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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 011

1c Effective date of plan 01/01/1953

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

TYSON DELI, INC.

C/O TYSON FOODS, INC.

P.O. BOX 2020
SPRINGDALE, AR 72762

2b Employer Identification Number (EIN) 42-1233965

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

2d Business code (see instructions) 112300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/25/2013	LEE KIDD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

TYSON FOODS, INC.

P.O. BOX 2020
SPRINGDALE, AR 72762

3b Administrator's EIN
71-0225165

3c Administrator's telephone number
479-290-4000

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	3693
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**	323
b	Retired or separated participants receiving benefits	**6b**	1727
c	Other retired or separated participants entitled to future benefits	**6c**	1105
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	3155
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	432
f	Total. Add lines **6d** and **6e**	**6f**	3587
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1G 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ 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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

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

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TYSON DELI, INC.

D Employer Identification Number (EIN)
42-1233965

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2012

2 Assets:

a Market value	**2a**	53963814
b Actuarial value	**2b**	54547985

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	2130	38196801
b For terminated vested participants	**3b**	1205	10269168
c For active participants:			
(1) Non-vested benefits	**3c(1)**		180012
(2) Vested benefits	**3c(2)**		5850051
(3) Total active	**3c(3)**	358	6030063
d Total	**3d**	3693	54496032

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.91 %
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

05/27/2013
Date

PAUL WITHINGTON
Type or print name of actuary

11-05564
Most recent enrollment number

NORTHWEST PLAN SERVICES, INC.
Firm name

206-933-1500
Telephone number (including area code)

5446 CALIFORNIA AVE. SW, SUITE 200
SEATTLE, WA 98136-1513
Address of the firm

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

Part II Beginning of Year Carryover 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 0.32%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1067981
	b Interest on (a) using prior year's effective interest rate of 5.78% except as otherwise provided (see instructions)		61729
	c Total available at beginning of current plan year to add to prefunding balance		1129710
	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	100.09 %
15	Adjusted funding target attainment percentage	15	100.09 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.12 %
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
04/09/2012	1100000	0			
07/06/2012	1100000	0			
10/11/2012	1100000	0			
01/11/2013	1100000	0			
			Totals ► 18(b)	4400000	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	4214332

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.54%	6.85%	7.52 %	☐ 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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	250000
b Excess assets, if applicable, but not greater than line 31a	**31b**	51953

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	198047

	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**	198047
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4214332

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

a Total (excess, if any, of line 37 over line 36)	**38a**	4016285
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
TYSON DELI, INC.

D Employer Identification Number (EIN)
42-1233965

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CHARLES SCHWAB TRUST COMPANY

42-1558009

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

AON INVESTMENT CONSULTING

59-2706923

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HEWITT ENNISKRUPP

36-3109431

(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	246563	Yes [ ] No [X]	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	27000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON INVESTMENT CONSULTING

59-2706923

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 70	NONE	21495	Yes [ ] No [X]	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	14799	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

HEWITT ENNISKRUPP

36-3109431

(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	11281	Yes [ ] No [X]	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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

B Three-digit plan number (PN) ▶ 011

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TYSON DELI, INC.

D Employer Identification Number (EIN)
42-1233965

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIVATE ADVISORS STABLE VALUE ERISA

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-1079805-001	E	0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
TYSON DELI, INC.

D Employer Identification Number (EIN)
42-1233965

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	462312	419405
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1100000	1100000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	357570
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	519264	606332
(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)	5225633	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	46711002	58554118
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	54018211	61037425
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	52874	35889
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	52874	35889
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	53965337	61001536

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	4400000	
(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)		4400000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	68	
(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)		68
(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)	2587235	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2587235
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(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

		(a) Amount	(b) Total
(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)		131841
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4913781
c Other income	2c		61034
d Total income. Add all **income** amounts in column (b) and enter total	2d		12093959

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4736622	
(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)		4736622
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)	288362	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	32776	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		321138
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5057760

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		7036199
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		357570
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
TYSON DELI, INC.

D Employer Identification Number (EIN)
42-1233965

Part I Distributions

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

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

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

EIN(s): 42-1558009 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 63.9% Investment-Grade Debt: 19.2% High-Yield Debt: 0.2% Real Estate: 5.0% Other: 11.7%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

Financial Statements and Supplemental Schedules
Years ended December 31, 2012 and 2011

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

Index

December 31, 2012 and 2011

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Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pension Plan for Hourly Employees of Continental Deli Foods, Inc. (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and December 31, 2011, and the related statement of changes in net assets available for benefits for the years then ended.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on the financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") 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 8, 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. 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, 2012 and 2011 and for the years ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the financial statements.

Other Matter

The supplemental schedules of Schedule H, Line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2012, and Schedule H, Line 4j- Schedule of Reportable Transactions for the year then ended are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

July 16, 2013

Pension Plan for Hourly Employees of Continental Deli Foods, Inc.
Statements of Net Assets Available for Benefits
December 31, 2012 and 2011

	2012	2011
Assets:		
Investments, at fair value:		
Mutual funds	$ 58,554,118	$ 46,711,002
Money market fund	606,332	519,264
Other investment assets	—	5,225,633
Total investments	59,160,450	52,455,899
Receivables		
Employer contributions	1,100,000	1,100,000
Other	357,570	—
Total receivables	1,457,570	1,100,000
Cash	419,405	462,312
Total assets	61,037,425	54,018,211
Liabilities:		
Accounts payable	35,889	52,874
Total liabilities	35,889	52,874
Net assets available for benefits	$ 61,001,536	$ 53,965,337

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
Years Ended December 31, 2012 and 2011

	2012	2011
Additions:		
Net appreciation/(depreciation) in fair value of investments	$ 5,045,622	$ (1,554,901)
Dividends	2,587,235	1,671,415
Employer contributions	4,400,000	3,800,000
Other income	48,820	54,369
Total additions	12,081,677	3,970,883
Deductions:		
Pension benefit payments	4,724,340	4,796,974
Administrative expenses	321,138	269,454
Total deductions	5,045,478	5,066,428
Net increase/(decrease) in net assets available for benefits	7,036,199	(1,095,545)
Net assets available for benefits:		
Beginning of period	53,965,337	55,060,882
End of period	$ 61,001,536	$ 53,965,337

See accompanying notes to the financial statements.

