

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.</u>	1b Three-digit plan number (PN) ► <u>011</u> 1c Effective date of plan <u>01/01/1953</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>TYSON DELI, INC.</u> <u>C/O TYSON FOODS, INC.</u> <u>P.O. BOX 2020</u> <u>SPRINGDALE, AR 72762</u>	2b Employer Identification Number (EIN) <u>42-1233965</u> 2c Sponsor's telephone number <u>479-290-4000</u> 2d Business code (see instructions) <u>112300</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/31/2012</u>	<u>LEE KIDD</u>
	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

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

Form 5500 (2011)
v.012611

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
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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
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5 Total number of participants at the beginning of the plan year	5	3781
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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	358
b Retired or separated participants receiving benefits.....	6b	1759
c Other retired or separated participants entitled to future benefits.....	6c	1141
d Subtotal. Add lines 6a , 6b , and 6c	6d	3258
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	435
f Total. Add lines 6d and 6e	6f	3693
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	
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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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ 0 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

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

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>54993712</u>
b Actuarial value	2b <u>49494341</u>
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>2151</u> <u>42024283</u>
b For terminated vested participants	3b <u>1231</u> <u>12054774</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>228940</u>
(2) Vested benefits	3c(2) <u>7463927</u>
(3) Total active	3c(3) <u>399</u> <u>7692867</u>
d Total	3d <u>3781</u> <u>61771924</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.78 %</u>
6 Target normal cost	6 <u>250000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>06/14/2012</u>
Signature of actuary	Date
<u>PAUL WITHINGTON</u>	<u>11-05564</u>
Type or print name of actuary	Most recent enrollment number
<u>NORTHWEST PLAN SERVICES, INC.</u>	<u>206-933-1500</u>
Firm name	Telephone number (including area code)
<u>5446 CALIFORNIA AVE. SW, SUITE 200</u> <u>SEATTLE, WA 98136-1513</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>17.13</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		2352480
b	Interest on (a) using prior year's effective rate of <u>6.49</u> % except as otherwise provided (see instructions)		152676
c	Total available at beginning of current plan year to add to prefunding balance.....		2505156
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	80.12 %
15	Adjusted funding target attainment percentage.....	15	80.12 %
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	83.04 %
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
04/14/2011	900000	0			
07/14/2011	900000	0			
10/14/2011	900000	0			
01/10/2012	1100000	0			
			Totals ▶	18(b)	3800000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 3659047
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 2.94%	2nd segment: 5.82%	3rd segment: 6.46 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	250000										
b Excess assets, if applicable, but not greater than 31a	31b	0										
32 Amortization installments:	<table border="1"> <tr> <td></td> <td>Outstanding Balance</td> <td>Installment</td> </tr> <tr> <td>a Net shortfall amortization installment</td> <td>12277583</td> <td>2341066</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	12277583	2341066	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	12277583	2341066										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	2591066										
	Carryover balance	Prefunding balance	Total balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35)	36	2591066										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3659047										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	1067981										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years.....	40	0										

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42
43 Excess installment acceleration amount to be carried over to future plan years	43

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB TRUST COMPANY
42-1558009

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

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

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

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	179348	Yes ☐ No ☒	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 50 70	NONE	54328	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRICEWATERHOUSECOOPERS LLC

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	22600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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 50 59 62	NONE	13177	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
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 20-1079805-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5225633	
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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.</u>		B Three-digit plan number (PN) <u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TYSON DELI, INC.</u>		D Employer Identification Number (EIN) <u>42-1233965</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	107640	462312
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1800000	1100000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	1403440	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18342	519264
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	4991794	5225633
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	46843327	46711002
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	55164543	54018211

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	103661	52874
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	103661	52874

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	55060882	53965337
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3800000	
(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)		3800000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	57	
(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)		57

(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)	1671415	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1671415

(3) Rents	2b(3)		
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(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)		0
(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)		-6161
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-1548740
c Other income.....	2c		54311
d Total income. Add all income amounts in column (b) and enter total.....	2d		3970882

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4796974	
(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)		4796974
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)	215125	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	54328	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		269453
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5066427

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1095545
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: 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.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		5225633
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-1558009</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

