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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.

1b Three-digit plan number (PN) ▶ 011

1c Effective date of plan 01/01/1953

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
TYSON DELI, INC.

C/O TYSON FOODS, INC.

P.O. BOX 2020
SPRINGDALE, AR 72762

2b Employer Identification Number (EIN) 42-1233965

2c Sponsor's telephone number 479-290-4000

2d Business code (see instructions) 112300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/21/2011	LEE KIDD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (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**	3890
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**	399
b	Retired or separated participants receiving benefits	**6b**	1774
c	Other retired or separated participants entitled to future benefits	**6c**	1173
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	3346
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	435
f	Total. Add lines **6d** and **6e**	**6f**	3781
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**	2
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)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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 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 or 5500-SF
TYSON DELI, INC.

D Employer Identification Number (EIN)
42-1233965

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2010

2 Assets:

a	Market value	**2a**	48013354
b	Actuarial value	**2b**	50024770

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	2193	40910696
b	For terminated vested participants	**3b**	1275	11714905
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		275667
	(2) Vested benefits	**3c(2)**		7337075
	(3) Total active	**3c(3)**	422	7612742
d	Total	**3d**	3890	60238343

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**	6.49 %
6	Target normal cost	**6**	100000

Statement by Enrolled Actuary

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

SIGN HERE

09/06/2011
Signature of actuary — Date

PAUL WITHINGTON — 11-05564
Type or print name of actuary — Most recent enrollment number

NORTHWEST PLAN SERVICES, INC. — 206-933-1500
Firm name — Telephone number (including area code)

5446 CALIFORNIA AVE. SW, SUITE 200
SEATTLE, WA 98136-1513
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 [ ]

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)	841220	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	841220	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 26.62 %	0	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 8.25 %		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	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	83.04 %
15	Adjusted funding target attainment percentage	15	83.04 %
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	87.76 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2010	700000	0			
07/15/2010	700000	0			
10/15/2010	900000	0			
01/11/2011	900000	0			
04/14/2011	900000	0			
			Totals ► 18(b)	4100000	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	3895126

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	
4.60 %	6.65 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
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	7804039	1442646
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**	1542646

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	1542646
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	3895126
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	2352480
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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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)

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).. . . . . [X] 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)

NORTHWEST PLAN SERVICES, INC.

91-2090931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 50	NONE	103661	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	44069	Yes [ ] No [X]	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	40543	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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	34829	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: ERWIN AND COMPANY	**b** EIN:	71-0603587
c	Position: ACCOUNTANT		
d	Address: 6311 RANCH DRIVE LITTLE ROCK, AR 72223	**e** Telephone:	501-868-7486

Explanation: TYSON FOODS WAS NOTIFIED EFFECTIVE JANUARY 7, 2011 THAT ERWIN AND COMPANY IS NO LONGER INDEPENDENT WITH RESPECT TO THE PLAN. ACCORDINGLY, THEIR SERVICES HAVE BEEN TERMINATED EFFECTIVE JANUARY 7, 2011.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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: PRIVATE ADVISORS STABLE VALUE ERISA

b Name of sponsor of entity listed in (a): PRIVATE ADVISORS, LLC

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)
20-1079805-001	E	4991794

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0199869-001	C	0

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)

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

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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 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	513691	107640
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	1800000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	1403440
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18339	18342
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	8656223	0
(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)	5741694	4991794
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	33074427	46843327
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	8981	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	48013355	55164543
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		103661
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	103661
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	48013355	55060882

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)	4100000	
	(B) Participants	2a(1)(B)	0	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4100000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1101059	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1101059
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
	(B) Other	2b(5)(B)	0	
	(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)		182879
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		510257
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6108398
c	Other income	2c		152908
d	Total income. Add all **income** amounts in column (b) and enter total	2d		12155504
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4884875	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4884875
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	103661	
	(2) Contract administrator fees	2i(2)	0	
	(3) Investment advisory and management fees	2i(3)	78898	
	(4) Other	2i(4)	40543	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		223102
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5107977
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		7047527
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: PRICEWATERHOUSECOOPERS LLP **(2)** EIN: 13-4008324

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.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		4991794
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? 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)

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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 Distributions

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

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

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

EIN(s): 42-1558009

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** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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**

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):

---

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: 64.0% Investment-Grade Debt: 18.0% High-Yield Debt: 0.0% Real Estate: 5.0% Other: 13.0%

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, 2010 and 2009

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Report of Independent Auditors

To the Participants and Administrator of
Pension Plan for Hourly Employees of Continental Deli Foods, Inc.

