

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), 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
		2009
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; 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>PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.</u>	1b Three-digit plan number (PN) ► <u>011</u> 1c Effective date of plan <u>01/01/1953</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>TYSON DELI, INC.</u> <u>C/O TYSON FOODS, INC.</u> <u>P.O. BOX 2020</u> <u>SPRINGDALE, AR 72762</u>	2b Employer Identification Number (EIN) <u>42-1233965</u> 2c Sponsor's telephone number <u>479-290-4000</u> 2d Business code (see instructions) <u>112300</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2010</u>	<u>LEE KIDD</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2010</u>	<u>LEE KIDD</u>
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TYSON FOODS, INC. P.O. BOX 2020 SPRINGDALE, AR 72762	3b Administrator's EIN 71-0225165 3c Administrator's telephone number 479-290-4000
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 3970
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).	
a Active participants.....	6a 422
b Retired or separated participants receiving benefits.....	6b 1822
c Other retired or separated participants entitled to future benefits.....	6c 1222
d Subtotal. Add lines 6a , 6b , and 6c	6d 3466
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 424
f Total. Add lines 6d and 6e	6f 3890
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 Characteristic Codes in the instructions: 1B 1G 1I 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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) ☒ Trust	(3) ☒ 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	b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ A (Insurance Information)
	(4) ☒ C (Service Provider Information)
	(5) ☒ D (DFE/Participating Plan Information)
	(6) ☐ G (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.</u>	B Three-digit plan number (PN) ▶ <u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TYSON DELI, INC.</u>	D Employer Identification Number (EIN) <u>42-1233965</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>42526191</u>
b Actuarial value	2b <u>46778810</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>2223</u> <u>36829268</u>
b For terminated vested participants	3b <u>1328</u> <u>9883734</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>257147</u>
(2) Vested benefits	3c(2) <u>6327145</u>
(3) Total active	3c(3) <u>419</u> <u>6584292</u>
d Total	3d <u>3970</u> <u>53297294</u>
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>8.25</u> %
6 Target normal cost	6 <u>100000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/23/2010</u>
Signature of actuary <u>PAUL WITHINGTON</u>	Date <u>08-05564</u>
Type or print name of actuary <u>NORTHWEST PLAN SERVICES, INC.</u>	Most recent enrollment number <u>206-933-1500</u>
Firm name <u>5446 CALIFORNIA AVE. SW, SUITE 200</u> <u>SEATTLE, WA 98136-1513</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

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 (Item 13 from prior year)	11880901	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	11880901	0
10	Interest on item 9 using prior year's actual return of <u>-28.62</u> %	-3400314	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>5.94</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	7639367	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	841220	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	86.19 %
15	Adjusted funding target attainment percentage.....	15	86.19 %
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	80.74 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 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: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	100000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4161866	741220
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 (item 31 + item 32a + item 32b – item 33)	34	841220
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	841220	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.		B Three-digit plan number (PN) ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500 TYSON DELI, INC.		D Employer Identification Number (EIN) 42-1233965

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
CHARLES SCHWAB TRUST COMPANY
42-1558009

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
AON INVESTMENT CONSULTING
59-2706923

(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)

AON INVESTMENT CONSULTING

59-2706923

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 70	NONE	75934	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

(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?
25 28 59 62	NONE	62149	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

JPMORGAN INVESTMENT MANAGEMENT INC

13-3200244

(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 51	NONE	20278	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EVERGREEN INVESTMENT SERVICES

52-2289762

(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 51	NONE	8892	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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
(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

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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan 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>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.		B Three-digit plan number (PN) ▶ 011
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TYSON DELI, INC.		D Employer Identification Number (EIN) 42-1233965
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: JPMCB LONG DURATION FUND		
b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK		
c EIN-PN 26-1105584-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB LONG DURATION INVESTMENT GRAD		
b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK		
c EIN-PN 26-0199869-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5296597
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIVATE ADVISORS STABLE VALUE ERISA		
b Name of sponsor of entity listed in (a): PRIVATE ADVISORS, LLC		
c EIN-PN 20-1079805-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5741694
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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.</u>	B Three-digit plan number (PN) ►	<u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TYSON DELI, INC.</u>	D Employer Identification Number (EIN) <u>42-1233965</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	84734	513691
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	507882	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18309	18339
(2) U.S. Government securities.....	1c(2)	1373729	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	3702216	0
(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)	5296597	8656223
(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)	5131455	5741694
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	26386602	33074427
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	24667	8981

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	42526191	48013355

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	42526191	48013355
---	-----------	----------	----------

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)	30	
(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)		30
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	464917	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		464917
(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

		(a) Amount	(b) Total
2b (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
(6) Net investment gain (loss) from common/collective trusts	2b(6)		674433
(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)		610239
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		9268779
c Other income.....	2c		-365816
d Total income. Add all income amounts in column (b) and enter total.....	2d		10652582

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4998165	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4998165
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	105104	
(4) Other	2i(4)	62149	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		167253
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5165418

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5487164
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: ERWIN & COMPANY, P.A.

(2) EIN: 71-0603587

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 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.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		5750675
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 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)

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

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 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.</u>	B Three-digit plan number (PN) ▶ <u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TYSON DELI, INC.</u>	D Employer Identification Number (EIN) <u>42-1233965</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-1558009</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>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	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 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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

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 items 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 items 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 items 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 items 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 items 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 items 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 item 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 items (a) through (c)

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

Stock: 58% Investment-Grade Debt: 25% High-Yield Debt: 0% Real Estate: 4% Other: 13%

- 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 item 19(b)?

