.000		144,900	127,857
559079207 MAGELLAN HEALTH INC COMMON STOCK USD 0.0		1,307.000		76,390	80,590
589433101 MEREDITH CORP COMMON STOCK USD 1		1,625.000		58,108	70,281
59001A102 MERITAGE HOMES CORP COMMON STOCK USD 0.0		2,800.000		121,585	95,172
59522J103 MID-AMERICA APARTMENT COMMUNITIES INC RE		0.01		56,610	95,805
596278101 MIDDLEBY CORP/THE COMMON STOCK USD 0.01		2,704.000		248,381	291,680
553530106 MSC INDUSTRIAL DIRECT CO INC COMMON STOC		0.001		15,182	48,111
624756102 MUELLER INDUSTRIES INC COMMON STOCK USD		2,315.000		35,432	62,737
63886Q109 NATURAL GAS SERVICES GROUP INC COMMON ST		0.01		114,633	95,333
639050103 NATUS MEDICAL INC COMMON STOCK USD 0.001		3,150.000		86,566	151,358
62886E108 NCR CORP COMMON STOCK USD 0.01		2,365.000		38,416	57,848
64115T104 NETSCOUT SYSTEMS INC COMMON STOCK USD 0.		1,725.000		66,953	52,958
G6583A102 NORD ANGLIA EDUCATION INC COMMON STOCK U		10,091.000		219,599	204,645
JPMorgan Investor Services		J.P.Morgan			

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 21 C 37455	
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IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT SHARES / PAR		COST	CURRENT VALUE
667655104 NORTHWEST NATURAL GAS CO COMMON STOCK US		375.000		16,558	18,979
670704105 NUVASIVE INC COMMON STOCK USD 0.001		2,450.000		63,991	132,570
675232102 OCEANEERING INTERNATIONAL INC COMMON STO		0.25		13,092	42,585
681116109 OLLIE'S BARGAIN OUTLET HOLDINGS INC COMM		USD 0.001		19,821	18,065
695263103 PACWEST BANCORP COMMON STOCK USD 0		3,196.010		96,555	137,748
699462107 PAREXEL INTERNATIONAL CORP COMMON STOCK		2,880.000		67,445	196,186
70438V106 PAYLOCITY HOLDING CORP COMMON STOCK USD		8,416.000		251,177	341,269
705573103 PEGASYSTEMS INC COMMON STOCK USD 0.01		5,515.000		61,241	151,663
72703H101 PLANET FITNESS INC COMMON STOCK USD 0.00		3,276.000		54,031	51,204
729132100 PLEXUS CORP COMMON STOCK USD 0.01		1,745.000		37,179	60,935
73278L105 POOL CORP COMMON STOCK USD 0.001		2,870.000		73,720	231,839
74113L102 PRESS GANEY HOLDINGS INC COMMON STOCK US		243.000		6,836	7,667
74112D101 PRESTIGE BRANDS HOLDINGS INC COMMON STOC		4,075.000		55,874	209,781
74164M108 PRIMERICA INC COMMON STOCK USD		2,098.000		102,232	99,089
742962103 PRIVATEBANCORP INC COMMON STOCK USD 0		3,450.000		103,305	141,519
743713109 PROTO LABS INC COMMON STOCK USD 0.001		253.000		16,115	16,114
JPMorgan Investor Services		J.P.Morgan			

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 22 C 37455	
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IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT SHARES / PAR		COST	CURRENT VALUE
74587V107 PUMA BIOTECHNOLOGY INC COMMON STOCK USD		1,524.000		207,131	119,482
74736K101 QORVO INC COMMON STOCK USD 0.0001		2,131.450		28,688	108,491
JPMorgan Investor Services		J.P.Morgan			

