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 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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2018 and ending 10/31/2018

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [X] the final return/report
- [ ] an amended return/report
- [X] 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
CVS HEALTH CORPORATION LEGACY PENSION PLAN

1b Three-digit plan number (PN) ▶ 027

1c Effective date of plan 01/01/2013

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)

CVS HEALTH CORPORATION

HR RETIREMENT BENEFITS
ONE CVS DRIVE, MC 1110
WOONSOCKET, RI 02895

2b Employer Identification Number (EIN)
05-0494040

2c Plan Sponsor's telephone number
401-770-7153

2d Business code (see instructions)
446110

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.	12/27/2018	ROBERTA F. JOHNNENE
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	0
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)**	0
a(2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who 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

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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) [X] **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) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] 0 **A** (Insurance Information)

(4) [X] **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2018 and ending 10/31/2018

A Name of plan
CVS HEALTH CORPORATION LEGACY PENSION PLAN

B Three-digit plan number (PN) ▶ 027

C Plan sponsor's name as shown on line 2a of Form 5500
CVS HEALTH CORPORATION

D Employer Identification Number (EIN)
05-0494040

Part I Service Provider Information (see instructions)

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)

CONDUENT HR CONSULTING, LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 27 38 50 70 99	NONE	190667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON HEWITT

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?
13 11 50	NONE	64484	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JPMORGAN CHASE BANK, N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 50	NONE	44021	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)

MOSS ADAMS LLP

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50 99	NONE	35275	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER LLC

36-2668272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 99	NONE	9693	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDUCIARY COUNSELORS INC.

22-3709903

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6229	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2018 and ending 10/31/2018

A Name of plan
CVS HEALTH CORPORATION LEGACY PENSION PLAN

B Three-digit plan number (PN) ▶ 027

C Plan sponsor's name as shown on line 2a of Form 5500
CVS HEALTH CORPORATION

D Employer Identification Number (EIN)
05-0494040

Part I 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)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1270852	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	1270852	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	320864	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	320864	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	949988	0

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2702	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2702
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		48158
d Total income. Add all **income** amounts in column (b) and enter total	2d		50860
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	650479	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		650479
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)	334447	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	15922	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		350369
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1000848
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-949988
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: **(2)** EIN:

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	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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		20000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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?	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?	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.)	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.)	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?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	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			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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.)? ..... [X] Yes [ ] No [ ] Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4139041. (See instructions.)

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 sections 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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2018 and ending 10/31/2018

A Name of plan
CVS HEALTH CORPORATION LEGACY PENSION PLAN

B Three-digit plan number (PN) ▶ 027

C Plan sponsor's name as shown on line 2a of Form 5500
CVS HEALTH CORPORATION

D Employer Identification Number (EIN)
05-0494040

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 13-4994650

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** 44

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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):