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

**PENSION PLAN FOR HOURLY EMPLOYEES
OF CONTINENTAL DELI FOODS, INC.**

Financial Statements and Supplemental Schedules
Years ended December 31, 2009 and 2008

Together With Independent Auditors' Report

INDEX

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Statements of net assets available for benefits	2
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Schedule of reportable transactions	13

INDEPENDENT AUDITORS' REPORT

The Trustees
Pension Plan for Hourly Employees of
Continental Deli Foods, Inc.

We were engaged to audit the accompanying statements of the Pension Plan for Hourly Employees of Continental Deli Foods, Inc. as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to information summarized in Note 10, which was certified by Wilmington Trust Fiduciary Trust Services Company, formerly known as UBS Fiduciary Trust Company, and its successor effective August 1, 2008, Charles Schwab Trust Company, the Trustees for the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that Wilmington Trust Fiduciary Services Company held the Plan's investment assets and executed investment transactions from January 1, 2008 to July 31, 2008, and that Charles Schwab Trust Company held the Plan's investment assets and executed investment transactions from August 1, 2008 to December 31, 2009. The Plan administrator has obtained certifications from the Trustees as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the Trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, except for the omission of the information discussed in the preceding paragraph, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Little Rock, Arkansas
August 31, 2010

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Investments, at fair value:		
Mutual funds	\$ 33,074,427	\$ 26,315,731
Money market funds	18,339	18,309
Investments, at estimated fair value:		
Collective investment trusts	8,656,223	5,296,597
Other investment assets	<u>5,750,675</u>	<u>10,385,820</u>
 Total investments	 <u>47,499,664</u>	 <u>42,016,457</u>
 Cash	 513,691	 84,734
Accounts receivable - other	<u>-</u>	<u>425,000</u>
 Net assets available for benefits	 <u>\$ 48,013,355</u>	 <u>\$ 42,526,191</u>

See accompanying notes

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions:		
Net appreciation (depreciation) in fair value of investments	\$ 10,133,296	\$ (19,290,748)
Interest	30	12,707
Dividends	464,917	1,131,186
Other income	<u>54,339</u>	<u>-</u>
Total additions, net	<u>10,652,582</u>	<u>(18,146,855)</u>
Deductions:		
Pension benefit payments	4,998,165	5,058,553
Administrative expenses	<u>167,253</u>	<u>385,911</u>
Total deductions	<u>5,165,418</u>	<u>5,444,464</u>
Net increase (decrease)	5,487,164	(23,591,319)
Net assets available for benefits:		
Beginning of year	<u>42,526,191</u>	<u>66,117,510</u>
End of year	<u>\$ 48,013,355</u>	<u>\$ 42,526,191</u>

See accompanying notes

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.**

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

(1) DESCRIPTION OF PLAN:

The following brief description of the Pension Plan for Hourly Employees of Continental Deli Foods, Inc. (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General-

The Plan is a noncontributory, collectively bargained, defined benefit pension plan sponsored by Tyson Deli, Inc., the successor by way of merger to Continental Deli Foods, Inc. (the Company), a wholly-owned subsidiary of Tyson Foods, Inc. The Plan covers substantially all hourly paid employees of the Cherokee, Iowa facility, and former hourly employees of certain closed facilities of the Company who had met the age and service requirements on January 1, 2005, when benefit accruals were frozen as described below. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan was amended and restated effective January 1, 2000, to incorporate amendments to date. The Plan was amended and restated effective January 1, 2002, primarily to comply with the Economic Growth and Tax Relief Reconciliation Act of 2001. The Plan was further amended effective October 6, 2004 to provide that any employees hired on or after that date are ineligible to participate in the Plan. The Plan was amended and restated effective January 1, 2007 to comply with the Pension Protection Act of 2006. The Plan was amended effective January 1, 2008 to comply with the Heroes Earnings Assistance and Relief Tax Act of 2008 and the Worker, Retiree and Employer Recovery Act of 2008.

Effective March 29, 2004, the Company entered into a new collective bargaining agreement with the Union. Under the terms of the agreement, accrued benefits under the Plan were frozen and no longer subject to increase effective January 1, 2005. Participants will maintain the amount of their accrued benefits earned under the Plan prior to the freeze date, but will not earn additional years of service under the Plan after December 31, 2005 for purposes of determining the amount of accrued benefits. Participants will continue to earn additional vesting service under the Plan subsequent to January 1, 2006.

Benefits-

Participants are entitled to monthly pension benefits beginning at normal retirement age (65) based on years of credited or vesting service. Monthly benefits are calculated based on the number of years of credited service multiplied by a benefit rate which varies depending on the retirement date. The Plan also permits early retirement at age 55, with reduced benefits, provided the participant has completed ten or more years of credited service. If employees terminate before their normal retirement date and have not rendered five years of vested service, they forfeit the right to receive benefits under the Plan. The Plan provides that certain benefits may be paid if a participant dies or becomes permanently disabled.