We were engaged to audit the financial statements and supplemental schedules of the Pension Plan for Hourly Employees of Continental Deli Foods, Inc. (the "Plan") as of and for the year ended December 31, 2010, as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management. Other auditors were engaged to audit the financial statements of the Plan at December 31, 2009. 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 ("ERISA"), the Plan administrator instructed the other auditors not to perform and they did not perform, any auditing procedures with respect to the December 31, 2009 information summarized in Note 10, which was certified by Charles Schwab Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the December 31, 2009 financial statements. The other auditor's report, dated August 31, 2010, indicated that (a) because of the significance of the information they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole; and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the December 31, 2010 information summarized in Note 10, which was certified by Charles Schwab Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the December 31, 2010 financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's December 31, 2010 financial statements and supplemental schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying December 31, 2010 financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

Fayetteville, Arkansas
August 31, 2011

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2010	December 31, 2009
Assets		
Investments, at fair value:		
Mutual funds	$ 46,843,327	$ 33,074,427
Money market funds	18,342	18,339
Investments, at estimated fair value:		
Collective investment trusts	-	8,656,223
Other investment assets	4,991,794	5,750,675
Total investments	51,853,463	47,499,664
Receivables		
Employer contributions	1,800,000	-
Securities sold	1,250,000	-
Other	153,440	-
Total receivables	3,203,440	-
Cash	107,640	513,691
Total assets	55,164,543	48,013,355
Liabilities		
Accounts payable	103,661	-
Total liabilities	103,661	-
Net assets available for benefits	$ 55,060,882	$ 48,013,355

The accompanying notes are an integral part of the financial statements.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2010	2009
Additions:		
Net appreciation in fair value of investments	$ 6,801,534	$ 10,133,296
Dividends	1,101,059	464,917
Employer contribution	4,100,000	-
Other income	152,911	54,369
Total additions, net	12,155,504	10,652,582
Pension benefit payments	4,884,875	4,998,165
Administrative expenses	223,102	167,253
Total deductions	5,107,977	5,165,418
Net increase	7,047,527	5,487,164
Net assets available for benefits:		
Beginning of year	48,013,355	42,526,191
End of year	$ 55,060,882	$ 48,013,355

The accompanying notes are an integral part of the financial statements.

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

(1) Description of Plan:

The following brief description of the Pension Plan for Hourly Employees of Continental Deli Foods, Inc. (the "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. ("Sponsor"), 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 December 31, 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 December 31, 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 vested 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 (PBGC). Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

(2) Summary of Significant Accounting Policies:

Basis of accounting

The accompanying financial statements are prepared on the accrual basis of accounting, except benefit payments to participants, which are recorded upon distribution.

Estimates

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

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 values provided by the fund manager. The underlying investments in the collective investment trusts are valued at quoted market prices.

At December 31, 2010, the Plan held an investment in a multi-strategy private hedge fund, which is included in other investment assets in the statement of net assets available for benefits. Additionally, at December 31, 2009, the Plan held an investment in a private, fixed income, long duration bond, which was disposed in January 2010. Other investment assets are valued, as a practical expedient, at the net asset values provided by the fund manager.

Investment transactions and income

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

(2) Summary of Significant Accounting Policies (continued):

Recent accounting standards

In January 2010, the Financial Accounting Standards Board (FASB) issued an amendment to the Fair Value Measurements and Disclosures topic of the Accounting Standard Codification (ASC). This amendment requires disclosures about transfers into and out of Level 1 and 2 and separate disclosures about purchases, sales, issuances, and settlements relating to Level 3 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 was effective for periods beginning after December 15, 2009. The Plan adopted this amendment during the year ended December 31, 2010, and it did not have a material effect on the Plan's financial statements other than required disclosures.