75606N109 REALPAGE INC COMMON STOCK USD 0.001		114,723	126,483
	5,634.000		
758750103 REGAL BELOIT CORP COMMON STOCK USD 0.01		30,752	43,305
	740.000		
74965L101 RLJ LODGING TRUST REIT USD		84,413	73,001
	3,375.000		
810186106 SCOTTS MIRACLE-GRO CO/THE COMMON STOCK U		66,976	129,020
	2,000.000		
81255T108 SEASPINE HOLDINGS CORP COMMON STOCK USD		11,331	16,252
	946.000		
81619Q105 SELECT MEDICAL HOLDINGS CORP COMMON STOC 0.001		94,019	84,025
	7,055.000		
82669G104 SIGNATURE BANK/NEW YORK NY COMMON STOCK		319,190	384,959
	2,510.000		
835898107 SOTHEBY'S COMMON STOCK USD 0.01		41,423	31,556
	1,225.000		
84610H108 SOVRAN SELF STORAGE INC REIT USD 0.01		66,067	150,234
	1,400.000		
78463M107 SPS COMMERCE INC COMMON STOCK USD 0.001		136,950	158,324
	2,255.000		
85472N109 STANTEC INC COMMON STOCK CAD 0		8,593	6,867
	277.000		
G84720104 STERIS PLC COMMON STOCK USD		59,605	168,762
	2,240.000		
860630102 STIFEL FINANCIAL CORP COMMON STOCK USD 0		104,003	138,094
	3,260.000		
M85548101 STRATASYS LTD COMMON STOCK USD 0.01		102,017	86,806
	3,697.000		
JPMorgan Investor Services			
J.P.Morgan			

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 23 C 37455	
		BASE CURRENCY: USD		AS OF DECEMBER 31, 2015	
IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT SHARES / PAR		COST	CURRENT VALUE
78486Q101 SVB FINANCIAL GROUP COMMON STOCK USD 0.0		1,850.000		60,034	219,965
87074U101 SWIFT TRANSPORTATION CO COMMON STOCK USD		2,650.000		71,805	36,623
87918A105 TELADOC INC COMMON STOCK USD 0.001		1,329.000		30,011	23,869
879360105 TELEDYNE TECHNOLOGIES INC COMMON STOCK U		690.000		16,123	61,203
88224Q107 TEXAS CAPITAL BANCSHARES INC COMMON STOC		2,210.000		89,024	109,218
883211104 TEXTURA CORP COMMON STOCK USD 0.001		288.000		5,907	6,215
891092108 TORO CO/THE COMMON STOCK USD 1		1,275.000		11,401	93,164
89469A104 TREEHOUSE FOODS INC COMMON STOCK USD 0.0		925.000		49,526	72,576
896288107 TRINET GROUP INC COMMON STOCK USD 0.0000		362.000		9,673	7,005
90385D107 ULTIMATE SOFTWARE GROUP INC/THE COMMON S		0.01	1,573.000	236,332	307,537
90400D108 ULTRAGENYX PHARMACEUTICAL INC COMMON STO		0.001	2,013.000	170,420	225,818
902788108 UMB FINANCIAL CORP COMMON STOCK USD 1		1,500.000		91,582	69,825
904214103 UMPQUA HOLDINGS CORP COMMON STOCK USD 0		6,800.000		118,594	108,120
910710102 UNITED INSURANCE HOLDINGS CORP COMMON ST		0.0001	1,315.000	28,139	22,487
90337L108 US PHYSICAL THERAPY INC COMMON STOCK USD		127.000		6,983	6,817
922280102 VARONIS SYSTEMS INC COMMON STOCK USD 0.0		400.000		9,820	7,520
JPMorgan Investor Services		J.P.Morgan			

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 24 C 37455	
		BASE CURRENCY: USD		AS OF DECEMBER 31, 2015	
IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT SHARES / PAR		COST	CURRENT VALUE
922417100 VEECO INSTRUMENTS INC COMMON STOCK USD 0		3,100.000		96,824	63,736
92343X100 VERINT SYSTEMS INC COMMON STOCK USD 0.00		2,673.000		150,018	108,417
92828Q109 VIRTUS INVESTMENT PARTNERS INC COMMON ST 0.01		1,998.000		327,888	234,685
928298108 VISHAY INTERTECHNOLOGY INC COMMON STOCK		6,825.000		94,586	82,241
930059100 WADDELL & REED FINANCIAL INC COMMON STOC		2,685.000		74,743	76,952
930427109 WAGEWORKS INC COMMON STOCK USD 0.001		5,502.000		250,577	249,626
941053100 WASTE CONNECTIONS INC COMMON STOCK USD 0		5,014.000		235,692	282,388
94419L101 WAYFAIR INC COMMON STOCK USD 0.001		9,355.000		309,610	445,485
947890109 WEBSTER FINANCIAL CORP COMMON STOCK USD		4,235.000		108,823	157,500
97650W108 WINTRUST FINANCIAL CORP COMMON STOCK USD		2,500.000		105,636	121,300
N96617118 WRIGHT MEDICAL GROUP NV COMMON STOCK USD		2,938.000		62,234	71,041
983793100 XPO LOGISTICS INC COMMON STOCK USD 0.001		4,012.000		109,375	109,327
90214J101 2U INC COMMON STOCK USD 0.001		3,860.000		121,002	108,003
TOTAL COMMON				13,497,806	16,748,683