(1) DESCRIPTION OF PLAN (continued):

Plan termination-

The Company has the right under the Plan to discontinue its contributions or to amend or terminate the Plan at any time subject to union contract restrictions. In the event of termination of the Plan, the net assets are to be set aside for distribution, to the extent funds are available, in accordance with priorities mandated by ERISA. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting-

The accompanying financial statements are prepared on the accrual basis of accounting. Included in accounts receivable – other at December 31, 2008, are amounts due from brokers in settlement of securities sold and recorded on a trade-date basis.

Estimates-

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Contributions to the Plan, the actuarial present value of accumulated benefits and changes in the actuarial present value of accumulated benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to employer contributions and the actuarial present value of accumulated plan benefits.

Investment valuation-

The Plan's investments in mutual funds and money market funds are carried at fair value based on quoted market prices, which represents the net asset value of shares held at year-end. Collective investment trusts are valued, as a practical expedient, at the net asset value provided by the fund manager.

The Plan's other investment assets at December 31, 2009 and 2008 are comprised of private hedge fund investments, including an investment in a multi-strategy, offshore hedge fund and a private, fixed income, long duration bond fund. Other investment assets are valued as a practical expedient at the estimated fair value based on net asset value provided by the fund manager.

Investment transactions and income-

Investment transactions are recorded on a trade-date basis. The net appreciation or depreciation in fair value of investments consists of realized gains and losses and changes in unrealized gains or losses of these investments during the year. Unrealized gains or losses on investments are based on changes in the market or fair values of such investments.

Benefits-

Benefit payments to participants are recorded when paid.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Recent accounting standards-

In May 2009, the Financial Accounting Standards Board (FASB) issued Statement of Financial Accounting Standards (SFAS) No. 165, *Subsequent Events*, which establishes general accounting and disclosure requirements for events that occur subsequent to the financial statement date but before financial statements are issued or available to be issued. SFAS No. 165 is effective for the Plan's year ending December 31, 2009. In accordance with SFAS No. 165, management has evaluated subsequent events through August 31, 2010, which is the date these financial statements were available to be issued.

In June 2009, the FASB issued its Accounting Standards Codification (ASC) Topic 105, *Generally Accepted Accounting Principles*, which became the single source of authoritative U.S. generally accepted accounting principles (GAAP). The ASC is topically based with topics organized by ASC number and updated with Accounting Standards Updates (ASU). The ASUs will replace accounting guidance that was historically issued as FASB Statements of Financial Accounting Standards (SFAS), FASB Interpretations (FIN), FASB Staff Positions (FSP), Emerging Issues Task Force (EITF) issues or other types of accounting standards. The ASC became effective December 31, 2009 for the Plan. The ASC did not change previous generally accepted accounting principles; accordingly, its adoption did not impact the Plan's financial statements.

In September 2009, the FASB issued ASU No. 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, which provides guidance for an investor on using the NAV per share provided by an investee to estimate the fair value of an alternative investment when the fair value for the primary investment is not readily determinable. It affects certain investments that are required or permitted by GAAP to be measured or disclosed at fair value on a recurring or nonrecurring basis. It requires disclosures by major category of investment about certain attributes (e.g., applicable redemption restrictions, unfunded commitments to the issuer of the investments, and the investment strategies of that issuer). ASU No. 2009-12 was effective for interim and annual periods ending on or after December 15, 2009. The adoption of ASU No. 2009-12 did not have a material effect on the Plan's financial statements.

In January 2010, the FASB issued an amendment to the *Fair Value Measurements and Disclosures* topic of the ASC. This amendment requires disclosures about transfers into and out of Level 1 and 2 fair value measurements and separate disclosures about purchases, sales, issuances, and settlements relating to Level 3 fair value measurements. It also clarifies existing fair value disclosures about the level of disaggregation and about inputs and valuation techniques used to measure fair value. This amendment is effective for periods beginning after December 15, 2009. Accordingly, the Plan will adopt this amendment as of January 1, 2010.

(3) FUNDING POLICY:

The Company's funding policy is to contribute funds to the trust for the Plan as necessary to provide for current service and for any unfunded projected benefit obligation over a reasonable period. To the extent that these requirements are fully covered by assets in the trust, the Company may elect not to make any contributions in a particular year. The minimum funding requirements of ERISA were met in 2009 and 2008.

(4) RISKS AND UNCERTAINTIES:

Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the funded status of the Plan and amounts reported in the financial statements.

(5) INVESTMENTS:

The Plan's investments consist of the following at December 31, 2009 and 2008, including those representing 5% or more of the Plan's net assets:

	<u>2009</u>	<u>2008</u>
Mutual funds, at fair value:		
Turner Small-Cap Growth Fund	\$ 4,753,364	\$ 3,677,497
Harbor International Fund	4,742,694	3,734,446
American Funds EuroPacific Growth Fund	4,727,641	3,928,104
Allianz NFJ Small-Cap Value Fund	4,542,667	4,044,432
Dodge & Cox Stock Fund	3,702,784	2,860,635
Touchtone Sands Capital Growth Institutional Fund	3,653,955	2,555,269
Morgan Stanley Mid-Cap Growth Fund	2,442,170	1,768,252
ING Global Real Estate Fund	2,318,971	1,770,334
JP Morgan Mid-Cap Value Fund	<u>2,190,181</u>	<u>1,976,762</u>
	10,623,616	8,088,926
Money market funds, at fair value:		
Schwab Investor Money Market Fund	18,339	18,309
Collective investment trusts, at estimated fair value:		
JPMCB Long Duration Investment Grade Fund	8,656,223	-
JPMCB Long Duration Plus Fund	<u>-</u>	<u>5,296,597</u>
	8,656,223	5,296,597
Other investment assets, at estimated fair value:		
Private Advisors Stable Value ERISA Fund	5,741,694	5,131,455
Evergreen Long Duration Trust Fund	<u>8,981</u>	<u>5,254,365</u>
	<u>5,750,675</u>	<u>10,593,194</u>
	<u>\$ 18,940,584</u>	<u>\$ 9,175,887</u>