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	EXPENSES	1,270,852 COST OF ASSET	5% VALUE OF CURRENT VALUE	63,542 NET GAIN OR (LOSS)
9289919A8 JPMORGAN US GOVT MMKT - PREMIER SHR FUND 1086 MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 159,043 01/12/18 SELL 3236	100.0000	0	159,043	159,043	0
9289919A8 JPMORGAN US GOVT MMKT - PREMIER SHR FUND 1086 MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 67,260 01/19/18 SELL 3244	100.0000	0	67,260	67,260	0
9289919A8 JPMORGAN US GOVT MMKT - PREMIER SHR FUND 1086 MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 72,697 02/01/18 SELL 3272	100.0000	0	72,697	72,697	0
9289919A8 JPMORGAN US GOVT MMKT - PREMIER SHR FUND 1086 MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 163,505 03/09/18 SELL 3343	100.0000	0	163,505	163,505	0
9289919A8 JPMORGAN US GOVT MMKT - PREMIER SHR FUND 1086 MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 200,964 03/29/18 SELL 3361	100.0000	0	200,964	200,964	0
9289919A8 JPMORGAN US GOVT MMKT - PREMIER SHR FUND 1086 MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 178,939 04/09/18 BUY 3390	100.0000	0	178,939	178,939	0
9289919A8 JPMORGAN US GOVT MMKT - PREMIER SHR FUND 1086 MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 186,157 04/12/18 SELL 3399	100.0000	0	186,157	186,157	0
9289919A8 JPMORGAN US GOVT MMKT - PREMIER SHR FUND 1086 MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 159,457 04/13/18 SELL 3402	100.0000	0	159,457	159,457	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	EXPENSES	1,270,852 COST OF ASSET	5% VALUE OF CURRENT VALUE	63,542 NET GAIN OR (LOSS)
9289919A8 JPMORGAN US GOVT MMKT - PREMIER SHR FUND 1086 MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
124,952 05/30/18 SELL 3421	100.0000	0	124,952	124,952	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	EXPENSES	1,270,852 COST OF ASSET	5% VALUE OF CURRENT VALUE	63,542 NET GAIN OR (LOSS)
9289919A8 JPMORGAN US GOVT MMKT - PREMIER SHR FUND 1086					
MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
0 01/02/18 B BUY 183	100.0000	0	0	0	0
1,106 01/02/18 B BUY 3217	100.0000	0	1,106	1,106	0
86 01/03/18 B BUY 3221	100.0000	0	86	86	0
29,872 01/04/18 S SELL 3224	100.0000	0	29,872	29,872	0
512 01/11/18 S SELL 3228	100.0000	0	512	512	0
159,043 01/12/18 S SELL 3236	100.0000	0	159,043	159,043	0
140 01/16/18 S SELL 3238	100.0000	0	140	140	0
21,070 01/18/18 S SELL 3242	100.0000	0	21,070	21,070	0
67,260 01/19/18 S SELL 3244	100.0000	0	67,260	67,260	0
959 01/22/18 B BUY 3249	100.0000	0	959	959	0
1 01/23/18 S SELL 184	100.0000	0	1	1	0
2,765 01/23/18 B BUY 3253	100.0000	0	2,765	2,765	0
36,083 01/24/18 S SELL 3262	100.0000	0	36,083	36,083	0
9,526 01/29/18 S SELL 3267	100.0000	0	9,526	9,526	0
137 01/30/18 S SELL 3269	100.0000	0	137	137	0
72,697 02/01/18 S SELL 3272	100.0000	0	72,697	72,697	0
33,767 02/02/18 S SELL 3276	100.0000	0	33,767	33,767	0
3,936 02/05/18 B BUY 3281	100.0000	0	3,936	3,936	0
4,560 02/06/18 B BUY 3284	100.0000	0	4,560	4,560	0
718 02/07/18 B BUY 3290	100.0000	0	718	718	0
6,898 02/09/18 S SELL 3293	100.0000	0	6,898	6,898	0
1,220 02/12/18 B BUY 3295	100.0000	0	1,220	1,220	0
239 02/13/18 S SELL 3299	100.0000	0	239	239	0
807 02/21/18 B BUY 3303	100.0000	0	807	807	0
160 02/23/18 B BUY 3310	100.0000	0	160	160	0
35,366 02/28/18 S SELL 3315	100.0000	0	35,366	35,366	0
624 03/01/18 B BUY 3319	100.0000	0	624	624	0
314 03/02/18 B BUY 3322	100.0000	0	314	314	0
22,691 03/05/18 S SELL 3324	100.0000	0	22,691	22,691	0
2,296 03/07/18 B BUY 3340	100.0000	0	2,296	2,296	0
163,505 03/09/18 S SELL 3343	100.0000	0	163,505	163,505	0
200,964 03/29/18 S SELL 3361	100.0000	0	200,964	200,964	0
622 04/02/18 B BUY 3363	100.0000	0	622	622	0
13,638 04/03/18 S SELL 3365	100.0000	0	13,638	13,638	0
14,592 04/04/18 S SELL 3367	100.0000	0	14,592	14,592	0
43,148 04/05/18 S SELL 3369	100.0000	0	43,148	43,148	0
7,849 04/06/18 B BUY 3388	100.0000	0	7,849	7,849	0
178,939 04/09/18 B BUY 3390	100.0000	0	178,939	178,939	0
29,352 04/10/18 S SELL 3392	100.0000	0	29,352	29,352	0
186,157 04/12/18 S SELL 3399	100.0000	0	186,157	186,157	0
159,457 04/13/18 S SELL 3402	100.0000	0	159,457	159,457	0
3,029 04/18/18 S SELL 3405	100.0000	0	3,029	3,029	0
286 05/01/18 B BUY 3407	100.0000	0	286	286	0
337 05/09/18 S SELL 3409	100.0000	0	337	337	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED				BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	1,270,852 EXPENSES	5% VALUE OF COST OF ASSET	63,542 CURRENT VALUE	NET GAIN OR (LOSS)
23,705	05/11/18 B BUY	3411		100.0000	0	23,705	23,705	0
23,705	05/17/18 S SELL	3413		100.0000	0	23,705	23,705	0
8,321	05/25/18 S SELL	3415		100.0000	0	8,321	8,321	0
124,952	05/30/18 S SELL	3421		100.0000	0	124,952	124,952	0
184	06/01/18 B BUY	3423		100.0000	0	184	184	0
34,426	06/08/18 S SELL	3425		100.0000	0	34,426	34,426	0
231,136		20	TOTAL BUYS		0	231,136	231,136	0
1,500,885		30	TOTAL SELLS		0	1,500,885	1,500,885	0
1,732,021			SECURITY TOTAL		0	1,732,021	1,732,021	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND								
MONTHLY VARIABLE 12/31/2049								
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS								
34,426	06/08/18 B BUY	3424		100.0000	0	34,426	34,426	0
1,534	06/19/18 B BUY	3431		100.0000	0	1,534	1,534	0
7,647	06/22/18 S SELL	3433		100.0000	0	7,647	7,647	0
7,088	06/25/18 B BUY	3435		100.0000	0	7,088	7,088	0
46	07/02/18 B BUY	3438		100.0000	0	46	46	0
9,505	07/23/18 B BUY	3440		100.0000	0	9,505	9,505	0
21,819	07/25/18 S SELL	3445		100.0000	0	21,819	21,819	0
9,324	07/27/18 S SELL	3448		100.0000	0	9,324	9,324	0
48	08/01/18 B BUY	3450		100.0000	0	48	48	0
48,158	08/30/18 B BUY	3451		100.0000	0	48,158	48,158	0
23	09/04/18 B BUY	3455		100.0000	0	23	23	0
62,015	09/07/18 S SELL	3463		100.0000	0	62,015	62,015	0
3	09/10/18 B BUY	3464		100.0000	0	3	3	0
26	09/28/18 S SELL	3466		100.0000	0	26	26	0
19	10/01/18 B BUY	3468		100.0000	0	19	19	0
19	10/05/18 S SELL	3470		100.0000	0	19	19	0
100,850		10	TOTAL BUYS		0	100,850	100,850	0
100,850		6	TOTAL SELLS		0	100,850	100,850	0
201,700			SECURITY TOTAL		0	201,700	201,700	0