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR			MCKESSON (RET)		PAGE 25 C 37455	
			BASE CURRENCY: USD		AS OF DECEMBER 31, 2015	
IDENTITY OF ISSUE, BORROWER, LESSOR			DESCRIPTION OF INVESTMENT SHARES / PAR		COST	CURRENT VALUE
VALUE OF INTEREST IN COMMON/COLLECTIVE TRUSTS -----						
AAD9994N2 BLACKROCK MSCI EAFE EQUITY INDEX NON-LEN			1,960,514.450		40,000,000	39,120,297
89599L244 JPMCB STRATEGIC PROPERTY FUND			6,575.840		10,828,441	18,323,252
857997977 STATE STR S&P 500 INDEX			121,507.260		29,578,981	57,344,139
TOTAL VALUE OF INTEREST IN COMMON/COLLECTIVE TRUSTS					80,407,422	114,787,688
VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES -----						
277997888 EATON VANCE PARAMETRIC STRUCTURED FUND			1,424,225.120		13,375,066	12,490,739
928991843 JPMORGAN PRIME MMKT - PREMIER SHR FUND 3			MONTHLY VARIABLE 12/31/2049 7,463,690.510		7,463,691	7,463,691
543995625 LOOMIS SAYLES CORE PLUS FIXED INCOME TRU			4,668,459.660		51,020,756	49,438,988
TOTAL VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES					71,859,512	69,393,418
GENERAL INVESTMENTS - OTHER =====						
STATE AND MUNICIPAL SECURITIES -----						
2511295D0 DETROIT MICH CITY SCH DIST TAXABLE-B-BUI			SEMI-ANN. 7.747% 05/01/2039 890,000.000		985,558	1,091,799
251130ED8 DETROIT MICH CITY SCH DIST TAXABLE-SCH B			SEMI-ANN. 6.845% 05/01/2040 430,000.000		456,282	451,311
452152GS4 ILLINOIS ST FOR ISSUES DTD PRIOR TO 01/1			SEMI-ANN. 7.350% 07/01/2035 750,000.000		858,665	813,630
646136WG2 NEW JERSEY ST TRANSN TR FD AUTH CAP APPR			SEMI-ANN. 0.000% 12/15/2035 885,000.000		339,778	318,184
JPMorgan Investor Services			J.P.Morgan			

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 26 C 37455	
		BASE CURRENCY: USD		AS OF DECEMBER 31, 2015	
IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT		COST	CURRENT VALUE
		SHARES / PAR			
646136EK3 NEW JERSEY ST TRANSN TR FD AUTH SER A -R	SEMI-ANN.	5.500% 12/15/2023		398,696	412,459
		360,000.000			
717883LV2 PHILADELPHIA PA SCH DIST TAXABLE-SER A-Q	SEMI-ANN.	5.995% 09/01/2030		343,801	346,622
		345,000.000			
83754LAS6 SOUTH DAKOTA EDL ENHANCEMENT FDG CORP TO	SEMI-ANN.	3.539% 06/01/2022		280,579	280,599
		280,000.000			
888808DG4 TOBACCO SETTLEMENT FING CORP N J RFDG-SU	SEMI-ANN.	0.000% 06/01/2041		672,938	704,878
		2,775,000.000			
888808DH2 TOBACCO SETTLEMENT FING CORP N J RFDG-SU	SEMI-ANN.	0.000% 06/01/2041		184,063	189,201
		775,000.000			
TOTAL STATE AND MUNICIPAL SECURITIES				4,520,359	4,608,682
OTHER SECURITIES					