During 2009 and 2008, the Plan's investments (including investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$10,133,296 and \$(19,290,748) as follows:

	<u>2009</u>	<u>2008</u>
Investments at estimated fair value:		
Collective investment trusts	\$ 674,433	\$ (4,947,430)
Other investment assets	190,084	(685,208)
Investments at fair value:		
Mutual funds	<u>9,268,779</u>	<u>(13,658,110)</u>
	<u>\$ 10,133,296</u>	<u>\$ (19,290,748)</u>

(6) DERIVATIVES:

The Plan has limited transactions that are governed by FASB ASC 815, *Derivatives and Hedging*. The Plan does not use derivatives for trading purposes. The Plan owns shares in various mutual funds, collective investment trusts and other investment assets. The managers of these investment funds may use derivatives for asset management and hedging purposes.

(7) FAIR VALUE MEASUREMENTS:

FASB ASC 820 provides a framework for measuring and disclosing fair value under generally accepted accounting principles. It defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. FASB ASC 820 also establishes a fair value hierarchy which requires the use of observable inputs and minimizes the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 Inputs - Quoted prices in active markets for identical assets or liabilities.

Level 2 Inputs - Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated.

Level 3 Inputs - Assets or liabilities whose inputs or value are unobservable.

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

The following methods were used for investments measured at fair value for each class of financial instruments for which it is possible to estimate that value:

Mutual funds - are valued at the NAV of shares held by the Plan at year end.

Collective investment trusts - The fair market value of the Plan's collective trust investments has been determined using NAV at year end as a practical expedient. The NAV is based on the value of the underlying assets owned by the funds, minus its liabilities, and then divided by the number of shares outstanding. Shares in the fund may be redeemed daily upon written notice to the trustee.

Other investment assets - The fair market value of the Plan's investment in a private, offshore hedge fund has been determined using the NAV reported by the investment manager at year end as a practical expedient. Shares in the fund may only be redeemed by the Plan at the end of any calendar year, upon written notice of redemption given no later than the last day of October. The fund's board of directors, at its sole and absolute discretion, may permit redemptions at any time and with shorter notice. The Plan's investment in a private, fixed income, long duration bond fund has also been valued at NAV. The investment may not be redeemed until the underlying securities have been liquidated.

Money market funds - are valued at the NAV of the shares held by the Plan at year end.

The valuation methodologies described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2009 and 2008.

(7) FAIR VALUE MEASUREMENTS (continued):

The following tables set forth, by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

<u>December 31, 2009</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$33,074,427	\$ -	\$ -	\$ 33,074,427
Collective investment trusts	-	-	8,656,223	8,656,223
Other investment assets	-	-	5,750,675	5,750,675
Money market funds	<u>18,339</u>	<u>-</u>	<u>-</u>	<u>18,339</u>
Total	<u>\$33,092,766</u>	<u>\$ -</u>	<u>\$ 14,406,898</u>	<u>\$ 47,499,664</u>
<u>December 31, 2008</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$26,315,731	\$ -	\$ -	\$ 26,315,731
Collective investment trusts	-	-	5,296,597	5,296,597
Other investment assets	-	-	10,385,820	10,385,820
Money market funds	<u>18,309</u>	<u>-</u>	<u>-</u>	<u>18,309</u>
Total	<u>\$26,334,040</u>	<u>\$ -</u>	<u>\$ 15,682,417</u>	<u>\$ 42,016,457</u>

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 investments for the years ended December 31, 2009 and 2008:

<u>Year ended December 31, 2009</u>	<u>Collective investment trusts</u>	<u>Other investment assets</u>	<u>Total</u>
Balance, beginning of year	\$ 5,296,597	\$ 10,385,820	\$ 15,682,417
Purchases, sales, issuances and settlements (net)	2,297,515	(4,202,154)	(1,904,639)
Realized gains (losses)	1,084,614	(370,250)	714,364
Unrealized losses relating to instruments still held at the reporting date	<u>(22,503)</u>	<u>(62,741)</u>	<u>(85,244)</u>
Balance, end of year	<u>\$ 8,656,223</u>	<u>\$ 5,750,675</u>	<u>\$ 14,406,898</u>
<u>Year ended December 31, 2008</u>	<u>Collective investment trusts</u>	<u>Other investment assets</u>	<u>Total</u>
Balance, beginning of year	\$ -	\$ -	\$ -
Purchases, sales, issuances and settlements (net)	4,878,027	11,071,028	15,949,055
Realized gains (losses)	30,891	(62,133)	(31,242)
Unrealized gains (losses) relating to instruments still held at the reporting date	<u>387,679</u>	<u>(623,075)</u>	<u>(235,396)</u>
Balance, end of year	<u>\$ 5,296,597</u>	<u>\$ 10,385,820</u>	<u>\$ 15,682,417</u>

(8) ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

The actuarial present value of accumulated plan benefits was determined by Northwest Plan Services, Inc. as of January 1, 2009 and 2008, and is that amount which results from applying actuarial assumptions to adjust accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of any payments (such as death, disability, withdrawal, and retirement) between the valuation date and the expected date of payment.