In May 2011, the FASB issued Accounting Standard Update (ASU) 2011-04 *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS*. ASU 2011-04 is intended to improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with U.S. GAAP and IFRS. The amendments are of two types: (i) those that clarify the Board's intent about the application of existing fair value measurement and disclosure requirements and (ii) those that change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements. The update is effective for annual periods beginning after December 15, 2011. Plan management does not believe the adoption of this update will have a material impact on the results of operations or financial position.

(3) Funding Policy:

The funding policy of the Plan, is that the Plan Sponsor, from time to time, shall make such contributions to the Plan fund to provide for current service and meet the minimum requirements for any unfunded benefit obligation as it determines, with the advice of its actuary. 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 2010 and 2009.

(4) Risk and Uncertainties:

Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the 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.

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, the effect of such changes could be material to employer contributions and the actuarial present value of accumulated plan benefits.

(5) Investments:

The Plan's investments consist of the following at December 31, 2010 and 2009, including those representing 5% or more of the Plan's net assets (as denoted by a *):

	2010	2009
Mutual funds, at fair value:		
PIMCO Long Duration Total Return Fund	$ 8,759,608*	$ -
Turner Small-Cap Growth Fund	5,664,681*	4,753,364*
Harbor International Fund	5,310,771*	4,742,694*
Allianz NFJ Small-Cap Value Fund	5,517,511*	4,542,667*
American Funds EuroPacific Growth Fund	5,187,003*	4,727,641*
Touchtone Sands Capital Growth Institutional Fund	4,288,820*	3,653,955*
Dodge & Cox Stock Fund	3,815,688*	3,702,784*
JP Morgan Mid-Cap Value Fund	2,701,400*	2,190,181
ING Global Real Estate Fund	2,612,152*	2,318,971
Morgan Stanley Mid-Cap Growth Fund	2,985,693*	2,442,170*
	46,843,327	33,074,427
Money market funds, at fair value:		
Schwab Investor Money Market Fund	18,342	18,339
Collective investment trusts, at estimated fair value:		
JPMCB Long Duration Investment Grade Fund	-	8,656,223*
Other investment assets, at estimated fair value:		
Evergreen Long Duration Trust Fund	-	8,981
Private Advisors Stable Value ERISA Fund	4,991,794*	5,741,694*
	4,991,794	5,750,675
	$ 51,853,463	$ 47,499,664

During 2010 and 2009, the Plan's investments (including investments bought and sold, as well as held during the year) appreciated in value as follows:

	2010	2009
Investments at fair value:		
Mutual funds	$ 6,108,398	$ 9,268,779
Investments at estimated fair value:		
Collective investment trusts	182,879	674,433
Other investment assets	510,257	190,084
	$ 6,801,534	$ 10,133,296

(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 guidance that defines fair value, establishes a framework for measuring fair value, and expands disclosure requirements about fair value measurements. This guidance defines fair value as the prices that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date. This guidance 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 - Unadjusted quoted prices available in active markets for the identical assets or liabilities at the measurement date.

Level 2 Inputs - Other observable inputs available at the measurement date, other than quoted prices included in Level 1, either directly or indirectly, including: quoted prices for similar 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.

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 - Valued at quoted market prices for shares held by the Plan at year end.

Collective investment trusts - The fair value of the Plan's collective trust investments has been determined using net asset value (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 value of the Plan's investment in a private, 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 private, fixed income, long duration bond fund was liquidated in January 2010.

Money market funds - Valued at quoted market prices for shares held by the Plan at year end.

(7) Fair Value Measurements (continued):

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, 2010 and 2009.

The following tables set forth, by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2010 and 2009:

December 31, 2010	Level 1	Level 2	Level 3	Total
Mutual funds	$46,843,327	$ -	$ -	$ 46,843,327
Other investment assets	-	-	4,991,794	4,991,794
Money market funds	18,342	-	-	18,342
Total	$46,861,669	$ -	$ 4,991,794	$ 51,853,463

December 31, 2009				
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	18,339	-	-	18,339
Total	$33,092,766	$ -	$ 14,406,898	$ 47,499,664

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, 2010 and 2009.