LEHESCR LEHMAN ESCROW RECEIPT				0	3,199
		24,609.380			
TOTAL OTHER SECURITIES				0	3,199
TOTAL GENERAL INVESTMENTS - OTHER				4,520,359	4,611,881
				=====	=====
TOTAL GENERAL INVESTMENTS				230,462,734	263,950,026
				-----	-----
				-----	-----
JPMorgan Investor Services		J.P.Morgan			

FD491 SCHEDULE H (FORM 5500 - 4I-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR		MCKESSON (RET)		PAGE 27 C 37455	
		BASE CURRENCY: USD		AS OF DECEMBER 31, 2015	
IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT SHARES / PAR		COST	CURRENT VALUE
OTHER LIABILITIES					

OVERDRAFTS					

CASH	CASH	(59.100)		(59)	(59)
TOTAL OVERDRAFTS				(59)	(59)
TOTAL PAYABLES FOR SECURITIES PURCHASED				(5,578,616)	(5,578,616)
TOTAL OTHER LIABILITIES				(5,578,675)	(5,578,675)
				-----	-----
				-----	-----
JPMorgan Investor Services		J.P.Morgan			

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT	COST OF ACQUISITION	PROCEEDS FROM DISPOSITION
CORPORATE DEBT INSTRUMENTS	SHARES / PAR		
00105DAE5 AES GENER SA CALLABLE NOTES FIXED 5% 14/	SEMI-ANN. 5.000% 07/14/2025	(383,352)	386,733
	385,000.000		
151020AS3 CELGENE CORP CALLABLE NOTES FIXED 3.875%	SEMI-ANN. 3.875% 08/15/2025	(371,513)	370,943
	375,000.000		
89400PAE3 TRANSURBAN FINANCE CO PTY LTD CALLABLE N	SEMI-ANN. 4.125% 02/02/2026	(287,457)	287,225
	290,000.000		
TOTAL CORPORATE DEBT INSTRUMENTS		(1,042,321)	1,044,900
COMMON			
000307108 AAC HOLDINGS INC COMMON STOCK USD 0.001		(18,645)	9,961
	432.000		
002120103 ATYR PHARMA INC COMMON STOCK USD 0.001		(5,465)	8,015
	399.000		
05211J102 AUSPEX PHARMACEUTICALS INC COMMON STOCK		(93,900)	153,661
	1,529.000		
29786A106 ETSY INC COMMON STOCK USD 0.001		(10,562)	8,089
	539.000		
TOTAL COMMON		(128,572)	179,725
		-----	-----
TOTAL GENERAL INVESTMENTS		(1,170,894)	1,224,625

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				2						
35-39		5	1	3	3					
40-44	1	36	3	7	5	3	1			
45-49	1	53	30	20	12	23	3	1		
50-54		57	52	69	10	18	15	7	1	
55-59		50	44	73	20	10	12	4	1	
60-64	1	30	37	31	24	16	6	2	5	2
65-69		6	12	13	8	10	5			1
70+			2	3			1			

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Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

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

Actuarial Assumptions and Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA

1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2014), without regard to interest rate stabilization

1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.15%

Optional Payment Form Election Percentage

McKesson and NDCHealth: 100% Life Annuity

Moore Medical: 50% elect Lump Sum and 50% elect 50% joint and survivor annuity; for terminated vested participants, 100% ten-year certain and life annuity.

Optional Payment Form
Conversion Interest Rate

Same as funding interest rate above for lump sums

Optional Payment Form
Conversion Mortality

Current 417(e) table for lump sums

Retirement Age

Active Participants

See Table 1

Terminated Vested Participants

Age 62

Mortality Rates

Healthy and Disabled

2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)

Withdrawal Rates

See Tables 2–3

Disability Rates

See Table 4

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

For ERISA Requirements

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are Three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2013 Plan Year	7.25%, limited to 7.16%
2014 Plan Year	6.75%
2015 Plan Year	6.25%
Trust Expenses Included in Target Normal Cost	\$2,600,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Actuarial Assumptions and Methods