Stock: 66.7% Investment-Grade Debt: 16.5% High-Yield Debt: 0.0% Real Estate: 4.9% Other: 11.9%

- 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, 2011 and 2010

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.
Index
December 31, 2011 and 2010**

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Report of Independent Auditors

To the Participants and Administrator of the
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") at December 31, 2011 and 2010 and for the years ended December 31, 2011 and 2010, as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, 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 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 December 31, 2011 and 2010 and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and 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
July 13, 2012

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.
Statements of Net Assets Available for Benefits
December 31, 2011 and 2010**

	2011	2010
Assets:		
Investments, at fair value:		
Mutual funds	\$ 46,711,002	\$ 46,843,327
Money market funds	519,264	18,342
Investments, at estimated fair value:		
Other investment assets	5,225,633	4,991,794
Total investments	<u>52,455,899</u>	<u>51,853,463</u>
Receivables:		
Employer contributions	1,100,000	1,800,000
Securities sold	-	1,250,000
Other	-	153,440
Total receivables	<u>1,100,000</u>	<u>3,203,440</u>
Cash	<u>462,312</u>	<u>107,640</u>
Total assets	<u>54,018,211</u>	<u>55,164,543</u>
Liabilities:		
Accounts payable	<u>52,874</u>	<u>103,661</u>
Total liabilities	<u>52,874</u>	<u>103,661</u>
Net assets available for benefits	<u>\$ 53,965,337</u>	<u>\$ 55,060,882</u>

See accompanying notes to the financial statements.

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.
Statements of Changes in Net Assets
Available for Benefits
December 31, 2011 and 2010**

	2011	2010
Additions:		
Net appreciation/(depreciation) in fair value of investments	\$ (1,554,901)	\$ 6,801,534
Dividends	1,671,415	1,101,059
Employer contributions	3,800,000	4,100,000
Other income	54,369	152,911
Total additions	<u>3,970,883</u>	<u>12,155,504</u>
Deductions:		
Pension benefit payments	4,796,974	4,884,875
Administrative expenses	269,454	223,102
Total deductions	<u>5,066,428</u>	<u>5,107,977</u>
Net increase/(decrease) in net assets available for benefits	(1,095,545)	7,047,527
Net assets available for benefits:		
Beginning of period	<u>55,060,882</u>	<u>48,013,355</u>
End of period	<u>\$ 53,965,337</u>	<u>\$ 55,060,882</u>

See accompanying notes to the financial statements.

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.
Notes to Financial Statements
December 31, 2011 and 2010**

Note 1: Description of the 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 of Tyson Deli, Inc., the successor by way of merger to Continental Deli Foods, Inc. (the Company), a wholly owned subsidiary of Tyson Foods, Inc. (the Sponsor). The Plan covers substantially all employees of the Cherokee, Iowa facility who were members of the United Food and Commercial Workers International Union, AFL-CIO Local No. 179 (the Union) who have 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.

Effective March 29, 2004, the Company entered into a new collective bargaining agreement with the Union. 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. Under the terms of the agreement, the Plan was amended effective December 31, 2005 and accrued benefits under the Plan were frozen and no longer subject to increase. 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. Participants may elect to receive their annuity benefits in the form of a life annuity or joint and survivor annuity. The Plan provides that certain benefits may be paid if a participant dies or becomes permanently disabled.

Plan Termination

The Sponsor 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, 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 then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.
Notes to Financial Statements
December 31, 2011 and 2010**

Note 2: Summary of Significant Accounting Policies (continued)

Use of 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 the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

Purchases and sales 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.

Recent Accounting Standards

In May 2011, the Financial Accounting Standards Board (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. Generally Accepted Accounting Principles (GAAP) and International Financial Reporting Standards (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 significant impact on the financial statements.

Note 3: Funding Policy

The funding policy of the Plan is that the Sponsor shall make such contributions to the Plan fund to provide for current service and to 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 Sponsor may elect not to make any contributions in a particular year. The minimum funding requirements of ERISA were met in 2011 and 2010.