Significant assumptions underlying the actuarial computations are as follows:

Mortality	2000 RP Mortality Table in 2009 and 2008.
Retirement	Based on a table which assumes retirements will occur at various ages. Higher rates of retirement are assumed to occur for participants with 30 or more years of credited service.
Discount rate	7.50%
Long-term rate of return	7.50%, net of expenses
Actuarial cost method	Unit Credit Cost Method.

These actuarial assumptions are based on the presumption that the Plan will continue. Different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits in the event of Plan termination.

Accumulated plan benefit information as of January 1, 2009 and 2008 is as follows:

	As of January 1,	
	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 37,473,760	\$ 38,512,134
Other participants	<u>16,949,493</u>	<u>17,460,707</u>
	54,423,253	55,972,841
Nonvested benefits	<u>256,530</u>	<u>310,111</u>
	<u>\$ 54,679,783</u>	<u>\$ 56,282,952</u>

Following is a summary of the changes in the actuarial present value of accumulated plan benefits for the periods described above:

	Year ended January 1,	
	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 56,282,952	\$ 56,329,106
Increase (decrease) attributable to:		
Benefits accumulated, including effect of plan experience	(253,702)	(18,404)
Benefits paid	(5,058,553)	(5,176,598)
Changes in actuarial assumptions	(322,440)	1,118,287
Increase for interest	<u>4,031,526</u>	<u>4,030,561</u>
Net decrease	<u>(1,603,169)</u>	<u>(46,154)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 54,679,783</u>	<u>\$ 56,282,952</u>

(9) INCOME TAX STATUS:

The Internal Revenue Service has issued a determination letter ruling dated September 26, 2001, stating that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Trustee and Plan administrator believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

(10) INFORMATION CERTIFIED BY THE TRUSTEE:

Wilmington Trust Company, formerly known as UBS Fiduciary Trust Company, and Charles Schwab Trust Company, successor trustee effective August 1, 2008, have certified that the following financial information as of and for the years ended December 31, 2009 and 2008, is complete and accurate:

	<u>2009</u>	<u>2008</u>
Collective investment trusts	\$ 8,656,223	\$ 5,296,597
Mutual funds	33,074,427	26,315,731
Other investment assets	5,750,675	10,071,200
Money market funds	18,339	18,309
Net investment income (loss)	9,893,674	(13,072,550)
Administrative expenses	167,253	383,124

(11) PARTIES-IN-INTEREST:

The Company pays certain expenses of administering the Plan and provides the Plan with office space, equipment, administrative personnel and certain outside consulting services at no charge.

Plan investments during 2009 and 2008 included shares of money market funds and collective investment trusts managed by Charles Schwab Trust Company, current Trustee as defined by the Plan, and Wilmington Trust Company, formerly known as UBS Fiduciary Trust Company, former Trustee as defined by the Plan. Accordingly, transactions involving these funds are considered to be conducted with a party-in-interest.

(12) RECONCILIATION TO FORM 5500:

The following is a reconciliation of other investment assets per the financial statements to the Form 5500 as of December 31, 2008:

Other investment assets per the financial statements	\$ 10,385,820
Less components reclassified for purposes of Form 5500:	
Mutual funds	(70,871)
Corporate bonds	(3,702,216)
Government securities	(1,373,729)
Other receivables	<u>(82,882)</u>
Other investment assets per Form 5500	<u>\$ (5,229,698)</u>

SUPPLEMENTAL SCHEDULES

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.**

EIN 42-1233965

Plan #011

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2009

(a)	(b)	(d)	(e)	
	<u>Identity of Issuer</u>	<u>Number of Shares</u>	<u>Cost</u>	<u>Value</u>
Money market funds:				
*	Schwab Investor Money Market Fund		\$ 18,339	\$ 18,339
Collective investment trust:				
	JPMCB Long Duration Investment Grade Fund	750,105.96	8,678,726	8,656,223
Mutual funds:				
	Turner Small-Cap Growth Fund	180,805.01	5,340,980	4,753,364
	Harbor International Fund	86,435.10	5,382,281	4,742,694
	American Funds EuroPacific Growth Fund	123,501.60	5,271,298	4,727,641
	Allianz NFJ Small-Cap Value Fund	187,403.76	5,235,676	4,542,667
	Dodge & Cox Stock Fund	38,514.50	4,098,434	3,702,784
	Touchstone Sands Capital Growth Institutional Fund	328,593.09	3,640,763	3,653,955
	Morgan Stanley Mid-Cap Growth Fund	86,693.98	2,473,364	2,442,170
	ING Global Real Estate Fund	158,075.76	2,695,220	2,318,971
	JP Morgan Mid-Cap Value Fund	113,716.55	2,385,987	2,190,181
	Total mutual funds		36,524,003	33,074,427
Other investment assets:				
	Private Advisors Stable Value ERISA Fund	5,022.35	5,760,014	5,741,694
	Evergreen Long Duration Trust Fund:			
	Other assets	^^	53,402	8,981
	Total other investment assets		5,813,416	5,750,675
	Total assets held for investment purposes		\$ 51,034,484	\$ 47,499,664