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	5.00%
56	5.00%
57	5.00%
58	10.00%
59	10.00%
60	10.00%
61	15.00%
62	15.00%
63	20.00%
64	20.00%
65	30.00%
66	30.00%
67	30.00%
68	50.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Table 2—Page 1 of 2

Withdrawal Rates (Exempt)

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Table 2—Page 2 of 2

Withdrawal Rates (Exempt)

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Table 3—Page 1 of 2

Withdrawal Rates (Non-Exempt)

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Table 3—Page 2 of 2

Withdrawal Rates (Non-Exempt)

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Table 4

Disability Rates

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

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2015****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

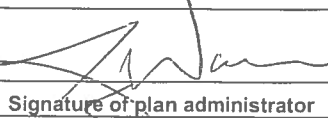
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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 MCKESSON CORPORATION RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1972
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) MCKESSON CORPORATION ONE POST STREET, 30TH FLOOR SAN FRANCISCO CA 94104-5203	2b Employer Identification Number (EIN) 94-3207296 2c Plan Sponsor's telephone number 415-983-8689 2d Business code (see instructions) 424210

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 	<u>10/13/2016</u>	JERRY WARREN
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

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☐ Same as Plan Sponsor MCKESSON CORPORATION EMPLOYEES BENEFITS MANAGEMENT COMMITTEE TS MANAGEMENT COMMITTEE ONE POST STREET, 30TH FLOOR SAN FRANCISCO CA 94104-5203	3b Administrator's EIN 94-3207296 3c Administrator's telephone number 415-983-8689
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 9,290
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) 872
a(2) Total number of active participants at the end of the plan year	6a(2) 740
b Retired or separated participants receiving benefits.....	6b 4,602
c Other retired or separated participants entitled to future benefits.....	6c 2,109
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 7,451
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 960
f Total. Add lines 6d and 6e.	6f 8,411
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3F 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

Plan Name	McKesson Corporation Retirement Plan
Plan Sponsor EIN	94-3207296
ERISA Plan No.	001
Plan Year End	12/31/2015

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 <hr/> 2015 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>			
► 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 MCKESSON CORPORATION RETIREMENT PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MCKESSON CORPORATION	D Employer Identification Number (EIN) 94-3207296		
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	298,046,002
	b Actuarial value	2b	294,695,958
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	5,555	202,925,571
	b For terminated vested participants	2,863	74,111,210
	c For active participants	872	18,094,278
	d Total	9,290	295,131,059
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	6.12%
6	Target normal cost	6	2,600,000

Statement by Enrolled Actuary	
<small>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.</small>	
SIGN HERE	<div style="text-align: center;"> Signature of actuary </div> <div style="text-align: right; margin-top: 20px;"> Date 09/23/2016 1407814 Most recent enrollment number 415-486-7000 Telephone number (including area code) </div>
<div style="text-align: center;"> SUKHJIT S. BHULLAR Type or print name of actuary HEWITT ASSOCIATES LLC Firm name 425 MARKET STREET, SUITE 2800 SAN FRANCISCO CA 94105 Address of the firm </div>	

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	1,664,691
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,664,691
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>5.58</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		12,625
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>6.34</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		704
c	Total available at beginning of current plan year to add to prefunding balance		13,329
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	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	99.63%
15	Adjusted funding target attainment percentage	15	99.63%
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	96.47%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2015	1,593,189	0			
07/14/2015	1,593,189	0			
10/14/2015	470,000	0			
01/14/2016	1,212,389	0			
09/14/2016	800,000	0			
Totals ▶			18(b)	5,668,767	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 5,422,301
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
0	0
(3) 3rd	(4) 4th
0	0

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**

2,600,000

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:**a** Net shortfall amortization installment

Outstanding Balance

Installment

1,088,741

2,788,395

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**

5,388,395

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**

5,388,395

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

5,422,301

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

33,906

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected☐

2 plus 7 years

☐

15 years

b Eligible plan year(s) for which the election in line 41a was made☐

2008

☐

2009

☐

2010

☐

2011

42 Amount of acceleration adjustment**42****43** Excess installment acceleration amount to be carried over to future plan years**43**