Year ended December 31, 2010	Collective investment trusts	Other investment assets	Total
Balance, beginning of year	$ 8,656,223	$ 5,750,675	$ 14,406,898
Purchases, sales, issuances and settlements, net	(8,839,102)	(1,269,138)	(10,108,240)
Realized gains, net	182,879	124,960	307,839
Unrealized gains relating to instruments still held at the reporting date, net	-	385,297	385,297
Balance, end of year	$ -	$ 4,991,794	$ 4,991,794
Year ended December 31, 2009			
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), net	1,084,614	(370,250)	714,364
Unrealized (losses) relating to instruments still held at the reporting date, net	(22,503)	(62,741)	(85,244)
Balance, end of year	$ 8,656,223	$ 5,750,675	$ 14,406,898

(7) Fair Value Measurements (continued):

Gains and Losses (realized and unrealized) included in changes in net assets for the periods above are reported in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

(8) Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable, under the Plan's provisions, to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to active, retired or terminated employees, or their beneficiaries. The accumulated plan benefits exclude all postretirement medical benefits, which are related to the Plan Sponsor's postretirement welfare benefit plans. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered.

The actuarial present value of accumulated plan benefits was determined by Northwest Plan Services, Inc., the Plan's actuary, as of January 1, 2010 and 2009, and is the 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	RP 2000 Mortality Table in 2010 and 2009.
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% per annum
Long-term rate of return	7.50% per annum, 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, 2010 and 2009 is as follows:

	As of January 1,	
	2010	2009
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$36,642,829	$37,473,760
Other participants	16,289,971	16,949,493
	52,932,800	54,423,253
Non-vested benefits	236,171	256,530
Total actuarial present value of accumulated plan benefits	$53,168,971	$54,679,783

(8) Actuarial Present Value of Accumulated Plan Benefits (continued):

The 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,	
	2010	2009
Actuarial present value of accumulated plan benefits at beginning of year	$ 54,679,783	$56,282,952
Increase (decrease) attributable to:		
Benefits accumulated, including effect of plan experience	(426,200)	(253,702)
Benefits paid	(4,998,165)	(5,058,553)
Changes in actuarial assumptions	-	(322,440)
Interest	3,913,553	4,031,526
Net decrease	(1,510,812)	(1,603,169)
Actuarial present value of accumulated plan benefits at end of year	$ 53,168,971	$ 54,679,783

(9) Income Tax Status:

The Internal Revenue Service (IRS) has issued a determination letter dated June 19, 2009, stating that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (IRC).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2004.

(10) Information Certified by the Trustee:

Charles Schwab Trust Company has certified that the following financial information as of and for the years ended December 31, 2010 and 2009, is complete and accurate:

	2010	2009
Mutual funds	$ 46,843,327	$ 33,074,427
Money market funds	18,342	18,339
Cash	107,640	513,691
Net investment income	7,219,167	9,893,674

(11) Related Party Transactions:

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. Included in accounts receivable at December 31, 2010 and 2009 are employer contributions totaling $1,800,000 and $0, respectively. These amounts are related to contributions owed to the Plan to meet the minimum funding requirements of ERISA for the Plan year.

Plan investments during 2010 and 2009 included shares of money market funds managed by Charles Schwab Trust Company, the Trustee as defined by the Plan. Accordingly, transactions involving these funds are considered to be conducted with a party-in-interest. At December 31, 2010 and 2009, the Plan held $18,342 and $18,339 in Schwab's money market funds, respectively. During the years ended December 31, 2010 and 2009, purchases of shares by the plan totaled $3 and $30 respectively and sales of shares by the plan totaled $0 and $0, respectively.

(12) Subsequent Events:

The plan has evaluated subsequent events through August 31, 2011, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

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

EIN 42-1233965
Plan #011

SCHEDULE H, LINE 4i-
SCHEDULE OF ASSETS (HELD AT YEAR OF END)