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.
Notes to Financial Statements
December 31, 2011 and 2010**

Note 4: Investments

The Plan's investments consist of the following at December 31, 2011 and 2010, including those representing 5% or more of the Plan's net assets (as denoted by a *):

	2011	2010
Mutual funds, at fair value:		
Allianz NFJ Small-Cap Value Fund	\$ 5,375,480*	\$ 5,517,511*
American Funds EuroPacific Growth Fund	5,043,161*	5,187,003*
Dodge & Cox Stock Fund	3,995,132*	3,815,688*
Harbor International Fund	5,080,675*	5,310,771*
ING Global Real Estate Fund	2,638,914	2,612,152
JP Morgan Mid-Cap Value Fund	2,813,353*	2,701,400
Morgan Stanley Mid-Cap Growth Fund	2,459,587	2,985,693*
PIMCO Long Duration Total Return Fund	10,243,207*	8,759,608*
Touchstone Sands Capital Growth Institutional Fund	3,849,140*	4,288,820*
Turner Small-Cap Growth Fund	5,212,353*	5,664,681*
Total mutual funds	<u>46,711,002</u>	<u>46,843,327</u>
Money market funds, at fair value:		
Schwab Investor Money Market Fund	519,264	18,342
Other investment assets, at estimated fair value:		
Private Advisors Stable Value ERISA Fund	5,225,633*	4,991,794*
Total investments	<u>\$ 52,455,899</u>	<u>\$ 51,853,463</u>

During 2011 and 2010, the Plan's investments (including investments bought and sold, as well as held during the year) appreciated/(depreciated) in value as follows:

	2011	2010
Investments at fair value:		
Mutual funds	\$ (1,548,740)	\$ 6,108,398
Investments at estimated fair value:		
Collective investment trusts	-	182,879
Other investment assets	<u>(6,161)</u>	<u>510,257</u>
Total appreciation/(depreciation)	<u>\$ (1,554,901)</u>	<u>\$ 6,801,534</u>

Note 5: Derivatives

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

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.
Notes to Financial Statements
December 31, 2011 and 2010**

Note 6: Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The fair value hierarchy contains three levels as follows:

Level 1 - Unadjusted quoted prices available for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 - 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 assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by the observable market data by correlation or other means.

Level 3 - Unobservable inputs that cannot be corroborated by observable market data and reflect the use of significant management judgment. These values are generally determined using pricing models for which the assumptions utilize management's estimates of market participant assumptions.

The fair value hierarchy requires the use of observable market data when available. In instances where the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest level input significant to the fair value measurement in its entirety.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

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

Other investment assets - The fair value of the Plan's investment in a private, hedge fund has been determined using the net asset value (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. In 2010, the Plan held an investment in a private, fixed income, long duration bond fund which was valued at NAV. This investment was liquidated in January 2010.

The investment seeks to achieve consistent, positive returns, which are not dependent on a rising equity market, while attempting to reduce risk and volatility. There were no unfunded commitments related to the investments for the years ended December 31, 2011 and 2010.

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

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.
Notes to Financial Statements
December 31, 2011 and 2010**

Note 6: Fair Value Measurements (continued)

The following tables set forth, by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2011 and 2010:

<u>December 31, 2011</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 46,711,002	\$ -	\$ -	\$ 46,711,002
Other investment assets	-	-	5,225,633	5,225,633
Money market funds	519,264	-	-	519,264
Total	<u>\$ 47,230,266</u>	<u>\$ -</u>	<u>\$ 5,225,633</u>	<u>\$ 52,455,899</u>

<u>December 31, 2010</u>				
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	<u>\$ 46,861,669</u>	<u>\$ -</u>	<u>\$ 4,991,794</u>	<u>\$ 51,853,463</u>

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 investments for the years ended December 31, 2011 and 2010:

<u>December 31, 2011</u>	<u>Other investment assets</u>	<u>Total</u>
Balance, beginning of year	\$ 4,991,794	\$ 4,991,794
Realized losses included in changes in net assets	(6,161)	(6,161)
Purchases	240,000	240,000
Sales	-	-
Issuances	-	-
Settlements	-	-
Balance, end of year	<u>\$ 5,225,633</u>	<u>\$ 5,225,633</u>

<u>December 31, 2010</u>	<u>Collective investments trusts</u>	<u>Other investment assets</u>	<u>Total</u>
Balance, beginning of year	\$ 8,656,223	\$ 5,750,675	\$ 14,406,898
Realized gains included in changes in net assets	182,879	510,257	693,136
Purchases	447,726	-	447,726
Sales	(9,286,828)	(1,269,138)	(10,555,966)
Issuances	-	-	-
Settlements	-	-	-
Balance, end of year	<u>\$ -</u>	<u>\$ 4,991,794</u>	<u>\$ 4,991,794</u>

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.
Notes to Financial Statements
December 31, 2011 and 2010**

Note 6: 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/(depreciation) in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

Note 7: 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, 2011 and 2010, 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.