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2015

Date	Amount	Days to Discount to 1/1/2015 at 6.12%	Interest Adjusted Contribution
April 13, 2015	\$ 1,593,189	102	\$ 1,566,961
July 14, 2015	1,593,189	194	1,543,675
October 14, 2015	470,000	286	448,626
January 14, 2016	1,212,389	378	1,140,055
September 14, 2016	<u>800,000</u>	622	<u>722,984</u>
Total Contribution	\$ 5,668,767		\$ 5,422,301

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	10.00%	0.8574	5.02
59.5	10.00%	0.7716	4.59
60.5	10.00%	0.6945	4.20
61.5	15.00%	0.6250	5.77
62.5	15.00%	0.5313	4.98
63.5	20.00%	0.4516	5.74
64.5	20.00%	0.3613	4.66
65.5	30.00%	0.2890	5.68
66.5	30.00%	0.2023	4.04
67.5	30.00%	0.1416	2.87
68.5	50.00%	0.0991	3.40
69.5	50.00%	0.0496	1.72
70	100.00%	0.0248	1.73
Weighted Average			62.45

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

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

Actuarial Assumptions and Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA

1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2014), without regard to interest rate stabilization

1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.15%

Optional Payment Form Election Percentage

McKesson and NDCHealth: 100% Life Annuity

Moore Medical: 50% elect Lump Sum and 50% elect 50% joint and survivor annuity; for terminated vested participants, 100% ten-year certain and life annuity.

Optional Payment Form
Conversion Interest Rate

Same as funding interest rate above for lump sums

Optional Payment Form
Conversion Mortality

Current 417(e) table for lump sums

Retirement Age

Active Participants

See Table 1

Terminated Vested Participants

Age 62

Mortality Rates

Healthy and Disabled

2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)

Withdrawal Rates

See Tables 2–3

Disability Rates

See Table 4

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

For ERISA Requirements

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are Three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2013 Plan Year	7.25%, limited to 7.16%
2014 Plan Year	6.75%
2015 Plan Year	6.25%
Trust Expenses Included in Target Normal Cost	\$2,600,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Actuarial Assumptions and Methods

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	5.00%
56	5.00%
57	5.00%
58	10.00%
59	10.00%
60	10.00%
61	15.00%
62	15.00%
63	20.00%
64	20.00%
65	30.00%
66	30.00%
67	30.00%
68	50.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Table 2—Page 1 of 2

Withdrawal Rates (Exempt)

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Table 2—Page 2 of 2

Withdrawal Rates (Exempt)

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Table 3—Page 1 of 2

Withdrawal Rates (Non-Exempt)

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Table 3—Page 2 of 2

Withdrawal Rates (Non-Exempt)

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Table 4

Disability Rates

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Plan Provisions

Effective Date	January 1, 1972. Amended and restated as of January 1, 2008. Plan most recently amended (Amendment No. 5) effective September 1, 2015
Eligibility	Regular employees not covered by a union who attained age 21 and completed one year of service hired prior to December 31, 1996 (the Freeze Date). Includes Armor All employees for service prior to the sale of Armor All, effective December 31, 1996. Includes Ephrata employees for service prior to the Sale of Ephrata Diamond Spring Water Company, effective December 31, 2003. Includes former participants in the Moore Medical Corporation Plan as of December 31, 2006 and former participants in the NDCHealth Plan as of December 31, 2007.
Normal Retirement Eligibility	Termination of employment on or after the Normal Retirement Date.
Benefit	Monthly Retirement Allowance determined as of Normal Retirement Date. Benefits are frozen as of the Freeze Date.

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Early Retirement
Eligibility

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

Benefit

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

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

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

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

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Deferred Vested Benefit

Eligibility

Termination with five years of service.

Benefit

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

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

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

Late Retirement

Eligibility

Any time after eligibility for normal retirement.

Benefit

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

Moore Medical: Actuarial Equivalent increase.

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Disability

Eligibility

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

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

Benefit

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

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

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

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Preretirement Spouse Benefit

Eligibility

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

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

Benefit

Monthly preretirement spouse benefit shall be determined as follows:

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

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Normal Form of Payment

Married Participants

50% joint and survivor annuity.