* Represents a party-in-interest to the Plan

^^ Not available

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.**

EIN 42-1233965
Plan #011

SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2009

(a)	(b)	Number Of Transactions	(c)	(d)	(g)	(h)	(i)
<u>Issuer</u>	<u>Description</u>		<u>Purchase Price</u>	<u>Sales Price</u>	<u>Cost of Asset</u>	<u>Current Value</u>	<u>Net Gain/ (Loss)</u>
JPMCB Long Duration Plus Fund JPMCB Long Duration Plus Fund	Collective investment trust	3	\$ 3,552,686	\$ 9,546,219	\$ 8,461,600	\$ 9,546,219	\$ 1,084,619
	Collective investment trust	7					
JPMCB Long Duration Investment Grade Fund	Collective investment trust	1	8,678,726	4,825,229	5,195,479	4,825,229	(370,250)
	Other investment asset	4					
Evergreen Long Duration Trust Fund							

PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.
EIN: 42-1233965
PN: 011
January 1, 2009

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

Each active participant is assumed to retire based on the table below.
The retirement rates shown here are composite rates for each age.

Retirement Age	% assumed to retire	# remaining after assumed retirements	# retiring at age	Weighted Average Retirement Age
(A)	(B)	(C)	(D)	(E) = (A) x (D)
		1.00		
55	4.33%	0.96	0.04	2.382
56	4.33%	0.92	0.04	2.320
57	4.33%	0.88	0.04	2.259
58	4.33%	0.84	0.04	2.199
59	4.33%	0.80	0.04	2.140
60	7.00%	0.75	0.06	3.366
61	8.67%	0.68	0.06	3.942
62	23.33%	0.52	0.16	9.846
63	11.33%	0.46	0.06	3.725
64	11.33%	0.41	0.05	3.356
65	35.00%	0.27	0.14	9.335
66	35.00%	0.17	0.09	6.161
67	35.00%	0.11	0.06	4.066
68	35.00%	0.07	0.04	2.682
69	35.00%	0.05	0.03	1.769
70	100.00%	0.00	0.05	3.333

Average age at retirement:

63

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965 / 011
January 1, 2009**

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

The method used to determine the Actuarial Value of Assets as of January 1, 2009 is 24-month smoothing as described in IRS Notice 2009-22, limited, if needed, to be between 90% and 110% of the Market Value of Assets. The method used to determine the Actuarial Value of Assets as of January 1, 2008 was Market Value of Assets.

All calculations derived in this report are based on assumptions as to future demographic and economic events relating to the plan.

Economic Assumptions:	January 1, 2009	January 1, 2008
First Segment Rate (Years 1-5)	**	5.70%
Second Segment Rate (Years 6-15)	**	5.90%
Third Segment Rate (Years after 15)	**	6.07%
Effective Interest Rate	8.25%	5.94%
Administrative and Investment Expenses	\$100,000	\$0

**** Used full yield curve from October 2008.**

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965 / 011
January 1, 2009**

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

Demographic Assumptions:

Mortality

All participants except pre-1995 Disabled Retirees

The 2009 projected, static mortality tables for males and females and for annuitants and non-annuitants, as published in IRS Notice 2008-85. Sample annual rates per 100 participants for annuitants are:

Age	Male	Female
30	0.04	0.02
40	0.09	0.05
50	0.40	0.18
60	0.63	0.57
70	1.74	1.55
80	5.48	4.10
90	17.20	12.55

Sample annual rates per 100 participants for non-annuitants are:

Age	Male	Female
30	0.04	0.02
40	0.09	0.05
50	0.14	0.11
60	0.33	0.35
70	0.69	0.68
80	5.48	4.10
90	17.20	12.55

Disabled Retirees

The RPA Disabled mortality tables for pre-1995 disabled males and females. Sample annual rates per 100 participants are:

Age	Male	Female
30	2.26	0.75
40	2.26	0.75
50	2.90	1.15
60	4.20	2.18
70	6.26	3.76
80	10.94	7.23
90	18.34	14.00

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965 / 011
January 1, 2009**

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

Termination	Sample annual rates per 100 participants are:		
	Age	Male	Female
	30	10.4	17.9
	35	7.4	12.2
	40	4.3	8.6
	45	2.7	5.6
	50	1.0	3.4
	55	0.0	1.7
	60	0.0	0.0
Disability	Sample annual rates per 100 participants are:		
	Age	Male	Female
	20	0.17	0.34
	25	0.17	0.34
	30	0.17	0.34
	35	0.18	0.36
	40	0.20	0.40
	45	0.23	0.46
	50	0.29	0.58
	55	0.39	0.78
	60	0.59	1.18

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965 / 011
January 1, 2009**

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

Retirement Age	Two annual rates of retirement are used. The 30 and Out rates are used while the participant is eligible for unreduced early retirement. The Reduced rates are used for early retirements prior to eligibility for 30 and Out. Former vested employees are assumed to retire at age 62.		
	Sample annual rates per 100 participants are:		
	Age	30 and Out	Reduced
	55 to 59	5.0	3.0
	60	8.0	5.0
	61	10.0	6.0
	62	25.0	20.0
	63 to 64	12.0	10.0
	65	40.0	25.0
	66 to 69	40.0	25.0
	70	100.00	100.00
Percentage Married	Husbands are assumed to be 3 years older than wives. 85% of male participants and 60% of female participants are assumed to be married.		
Changes since last valuation	The mortality tables required for determining the Funding Target were updated as required. An asset smoothing method was adopted using the most recent 24-months. In lieu of segment rates the full yield curve from October 2008 was used. Annual expenses of \$100,000 are assumed. The assumed rates of early and late retirement were updated.		