Mortality	RP 2000 Mortality Table in 2011 and 2010
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.
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, 2011 and 2010 is as follows:

	2011	2010
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 35,440,759	\$ 36,642,829
Other participants	15,177,266	16,289,971
Total vested benefits	<u>50,618,025</u>	<u>52,932,800</u>
Non-vested benefits	<u>179,875</u>	<u>236,171</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 50,797,900</u>	<u>\$ 53,168,971</u>

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.
Notes to Financial Statements
December 31, 2011 and 2010**

Note 7: 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:

	<u>2011</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 53,168,971
Increase (decrease) attributable to:	
Benefits accumulated, including effect of plan experience	(768,950)
Benefits paid	(4,884,875)
Changes in actuarial assumptions	(521,736)
Discount period	<u>3,804,490</u>
Net decrease	<u>(2,371,071)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 50,797,900</u>

As of January 1, 2011, the actuarial assumptions were updated to reflect recent trends noted within the Plan as it relates to the rates of termination and retirement.

Note 8: 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 to 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, 2011, 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 2008.

Note 9: Information Certified by the Trustee

Charles Schwab Trust Company (the Trustee) has certified that the following financial information as of and for the years ended December 31, 2011 and 2010, is complete and accurate:

	<u>2011</u>	<u>2010</u>
Mutual funds	\$ 46,711,002	\$ 46,843,327
Money market funds	519,264	18,342
Cash	462,312	107,640
Net investment income	\$ 122,732	\$ 7,219,167

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.
Notes to Financial Statements
December 31, 2011 and 2010**

Note 10: Risk and Uncertainties

The Plan invests in various investment securities. 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 such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Note 11: Related Party Transactions

The Sponsor 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, 2011 and 2010, are employer contributions totaling \$1,100,000 and \$1,800,000, 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 2011 and 2010 included shares of money market funds managed by the Trustee. Accordingly, transactions involving these funds are considered to be conducted with a party-in-interest. At December 31, 2011 and 2010, the Plan held \$519,264 and \$18,342, respectively, in Schwab's money market funds. During the years ended December 31, 2011 and 2010, purchases of shares by the Plan totaled \$2,669,057 and \$3, respectively, and sales of shares by the Plan totaled \$2,168,136 and \$0, respectively.

Note 12: Subsequent Events

The Plan has evaluated subsequent events through July 13, 2012, the date the financial statements were available to be issued.

Supplemental Schedules

**Pension Plan for Hourly Employees
Of Continental Deli Foods, Inc.
Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
EIN 42-1233965
Plan #011
December 31, 2011**

(a)	(b)	(c)	(d)	(e)	
	Identity of Issue	Description	Number of Shares	Cost	Current Value
		Money Market Fund			
*	Schwab Investor Money Market Fund			\$ 519,264	\$ 519,264**
*	Allianz NFJ Small-Cap Value Fund	Mutual Fund	184,217.96	5,169,743	5,375,480**
*	American Funds EuroPacific Growth Fund	Mutual Fund	143,720.73	6,035,382	5,043,161**
*	Dodge & Cox Stock Fund	Mutual Fund	39,306.68	4,169,683	3,995,132**
*	Harbor International Fund	Mutual Fund	96,867.00	5,942,999	5,080,675**
*	ING Global Real Estate Fund	Mutual Fund	175,927.61	2,966,994	2,638,914**
*	JP Morgan Mid-Cap Value Fund	Mutual Fund	118,456.97	2,501,224	2,813,353**
*	Morgan Stanley Mid-Cap Value Fund	Mutual Fund	74,714.05	2,192,257	2,459,587**
*	PIMCO Long Duration Total Return	Mutual Fund	868,804.73	9,438,935	10,243,207**
*	Touchstone Sands Capital Growth				
*	Institutional Fund	Mutual Fund	268,045.98	3,048,560	3,849,140**
*	Turner Small-Cap Growth Fund	Mutual Fund	162,025.29	4,816,455	5,212,353**
	Total Mutual Funds			46,282,232	46,711,002
		Other Investment Assets			
	Private Advisors Stable Value Fund, Ltd.		4,256.56	4,846,497	5,225,633
	Total Assets Held for Investment			\$ 51,647,993	\$ 52,455,899