Unmarried Participants

Life annuity.

Moore Medical participants: Life annuity with 10 years certain.

Optional Form of Payment

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

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

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

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

Definitions

Plan Year

January 1 to December 31.

Service

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

Creditable Service

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

Covered Compensation

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Actuarial Equivalent	Factors listed in Appendix 1 for joint and survivor annuities. For other forms, based on the applicable mortality table and applicable interest rate under Section 417(e)(3) for the fourth month preceding the first day of the calendar year.
Monthly NDCHealth Pension Benefit	<p>1.65% of Final Average Earnings (FAE) per year of Credited Service (up to 35 Years) less 0.75% of the participant's Integration Level per year of Credited Service (up to 35 years) reduced by 5/9 of 1% for each month retirement precedes the participant's Social Security Normal Retirement age.</p> <p>The amount above is based on Credited Service at July 31, 1998, FAE and Integration Level at December 31, 1998 and multiplied by the ratio of FAE at June 1, 2003 to FAE at December 31, 1998.</p>
Freeze Date	December 31, 1996; April 15, 1999 for Ephrata; April 1, 2004 for Moore Medical; July 31, 1998 for NDCHealth.
Changes	<p>Effective December 31, 2006, the Moore Medical Corporation Defined Benefit Pension Plan was merged into the McKesson Corporation Retirement Plan.</p> <p>Effective December 31, 2007, the NDC Health Corporation Employees' Retirement Plan was merged into the Retirement Plan.</p>

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Integration Level (NDCHealth)

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

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

Plan Changes Since the Prior Year

The January 1, 2015 funding valuation reflects the following plan changes:

- A change in the mortality basis for lump sum payments from the 2014 plan year 417(e)(3) mortality table to the 2015 plan year 417(e)(3) mortality table.
- Effective January 1, 2015, an increase in the annual pay limit under IRC Section 401(a)(17) from \$260,000 in 2014 to \$265,000 in 2015.

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

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

This change was made to better reflect the anticipated plan experience. The assumption change did not reduce the funding shortfall more than the thresholds stated in the Internal Revenue Section 430(h)(5), as such approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				2						
35-39		5	1	3	3					
40-44	1	36	3	7	5	3	1			
45-49	1	53	30	20	12	23	3	1		
50-54		57	52	69	10	18	15	7	1	
55-59		50	44	73	20	10	12	4	1	
60-64	1	30	37	31	24	16	6	2	5	2
65-69		6	12	13	8	10	5			1
70+			2	3			1			

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Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 22,989,063	January 1, 2011	3	\$ 8,019,029
Shortfall	\$ (15,729,092)	January 1, 2012	4	\$ (4,208,341)
Shortfall	\$ 311,254	January 1, 2013	5	\$ 68,121
Shortfall	\$ (563,410)	January 1, 2014	6	\$ (106,053)
Shortfall	\$ (5,919,074)	January 1, 2015	7	\$ (984,361)

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2015

Date	Amount	Days to Discount to 1/1/2015 at 6.12%	Interest Adjusted Contribution
April 13, 2015	\$ 1,593,189	102	\$ 1,566,961
July 14, 2015	1,593,189	194	1,543,675
October 14, 2015	470,000	286	448,626
January 14, 2016	1,212,389	378	1,140,055
September 14, 2016	<u>800,000</u>	622	<u>722,984</u>
Total Contribution	\$ 5,668,767		\$ 5,422,301

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	10.00%	0.8574	5.02
59.5	10.00%	0.7716	4.59
60.5	10.00%	0.6945	4.20
61.5	15.00%	0.6250	5.77
62.5	15.00%	0.5313	4.98
63.5	20.00%	0.4516	5.74
64.5	20.00%	0.3613	4.66
65.5	30.00%	0.2890	5.68
66.5	30.00%	0.2023	4.04
67.5	30.00%	0.1416	2.87
68.5	50.00%	0.0991	3.40
69.5	50.00%	0.0496	1.72
70	100.00%	0.0248	1.73
Weighted Average			62.45