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965 / 011
January 1, 2009**

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	As amended and restated January 1, 2002.																								
Eligibility	All employees at the Cherokee, Iowa plan subject to the collective bargaining agreement with UFCW Local No. 179, excluding independent contractors and leased employees.																								
Plan Year	Credited service used to determine retirement benefits is determined based on weeks of benefit service. A year of credited service is granted for completion of 40 weeks of benefit service. A pro-rated year of service is earned for fewer weeks, rounded down to the next 0.1 year. Plan benefits were frozen effective December 31, 2005.																								
Normal Retirement Age	Age 65																								
Normal Retirement Benefit	<table><tr><td>Monthly benefit payable for life computed:</td><td></td></tr><tr><td>Years of Credited Service</td><td>Benefit Rate</td></tr><tr><td>Through April 30, 1983</td><td>\$15.00</td></tr><tr><td>May 1, 1983 through December 31, 1998</td><td>\$13.00</td></tr><tr><td>1999</td><td>\$15.00</td></tr><tr><td>2000</td><td>\$16.00</td></tr><tr><td>2001</td><td>\$17.00</td></tr><tr><td>2002</td><td>\$18.00</td></tr><tr><td>2003</td><td>\$19.00</td></tr><tr><td>2004 and 2005</td><td>\$20.00</td></tr><tr><td>2006 and later</td><td>\$ 0.00</td></tr></table> <p>A Special Pension Enhancement will be available for employees who earn 30 years of credited service prior to March 28, 2004 and an additional 5 years of credited service after January 1, 1999. The monthly benefit will be calculated using \$15 rather than \$13 in the above table.</p>			Monthly benefit payable for life computed:		Years of Credited Service	Benefit Rate	Through April 30, 1983	\$15.00	May 1, 1983 through December 31, 1998	\$13.00	1999	\$15.00	2000	\$16.00	2001	\$17.00	2002	\$18.00	2003	\$19.00	2004 and 2005	\$20.00	2006 and later	\$ 0.00
Monthly benefit payable for life computed:																									
Years of Credited Service	Benefit Rate																								
Through April 30, 1983	\$15.00																								
May 1, 1983 through December 31, 1998	\$13.00																								
1999	\$15.00																								
2000	\$16.00																								
2001	\$17.00																								
2002	\$18.00																								
2003	\$19.00																								
2004 and 2005	\$20.00																								
2006 and later	\$ 0.00																								
30 and Out Age	Age 55 and 30 years of credited service.																								
30 and Out Benefit	Unreduced accrued benefit, plus \$100 per month payable to age 62.																								
Early Retirement Age	Age 55 and 10 years of credited service.																								
Early Retirement Benefit	Vested accrued benefit reduced by ½ of 1% for each month that Early Retirement Date precedes Normal Retirement Date.																								

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965 / 011
January 1, 2009**

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

Late Retirement Benefit	Continued benefit accruals only until April 1 following age 70 ½. Greater of continued accruals or actuarial increase thereafter.
Vesting Formula	100% after 5 Years of Vesting Service.
Pre-Retirement Death Benefit	If active and eligible for early retirement, the surviving spouse will receive a monthly benefit for life equal to the accrued benefit times (42.5% - .03% per month of age difference). An orphan benefit is payable if at least 10 years of credited service and there is no surviving spouse. If inactive or not eligible for early retirement, 50% Joint & Survivor Annuity, reduced for early retirement and form of payment, payable to the surviving spouse at the deceased participant's Earliest Retirement Age.
Disability Benefit	Unreduced accrued benefit payable immediately. Double payments prior to eligibility for Social Security, but may be reduced for Workmen's Compensation.
Forms of Payment	Straight Life Annuity 50%, 75%, and 100% Joint & Survivor Annuity
Changes since last valuation	None.

PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.
EIN: 42-1233965
PN: 011
January 1, 2009

Schedule SB, line 26 - Schedule of Active Participant Data
Age/Service Distribution

AGE	SERVICE										Total
	Less Than 1	1 to 4.999	5 to 9.999	10 to 14.999	15 to 19.999	20 to 24.999	25 to 29.999	30 to 34.999	35 to 39.999	40 and up	
Under 25	0	3	2	0	0	0	0	0	0	0	5
25 to 29.999	0	6	14	0	0	0	0	0	0	0	20
30 to 34.999	0	3	14	6	0	0	0	0	0	0	23
35 to 39.999	0	6	6	4	5	0	0	0	0	0	21
40 to 44.999	0	4	13	14	4	1	1	0	0	0	37
45 to 49.999	0	2	22	13	16	11	9	1	0	0	74
50 to 54.999	0	5	21	9	16	6	9	12	1	0	79
55 to 59.999	0	2	16	6	8	7	10	6	26	4	85
60 to 64.999	0	0	6	2	4	5	6	2	9	23	57
65 to 69.999	0	0	0	3	1	0	2	1	2	7	16
70 and up	0	0	0	0	0	1	0	0	0	1	2
Total	0	31	114	57	54	31	37	22	38	35	419

Average Age: 50.0

Average Service 19.2

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.**

January 1, 2009

EIN/PIN: 42-1233965 / 011

Schedule SB, line 25 – Change in Method

Actuarial Value of Assets

The actuarial value of assets was changed from market value to 24-month smoothing without phase-in as described in IRS Notice 2009-22.

PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.

EIN: 42-1233965

PN: 011

January 1, 2009

Schedule SB, line 32 - Schedule of Amortization Bases

Plan Year	Original Shortfall Base	Original Amortization Factor	Amount at Valuation Date	First Segment Rate	Second Segment Rate	Amortization Amount
2009	\$ 4,161,866	5.61489	\$ 4,161,866	**	**	\$ 741,220
Total			\$ 4,161,866			\$ 741,220

** Full yield curve used for 2009.

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.**

January 1, 2009

EIN/PIN: 42-1233965 / 011

Schedule SB, line 24 – Change in Actuarial Assumptions

Administrative and Investment Expenses

Annual expenses of \$100,000 are assumed. This change, to have an assumption regarding expenses paid from the Trust, was required.

Retirement Rates

The rates of early and late retirement were updated to reflect recent experience.

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.**

**EIN 42-1233965
Plan #011**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2009

(a)	(b)	(d)	(e)
<u>Identity of Issuer</u>	<u>Number of Shares</u>	<u>Cost</u>	<u>Value</u>
Money market funds:			
* Schwab Investor Money Market Fund		\$ 18,339	\$ 18,339
Collective investment trust:			
JPMCB Long Duration Investment Grade Fund	750,105.96	8,678,726	8,656,223
Mutual funds:			
Turner Small-Cap Growth Fund	180,805.01	5,340,980	4,753,364
Harbor International Fund	86,435.10	5,382,281	4,742,694
American Funds EuroPacific Growth Fund	123,501.60	5,271,298	4,727,641
Allianz NFJ Small-Cap Value Fund	187,403.76	5,235,676	4,542,667
Dodge & Cox Stock Fund	38,514.50	4,098,434	3,702,784
Touchstone Sands Capital Growth Institutional Fund	328,593.09	3,640,763	3,653,955
Morgan Stanley Mid-Cap Growth Fund	86,693.98	2,473,364	2,442,170
ING Global Real Estate Fund	158,075.76	2,695,220	2,318,971
JP Morgan Mid-Cap Value Fund	113,716.55	2,385,987	2,190,181
Total mutual funds		36,524,003	33,074,427
Other investment assets:			
Private Advisors Stable Value ERISA Fund	5,022.35	5,760,014	5,741,694
Evergreen Long Duration Trust Fund:			
Other assets	^^	53,402	8,981
Total other investment assets		5,813,416	5,750,675
Total assets held for investment purposes		\$ 51,034,484	\$ 47,499,664

* Represents a party-in-interest to the Plan

^^ Not available

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.**

**EIN 42-1233965
Plan #011**

Schedule H, Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2009

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
<u>Issuer</u>	<u>Description</u>	Number Of <u>Transactions</u>	Purchase <u>Price</u>	Sales <u>Price</u>	Cost of <u>Asset</u>	Current <u>Value</u>	Net Gain/ <u>(Loss)</u>
JPMCB Long Duration Plus Fund	Collective investment trust	3	\$ 3,552,686				
JPMCB Long Duration Plus Fund	Collective investment trust	7		\$ 9,546,219	\$ 8,461,600	\$ 9,546,219	\$ 1,084,619
JPMCB Long Duration Investment Grade Fund	Collective investment trust	1	8,678,726				
Evergreen Long Duration Trust Fund	Other investment asset	4		4,825,229	5,195,479	4,825,229	(370,250)

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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

Pension Plan Hourly Ees Continental Deli Foods

B Three-digit
plan number (PN)

011

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Tyson Deli, Inc.

D Employer Identification Number (EIN)

42-1233965

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 1 Day 1 Year 2009**2** Assets:

	2a	2b
a Market value.....	42,526,191	
b Actuarial value.....		46,778,810

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	2,223	36,829,268
b For terminated vested participants.....	1,328	9,883,734
c For active participants:		
(1) Non-vested benefits.....		257,147
(2) Vested benefits.....		6,327,145
(3) Total active.....	419	6,584,292
d Total.....	3,970	53,297,294

4 If the plan is at-risk, check the box and complete items (a) and (b) ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions.....		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....		

5 Effective interest rate..... **5** 8.25 %**6** Target normal cost..... **6** 100,000**Statement by Enrolled Actuary**

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

**SIGN
HERE**

Signature of actuary

PAUL WITHINGTON

Type or print name of actuary

NORTHWEST PLAN SERVICES, INC.

5446 CALIFORNIA AVE. SW, SUITE 200

SEATTLE

WA 98136-1513

Address of the firm

09/23/2010

Date

08-05564

Most recent enrollment number

(206) 933-1500

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2009
v.092308.1

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 (Item 13 from prior year)	11,880,901	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	11,880,901	0
10	Interest on item 9 using prior year's actual return of <u>(28.62)%</u>	(3,400,314)	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>5.94 %</u>		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	7,639,367	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	841,220	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	86.19 %
15	Adjusted funding target attainment percentage.....	15	86.19 %
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	80.74 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	100,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4,161,866	741,220
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 (item 31 + item 32a + item 32b - item 33).....	34	841,220
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	841,220	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0