* Represents a party-in-interest to the Plan

** The Trustee has certified that the above financial information as of and for the year ended December 31, 2011, is complete and accurate.

**Pension Plan for Hourly Employees
Of Continental Deli Foods, Inc.
Schedule H, Line 4j
Schedule of Reportable Transactions
EIN 42-1233965
Plan #011
December 31, 2011**

(a) Identity of Party Involved	(b) Description	(c) Number of Transactions	(d) Purchase Price	(e) Selling Price	(f) Cost of Asset	(g) Current Value	(h) Net Gain/(Loss)
PIMCO Long Duration Total Return Fund	Mutual Fund	16	\$ 3,534,301				
		5		\$ 3,065,000	\$ 2,814,446	\$ 3,065,000	\$ 250,554
Schwab Investor Money Fund	Cash Equivalents	17	\$ 2,669,057				
		12		\$ 2,168,136	\$ 2,168,136	\$ 2,168,136	\$ -

The Trustee has certified that the above financial information as of and for the year ended December 31, 2011, is complete and accurate.

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

EIN: 42-1233965

PN: 011

January 1, 2011

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

AGE	YEARS OF CREDITED SERVICE										Total
	Less Than 1	1 to 4.999	5 to 9.999	10 to 14.999	15 to 19.999	20 to 24.999	25 to 29.999	30 to 34.999	35 to 39.999	40 and up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29.999	0	2	15	0	0	0	0	0	0	0	17
30 to 34.999	0	0	12	9	0	0	0	0	0	0	21
35 to 39.999	1	6	7	10	1	0	0	0	0	0	25
40 to 44.999	0	3	8	10	4	2	0	0	0	0	27
45 to 49.999	0	2	10	19	10	13	4	0	0	0	58
50 to 54.999	0	3	11	22	8	11	5	14	0	0	74
55 to 59.999	0	1	12	15	10	6	9	15	10	3	81
60 to 64.999	0	1	5	6	6	6	5	5	9	31	74
65 to 69.999	0	0	2	3	1	0	2	0	0	11	19
70 and up	0	0	0	0	0	1	1	0	0	1	3
Total	1	18	82	94	40	39	26	34	19	46	399

Average Age: 51.1

Average Service 19.7

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965/011
January 1, 2011**

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, 2011	January 1, 2010
First Segment Rate (Years 1-5)	2.94%	4.60%
Second Segment Rate (Years 6-15)	5.82%	6.65%
Third Segment Rate (Years after 15)	6.46%	6.76%
Effective Interest Rate	5.78%	6.49%
Administrative and Investment Expenses	\$250,000	\$100,000

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965/011
January 1, 2011**

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

Demographic Assumptions:

Mortality

All participants except pre-1995 Disabled Retirees

The 2011 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	0.39	0.17
60	0.61	0.57
70	1.69	1.53
80	5.37	4.04
90	17.06	12.48

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

Age	Male	Female
30	0.04	0.02
40	0.09	0.05
50	0.39	0.17
60	0.61	0.57
70	1.69	1.53
80	5.37	4.04
90	17.06	12.48

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, 2011**

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

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

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965/011
January 1, 2011**

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, i.e. is age 55 or older and has at least 30 years of credited service. The “Reduced” rates are used for early retirements prior to 30 years of credited service. Former vested employees are assumed to retire at age 63 if eligible, age 65 otherwise.		
	Sample annual rates per 100 participants are:		
	<u>Age</u>	<u>30 and Out</u>	<u>Reduced</u>
	55	8.0	1.0
	56 to 59	2.0	1.0
	60	6.0	3.0
	61	20.0	10.0
	62	30.0	25.0
	63 to 64	5.0	3.0
	65	30.0	25.0
	66	20.0	15.0
	67 to 69	15.0	10.0
	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 segment rates and mortality tables required for determining the Funding Target were updated as required. The assumed amount of annual administrative expenses to be paid from the trust was increased from \$100,000 to \$250,000. The rates of retirement were updated based on recent experience.		