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Plan Provisions

Effective Date	January 1, 1972. Amended and restated as of January 1, 2008. Plan most recently amended (Amendment No. 5) effective September 1, 2015
Eligibility	Regular employees not covered by a union who attained age 21 and completed one year of service hired prior to December 31, 1996 (the Freeze Date). Includes Armor All employees for service prior to the sale of Armor All, effective December 31, 1996. Includes Ephrata employees for service prior to the Sale of Ephrata Diamond Spring Water Company, effective December 31, 2003. Includes former participants in the Moore Medical Corporation Plan as of December 31, 2006 and former participants in the NDCHealth Plan as of December 31, 2007.
Normal Retirement Eligibility	Termination of employment on or after the Normal Retirement Date.
Benefit	Monthly Retirement Allowance determined as of Normal Retirement Date. Benefits are frozen as of the Freeze Date.

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Early Retirement
Eligibility

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

Benefit

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

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

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

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

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Deferred Vested Benefit

Eligibility

Termination with five years of service.

Benefit

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

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

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

Late Retirement

Eligibility

Any time after eligibility for normal retirement.

Benefit

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

Moore Medical: Actuarial Equivalent increase.

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Disability

Eligibility

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

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

Benefit

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

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

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

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Preretirement Spouse Benefit

Eligibility

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

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

Benefit

Monthly preretirement spouse benefit shall be determined as follows:

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

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Normal Form of Payment

Married Participants

50% joint and survivor annuity.

Unmarried Participants

Life annuity.

Moore Medical participants: Life annuity with 10 years certain.

Optional Form of Payment

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

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

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

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

Definitions

Plan Year

January 1 to December 31.

Service

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

Creditable Service

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

Covered Compensation

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Actuarial Equivalent	Factors listed in Appendix 1 for joint and survivor annuities. For other forms, based on the applicable mortality table and applicable interest rate under Section 417(e)(3) for the fourth month preceding the first day of the calendar year.
Monthly NDCHealth Pension Benefit	<p>1.65% of Final Average Earnings (FAE) per year of Credited Service (up to 35 Years) less 0.75% of the participant's Integration Level per year of Credited Service (up to 35 years) reduced by 5/9 of 1% for each month retirement precedes the participant's Social Security Normal Retirement age.</p> <p>The amount above is based on Credited Service at July 31, 1998, FAE and Integration Level at December 31, 1998 and multiplied by the ratio of FAE at June 1, 2003 to FAE at December 31, 1998.</p>
Freeze Date	December 31, 1996; April 15, 1999 for Ephrata; April 1, 2004 for Moore Medical; July 31, 1998 for NDCHealth.
Changes	<p>Effective December 31, 2006, the Moore Medical Corporation Defined Benefit Pension Plan was merged into the McKesson Corporation Retirement Plan.</p> <p>Effective December 31, 2007, the NDC Health Corporation Employees' Retirement Plan was merged into the Retirement Plan.</p>

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Integration Level (NDCHealth)

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

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

Plan Changes Since the Prior Year

The January 1, 2015 funding valuation reflects the following plan changes:

- A change in the mortality basis for lump sum payments from the 2014 plan year 417(e)(3) mortality table to the 2015 plan year 417(e)(3) mortality table.
- Effective January 1, 2015, an increase in the annual pay limit under IRC Section 401(a)(17) from \$260,000 in 2014 to \$265,000 in 2015.

Plan Name	McKesson Corporation Retirement Plan
Plan Sponsor EIN	94-3207296
ERISA Plan No.	001
Plan Year End	12/31/2015

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

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 22,989,063	January 1, 2011	3	\$ 8,019,029
Shortfall	\$ (15,729,092)	January 1, 2012	4	\$ (4,208,341)
Shortfall	\$ 311,254	January 1, 2013	5	\$ 68,121
Shortfall	\$ (563,410)	January 1, 2014	6	\$ (106,053)
Shortfall	\$ (5,919,074)	January 1, 2015	7	\$ (984,361)

Schedule SB Attachment (Form 5500)—2015 Plan Year
McKesson Corporation Retirement Plan
EIN: 94-3207296 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

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

This change was made to better reflect the anticipated plan experience. The assumption change did not reduce the funding shortfall more than the thresholds stated in the Internal Revenue Section 430(h)(5), as such approval of the Commissioner is not required.