December 31, 2010

(a)	(b) Identity of Issuer	(c) Description	Number of Shares	(d) Cost	(e) Value
*	Schwab Investor Money Market Fund	Money market fund		$ 18,342	$ 18,342
	PIMCO Long Duration Total Return	Mutual fund	807,337.25	8,719,081	8,759,608
	Turner Small-Cap Growth Fund	Mutual fund	167,198.37	4,939,040	5,664,681
	Harbor International Fund	Mutual fund	87,708.86	5,457,624	5,310,771
	American Funds EuroPacific Growth Fund	Mutual fund	125,562.88	5,355,625	5,187,003
	Allianz NFJ Small-Cap Value Fund	Mutual fund	184,717.47	5,165,794	5,517,511
	Dodge & Cox Stock Fund	Mutual fund	35,409.13	3,764,665	3,815,688
	Touchstone Sands Capital Growth Institutional Fund	Mutual fund	305,471.51	3,384,580	4,288,820
	Morgan Stanley Mid-Cap Growth Fund	Mutual fund	79,938.22	2,282,473	2,985,693
	ING Global Real Estate Fund	Mutual fund	160,451.58	2,726,191	2,612,152
	JP Morgan Mid-Cap Value Fund	Mutual fund	115,100.13	2,418,224	2,701,400
	Total mutual funds			44,213,297	46,843,327
	Private Advisors Stable Value ERISA Fund	Other investment asset	4,016.56	4,606,497	4,991,794
	Total other investment assets			4,606,497	4,991,794
	Total assets held for investment purposes			$ 48,838,136	$ 51,853,463

* Represents a party-in-interest to the Plan

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, 2010

(a)	(b)		(c)	(d)	(g)	(h)	(i)
Identity of Issuer	Description	Number Of Transactions	Purchase Price	Sales Price	Cost of Asset	Current Value	Net Gain/ (Loss)
PIMCO Long Duration Total Return Fund	Mutual Fund	14	$ 9,797,016				
		3		$ 1,150,000	$ 1,077,936	$ 1,150,000	$ 72,064

PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.
EIN: 42-1233965
PN: 011
January 1, 2010

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

	YEARS OF CREDITED SERVICE										
AGE	**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**	**Total**
Under 25	0	0	1	0	0	0	0	0	0	0	1
25 to 29.999	0	5	18	2	0	0	0	0	0	0	25
30 to 34.999	0	1	14	9	0	0	0	0	0	0	24
35 to 39.999	1	6	8	7	3	1	0	0	0	0	26
40 to 44.999	0	6	7	13	6	0	0	0	0	0	32
45 to 49.999	0	0	18	17	9	15	6	1	0	0	66
50 to 54.999	0	3	21	17	11	8	6	14	0	0	80
55 to 59.999	0	1	16	10	8	8	8	13	14	3	81
60 to 64.999	0	2	4	3	3	6	2	4	13	26	63
65 to 69.999	0	0	1	3	2	1	3	1	0	10	21
70 and up	0	0	0	0	0	1	1	0	0	1	3
Total	1	24	108	81	42	40	26	33	27	40	422

Average Age: 50.1
Average Service 18.8

PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965 / 011
January 1, 2010

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

Effective January 1, 2009, the method used to determine the Actuarial Value of Assets 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.

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, 2010**	**January 1, 2009**
First Segment Rate (Years 1-5)	4.60%	**
Second Segment Rate (Years 6-15)	6.65%	**
Third Segment Rate (Years after 15)	6.76%	**
Effective Interest Rate	6.49%	8.25%
Administrative and Investment Expenses	$100,000	$100,000

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

PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965 / 011
January 1, 2010

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

Demographic Assumptions:

Mortality

All participants except pre-1995 Disabled Retirees

The 2010 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	0.62	0.57
70	1.72	1.54
80	5.43	4.07
90	17.13	12.51

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	0.68	0.67
80	5.43	4.07
90	17.13	12.51

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	1.16	0.89
40	1.60	1.26
50	2.36	1.65
60	3.62	2.26
70	5.76	3.31
80	9.90	5.96
90	17.17	12.30

PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965 / 011
January 1, 2010

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.
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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. In lieu of the full yield curve, the segment rates from January were used.

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, 2010

(a)	(b)		(c)	(d)	(g)	(h)	(i)
Identity of Issuer	Description	Number Of Transactions	Purchase Price	Sales Price	Cost of Asset	Current Value	Net Gain/ (Loss)
PIMCO Long Duration Total Return Fund	Mutual Fund	14	$ 9,797,016				
		3		$ 1,150,000	$ 1,077,936	$ 1,150,000	$ 72,064

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

2010

This Form Is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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 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 or 5500-SF
TYSON DELI, INC.