IDENTITY OF PARTY INVOLVED / DESCRIPTION OF ASSET			BASED ON MARKET VALUE OF PURCHASE PRICE / SELLING PRICE	EXPENSES	1,270,852 COST OF ASSET	5% VALUE OF CURRENT VALUE	63,542 NET GAIN OR (LOSS)
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS							
9289919A8 JPMORGAN US GOVT MMKT - PREMIER SHR FUND 1086 MONTHLY VARIABLE 12/31/2049							
159,043	01/12/18 SELL	3236	100.0000	0	159,043	159,043	0
67,260	01/19/18 SELL	3244	100.0000	0	67,260	67,260	0
72,697	02/01/18 SELL	3272	100.0000	0	72,697	72,697	0
163,505	03/09/18 SELL	3343	100.0000	0	163,505	163,505	0
200,964	03/29/18 SELL	3361	100.0000	0	200,964	200,964	0
178,939	04/09/18 BUY	3390	100.0000	0	178,939	178,939	0
186,157	04/12/18 SELL	3399	100.0000	0	186,157	186,157	0
159,457	04/13/18 SELL	3402	100.0000	0	159,457	159,457	0
124,952	05/30/18 SELL	3421	100.0000	0	124,952	124,952	0
0	01/02/18 BUY	183	100.0000	0	0	0	0
1,106	01/02/18 BUY	3217	100.0000	0	1,106	1,106	0
86	01/03/18 BUY	3221	100.0000	0	86	86	0
29,872	01/04/18 SELL	3224	100.0000	0	29,872	29,872	0
512	01/11/18 SELL	3228	100.0000	0	512	512	0
140	01/16/18 SELL	3238	100.0000	0	140	140	0
21,070	01/18/18 SELL	3242	100.0000	0	21,070	21,070	0
959	01/22/18 BUY	3249	100.0000	0	959	959	0
1	01/23/18 SELL	184	100.0000	0	1	1	0
2,765	01/23/18 BUY	3253	100.0000	0	2,765	2,765	0
36,083	01/24/18 SELL	3262	100.0000	0	36,083	36,083	0
9,526	01/29/18 SELL	3267	100.0000	0	9,526	9,526	0
137	01/30/18 SELL	3269	100.0000	0	137	137	0
33,767	02/02/18 SELL	3276	100.0000	0	33,767	33,767	0
3,936	02/05/18 BUY	3281	100.0000	0	3,936	3,936	0
4,560	02/06/18 BUY	3284	100.0000	0	4,560	4,560	0
718	02/07/18 BUY	3290	100.0000	0	718	718	0
6,898	02/09/18 SELL	3293	100.0000	0	6,898	6,898	0
1,220	02/12/18 BUY	3295	100.0000	0	1,220	1,220	0
239	02/13/18 SELL	3299	100.0000	0	239	239	0
807	02/21/18 BUY	3303	100.0000	0	807	807	0
160	02/23/18 BUY	3310	100.0000	0	160	160	0
35,366	02/28/18 SELL	3315	100.0000	0	35,366	35,366	0
624	03/01/18 BUY	3319	100.0000	0	624	624	0
314	03/02/18 BUY	3322	100.0000	0	314	314	0
22,691	03/05/18 SELL	3324	100.0000	0	22,691	22,691	0
2,296	03/07/18 BUY	3340	100.0000	0	2,296	2,296	0
622	04/02/18 BUY	3363	100.0000	0	622	622	0
13,638	04/03/18 SELL	3365	100.0000	0	13,638	13,638	0
14,592	04/04/18 SELL	3367	100.0000	0	14,592	14,592	0
43,148	04/05/18 SELL	3369	100.0000	0	43,148	43,148	0
7,849	04/06/18 BUY	3388	100.0000	0	7,849	7,849	0
29,352	04/10/18 SELL	3392	100.0000	0	29,352	29,352	0