**Pension Plan for Hourly Employees
Of Continental Deli Foods, Inc.**
Schedule H, Line 4j
Schedule of Reportable Transactions
EIN 42-1233965
Plan #011
December 31, 2011

(a)	(b)		(c)	(d)	(g)	(h)	(i)
Identity of Issuer	Description	Number of Transitions	Purchase Price	Selling Price	Cost of Asset	Current Value	Net Gain/(Loss)
PIMCO Long Duration Total Return Fund	Mutual Fund	16	\$ 3,534,301				
		5		\$ 3,065,000	\$ 2,814,446	\$ 3,065,000	\$ 250,554

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2011**This Form is Open to Public
Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2011		
2 Assets:		
a Market value	2a	54993712
b Actuarial value	2b	49494341
3 Funding target/participant count breakdown:		
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 2151	42024283
b For terminated vested participants	3b 1231	12054774
c For active participants:		
(1) Non-vested benefits	3c(1)	228940
(2) Vested benefits	3c(2)	7463927
(3) Total active	3c(3) 399	7692867
d Total	3d 3781	61771924
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.78%
6 Target normal cost	6	250000

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

06/14/2012

Date

PAUL WITHINGTON

1105564

Type or print name of actuary

NORTHWEST PLAN SERVICES, INC.

Most recent enrollment number

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 ☐

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

Schedule SB (Form 5500) 2011
v.012611

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:

a Segment rates: 1st segment: 2.94% 2nd segment: 5.82% 3rd segment: 6.46% ☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 64

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 contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum required contribution for current year**31** Target normal cost and excess assets (see instructions):

a Target normal cost (line 6) **31a** 250000

b Excess assets, if applicable, but not greater than 31a **31b** 0

32 Amortization installments:

a Net shortfall amortization installment Outstanding Balance 12277583 Installment 2341066

b Waiver amortization installment 0 0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ... **34** 2591066

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 2591066

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 3659047

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 1067981

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**41** If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment **42**

43 Excess installment acceleration amount to be carried over to future plan years **43**

PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.
EIN: 42-1233965
PN: 011
January 1, 2011

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	4.50%	0.96	0.05	2.475
56	1.50%	0.94	0.01	0.802
57	1.50%	0.93	0.01	0.804
58	1.50%	0.91	0.01	0.806
59	1.50%	0.90	0.01	0.808
60	4.50%	0.86	0.04	2.427
61	15.00%	0.73	0.13	7.855
62	27.50%	0.53	0.20	12.442
63	4.00%	0.51	0.02	1.333
64	4.00%	0.49	0.02	1.300
65	27.50%	0.35	0.13	8.716
66	17.50%	0.29	0.06	4.083
67	12.50%	0.26	0.04	2.442
68	12.50%	0.22	0.03	2.169
69	12.50%	0.20	0.03	1.926
70	100.00%	0.00	0.20	13.676

Average age at retirement:

64

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965/011
January 1, 2011**

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	<table><tr><td>Monthly benefit payable for life computed:</td><td></td><td></td></tr><tr><td>Years of Credited Service</td><td></td><td>Benefit Rate</td></tr><tr><td>Through April 30, 1983</td><td></td><td>\$15.00</td></tr><tr><td>May 1, 1983 through December 31, 1998</td><td></td><td>\$13.00</td></tr><tr><td>1999</td><td></td><td>\$15.00</td></tr><tr><td>2000</td><td></td><td>\$16.00</td></tr><tr><td>2001</td><td></td><td>\$17.00</td></tr><tr><td>2002</td><td></td><td>\$18.00</td></tr><tr><td>2003</td><td></td><td>\$19.00</td></tr><tr><td>2004 and 2005</td><td></td><td>\$20.00</td></tr><tr><td>2006 and later</td><td></td><td>\$ 0.00</td></tr></table> <p>A Special Pension Enhancement will be available for employees who earn 30 years of credited service prior to March 28, 2004 and an additional 5 years of credited service after January 1, 1999. The monthly benefit will be calculated using \$15 rather than \$13 in the above table.</p>			Monthly benefit payable for life computed:			Years of Credited Service		Benefit Rate	Through April 30, 1983		\$15.00	May 1, 1983 through December 31, 1998		\$13.00	1999		\$15.00	2000		\$16.00	2001		\$17.00	2002		\$18.00	2003		\$19.00	2004 and 2005		\$20.00	2006 and later		\$ 0.00
Monthly benefit payable for life computed:																																				
Years of Credited Service		Benefit Rate																																		
Through April 30, 1983		\$15.00																																		
May 1, 1983 through December 31, 1998		\$13.00																																		
1999		\$15.00																																		
2000		\$16.00																																		
2001		\$17.00																																		
2002		\$18.00																																		
2003		\$19.00																																		
2004 and 2005		\$20.00																																		
2006 and later		\$ 0.00																																		
30 and Out Age	Age 55 and 30 years of credited service.																																			
30 and Out Benefit	Unreduced accrued benefit, plus \$100 per month payable to age 62.																																			
Early Retirement Age	Age 55 and 10 years of credited service.																																			

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965/011
January 1, 2011**

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% and 75% Joint & Survivor Annuity 100% Joint & Survivor Annuity, if at least age 65
Changes since last valuation	None.

**Pension Plan for Hourly Employees
Of Continental Deli Foods, Inc.**
Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
EIN 42-1233965
Plan #011
December 31, 2011

(a)	(b)	(c)	(d)	(e)	
	Identity of Issuer	Description	Number of Shares	Cost	Current Value
*	Schwab Investor Money Market Fund	Money Market Fund		\$ 519,264	\$ 519,264
	Allianz NFJ Small-Cap Value Fund	Mutual Funds	184,217.96	5,169,743	5,375,480
	American Funds EuroPacific Growth Fund	Mutual Funds	143,720.73	6,035,382	5,043,161
	Dodge & Cox Stock Fund	Mutual Funds	39,306.68	4,169,683	3,995,132
	Harbor International Fund	Mutual Funds	96,867.00	5,942,999	5,080,675
	ING Global Real Estate Fund	Mutual Funds	175,927.61	2,966,994	2,638,914
	JP Morgan Mid-Cap Value Fund	Mutual Funds	118,456.97	2,501,224	2,813,353
	Morgan Stanley Mid-Cap Value Fund	Mutual Funds	74,714.05	2,192,257	2,459,587
	PIMCO Long Duration Total Return	Mutual Funds	868,804.73	9,438,935	10,243,207
	Touchstone Sands Capital Growth Institutional Fund	Mutual Funds	268,045.98	3,048,560	3,849,140
	Turner Small- Cap Growth Fund	Mutual Funds	162,025.29	4,816,455	5,212,353
	Total Mutual Funds			46,282,232	46,711,002
		Other Investment Assets			
	Private Advisors Stable Value Fund, Ltd.		4,256.56	4,846,497	5,225,633
	Total Assets Held for Investment			\$ 51,675,835	\$ 52,455,899
*	Represents a party-in-interest				

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

EIN: 42-1233965

PN: 011

January 1, 2011

Schedule SB, line 32 - Schedule of Amortization Bases

Type of Base	Current		Valuation Date	Number of Years	Amortization
	Outstanding	Balance			
	Balance	Base Established	Remaining	Installment	
Shortfall	\$	3,061,589	1/1/2009	5	\$ 741,220
Shortfall	\$	3,656,337	1/1/2010	6	\$ 701,426
Shortfall	\$	5,559,657	1/1/2011	7	\$ 898,420
Total	\$	12,277,583			\$ 2,341,066

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

January 1, 2011

EIN/PIN: 42-1233965/011

Schedule SB, line 24 – Change in Actuarial Assumptions

Administrative and Investment Expenses

Annual expenses of \$250,000 are assumed, increased from \$100,000. This assumption was revised based on recent actual and expected future experience.

Rates of Retirement

The assumed rates of retirement for ages 55-70 were updated. This assumption was revised based on recent actual and expected future experience.