D Employer Identification Number (EIN)
42-1233965

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2010			
2	Assets:			
	a Market value	2a		48013354
	b Actuarial value	2b		50024770
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	2193	40910696
	b For terminated vested participants	3b	1275	11714905
	c For active participants:			
	(1) Non-vested benefits	3c(1)		275667
	(2) Vested benefits	3c(2)		7337075
	(3) Total active	3c(3)	422	7612742
	d Total	3d	3890	60238343
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		6.49%
6	Target normal cost	6		100000

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

Paul Withington

Signature of actuary

9/6/2011

Date

PAUL WITHINGTON

Type or print name of actuary

1105564

Most recent enrollment number

NORTHWEST PLAN SERVICES, INC.

Firm name

206-933-1500

Telephone number (including area code)

5446 CALIFORNIA AVE. SW, SUITE 200

SEATTLE WA 98136-1513

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 [ ]

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)	841220	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	841220	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 26.62%	0	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 8.25%		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	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	83.04%
15	Adjusted funding target attainment percentage	15	83.04%
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	87.76%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2010	700000	0			
07/15/2010	700000	0			
10/15/2010	900000	0			
01/11/2011	900000	0			
04/14/2011	900000	0			
			Totals ▶ 18(b)	4100000	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	3895126

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	
4.60%	6.65%	6.76%	☐ N/A, full yield curve used

b Applicable month (enter code) — 21b: 0

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	7804039	1442646
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: 1542646

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) — 36: 1542646

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — 37: 3895126

38 Interest-adjusted excess contributions for current year (see instructions) — 38: 2352480

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

PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965 / 011
January 1, 2010

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	January 1, 1953
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. **No new participants hired on or after October 6, 2004.**
Plan Year	The plan year is the calendar year.
Credited Service	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	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 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.
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.

PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965 / 011
January 1, 2010

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

Early Retirement Benefit	Vested accrued benefit reduced by ½ of 1% for each month that Early Retirement Date precedes Normal Retirement Date.
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 either Credited Service or 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
Plan #011

SCHEDULE H, LINE 4i-
SCHEDULE OF ASSETS (HELD AT YEAR OF END)

December 31, 2010

(a)	(b) Identity of Issuer	(c) Description	Number of Shares	(d) Cost	(e) Value
*	Schwab Investor Money Market Fund	Money market funds		$ 18,342	$ 18,342
	PIMCO Long Duration Total Return	Mutual funds	807,337.25	8,719,081	8,759,608
	Turner Small-Cap Growth Fund	Mutual funds	167,198.37	4,939,040	5,664,681
	Harbor International Fund	Mutual funds	87,708.86	5,457,624	5,310,771
	American Funds EuroPacific Growth Fund	Mutual funds	125,562.88	5,355,625	5,187,003
	Allianz NFJ Small-Cap Value Fund	Mutual funds	184,717.47	5,165,794	5,517,511
	Dodge & Cox Stock Fund	Mutual funds	35,409.13	3,764,665	3,815,688
	Touchstone Sands Capital Growth Institutional Fund	Mutual funds	305,471.51	3,384,580	4,288,820
	Morgan Stanley Mid-Cap Growth Fund	Mutual funds	79,938.22	2,282,473	2,985,693
	ING Global Real Estate Fund	Mutual funds	160,451.58	2,726,191	2,612,152
	JP Morgan Mid-Cap Value Fund	Mutual funds	115,100.13	2,418,224	2,701,400
	Total mutual funds			44,213,297	46,843,327
	Private Advisors Stable Value ERISA Fund	Other investment assets	4,016.56	4,606,497	4,991,794
	Total other investment assets			4,606,497	4,991,794
	Total assets held for investment purposes			$ 48,838,136	$ 51,853,463

* Represents a party-in-interest to the Plan
^^ Not available

PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.
EIN: 42-1233965
PN: 011
January 1, 2010

Schedule SB, line 32 - Schedule of Amortization Bases

Type of Base	Current Outstanding Balance	Valuation Date Base Established	Number of Years Remaining	Amortization Installment
Shortfall	$ 3,607,071	1/1/2009	6	$ 741,220
Shortfall	$ 4,196,968	1/1/2010	7	$ 701,426
Total	**$ 7,804,039**			**$ 1,442,646**

PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.
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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 (A)	% assumed to retire (B)	# remaining after assumed retirements (C)	# retiring at age (D)	Weighted Average Retirement Age (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**