IDENTITY OF PARTY INVOLVED / DESCRIPTION OF ASSET			BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	EXPENSES	1,270,852 COST OF ASSET	5% VALUE OF CURRENT VALUE	63,542 NET GAIN OR (LOSS)
3,029	04/18/18 SELL	3405	100.0000	0	3,029	3,029	0
286	05/01/18 BUY	3407	100.0000	0	286	286	0
337	05/09/18 SELL	3409	100.0000	0	337	337	0
23,705	05/11/18 BUY	3411	100.0000	0	23,705	23,705	0
23,705	05/17/18 SELL	3413	100.0000	0	23,705	23,705	0
8,321	05/25/18 SELL	3415	100.0000	0	8,321	8,321	0
184	06/01/18 BUY	3423	100.0000	0	184	184	0
34,426	06/08/18 SELL	3425	100.0000	0	34,426	34,426	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049							
34,426	06/08/18 BUY	3424	100.0000	0	34,426	34,426	0
1,534	06/19/18 BUY	3431	100.0000	0	1,534	1,534	0
7,647	06/22/18 SELL	3433	100.0000	0	7,647	7,647	0
7,088	06/25/18 BUY	3435	100.0000	0	7,088	7,088	0
46	07/02/18 BUY	3438	100.0000	0	46	46	0
9,505	07/23/18 BUY	3440	100.0000	0	9,505	9,505	0
21,819	07/25/18 SELL	3445	100.0000	0	21,819	21,819	0
9,324	07/27/18 SELL	3448	100.0000	0	9,324	9,324	0
48	08/01/18 BUY	3450	100.0000	0	48	48	0
48,158	08/30/18 BUY	3451	100.0000	0	48,158	48,158	0
23	09/04/18 BUY	3455	100.0000	0	23	23	0
62,015	09/07/18 SELL	3463	100.0000	0	62,015	62,015	0
3	09/10/18 BUY	3464	100.0000	0	3	3	0
26	09/28/18 SELL	3466	100.0000	0	26	26	0
19	10/01/18 BUY	3468	100.0000	0	19	19	0
19	10/05/18 SELL	3470	100.0000	0	19	19	0
1,933,721	BROKER TOTAL			0	1,933,721	1,933,721	0

CVS Health Corporation Legacy Pension Plan
EIN/PN: 05-0494040 / 027

Attachment to Schedule H, Part III (Form 5500)

The Plan terminated under a standard termination on December 31, 2015. The termination process of the Plan was completed in August 2017. At that time, lump sum distributions were paid to active and terminated vested participants, and a group annuity contract was purchased from Prudential Insurance Company (Prudential) to cover continuing annuity benefits for the remaining population.

The Plan continued distributing 2017 benefit payments to the retiree population through December, 2017 in order to provide Prudential with sufficient time to implement administrative procedures for the ongoing payment of benefits.

Assets that remained in the Trust at December 31, 2017 represented uncashed benefit checks (which were ultimately reissued in 2018) and residual administrative expenses. Since there were no participants covered under the Plan at the end of 2017, and all assets were distributed in 2018 to cover reissued benefit checks and administrative expenses, no 2018 Plan Year audit was performed.

The Schedule H for the 2018 Form 5500 was completed based on the trust statements prepared by JPMorgan.