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 terminated before their normal retirement date and had not rendered five years of vested service, they forfeited 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, the financial condition of the Plan Sponsor, 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.

Note 2: Summary of Significant Accounting Policies (continued)

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

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. Refer to 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. The adoption of this update did not 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 2012 and 2011.

Note 4: Investments

The Plan's investments, at fair value, consist of the following at December 31, 2012 and 2011, including those representing 5% or more of the Plan's net assets (as denoted by a *):

	2012		2011	
Mutual funds:				
Allianz NFJ Small-Cap Value Fund	$ 709,443		$ 5,375,480	*
American Funds EuroPacific Growth Fund	6,924,951	*	5,043,161	*
Dodge & Cox Stock Fund	5,395,627	*	3,995,132	*
Harbor International Fund	7,006,916	*	5,080,675	*
ING Global Real Estate Fund	3,132,712	*	2,638,914	
JP Morgan Mid-Cap Value Fund	774,987		2,813,353	*
Morgan Stanley Mid-Cap Growth Fund	739,738		2,459,587	
PIMCO Long Duration Total Return Fund	27,804,070	*	10,243,207	*
Touchstone Sands Capital Growth Institutional Fund	5,322,913	*	3,849,140	*
Turner Small-Cap Growth Fund	742,761		5,212,353	*
Total mutual funds	58,554,118		46,711,002	
Money market fund:				
Schwab Investor Money Fund	606,332		519,264	
Other investment assets:				
Private Advisors Stable Value ERISA Fund	—		5,225,633	*
Total investments	$ 59,160,450		$ 52,455,899	

During 2012 and 2011, the Plan's investments (including investments bought and sold, as well as held during the year) appreciated/(depreciated) in value as follows:

	2012	2011
Investments at fair value:		
Mutual Funds	$ 4,913,781	$ (1,548,740)
Other investment assets	131,841	(6,161)
Total appreciation/(depreciation)	$ 5,045,622	$ (1,554,901)

Note 5: 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, 2012 and 2011.

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 as of June 30 and December 31 of each year provided that the shares proposed to be redeemed must be attributable to a subscription that occurred on a date not less than twelve months prior to the proposed redemption date. Written notice of redemption must be given no later than 95 days prior to the relevant redemption date. The fund's Board of Directors, at its sole and absolute discretion, may permit redemptions at any time and with shorter notice.

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 year ended December 31, 2011. The investment was liquidated during 2012, resulting in no assets remaining at year ended December 31, 2012 .

Note 5: Fair Value Measurements (continued)

Money market fund - Valued at the net asset value (NAV) of shares or units held by the Plan at year end. The NAV represents the value at which the shares of the fund may be purchased or redeemed. The fair value of the investment within the fund is based on quoted prices in active markets and securities valued using observable inputs or quotations from inactive markets.

The primary purpose for the money market fund is to provide preservation of principal, liquidity, and current income through all market conditions. To accomplish these objectives, the money market fund has been invested in high quality money market instruments.

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.

The following tables set forth, by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2012 and 2011:

December 31, 2012	Level 1	Level 2	Level 3	Total
Mutual funds	$ 58,554,118	$ —	$ —	$ 58,554,118
Other investment assets	—	—	—	—
Money market fund	—	606,332	—	606,332
Total	$ 58,554,118	$ 606,332	$ —	$ 59,160,450
December 31, 2011				
Mutual funds	$ 46,711,002	$ —	$ —	$ 46,711,002
Other investment assets	—	—	5,225,633	5,225,633
Money market fund	—	519,264	—	519,264
Total	$ 46,711,002	$ 519,264	$ 5,225,633	$ 52,455,899

Note 5: Fair Value Measurements (continued)

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, 2012 and 2011:

	2012	2011
Balance, beginning of year	$ 5,225,633	$ 4,991,794
Realized gains included in changes in net assets	131,841	—
Unrealized losses included in changes in net assets	—	(6,161)
Purchases	—	240,000
Sales	(5,357,474)	—
Issuances	—	—
Settlements	—	—
Balance, end of year	$ —	$ 5,225,633

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.

In accordance with ASU No. 2009-12, the fair value, unfunded commitments, redemption frequency, and redemption notice period are disclosed for those assets whose fair value is estimated using net asset value as of December 31, 2012 and 2011.

The following table for December 31, 2012 and 2011, sets forth a summary of the Plan's investment with a reported NAV.

Investments	Fair Value* 12/31/2012	Fair Value* 12/31/2011	Unfunded Commitments	Redemption Terms	Redemption Restrictions
Schwab Investor Money Fund	$ 606,332	$ 519,264	—	Daily	None
Private Advisors Stable Value ERISA Fund	$ —	$ 5,225,633	—	As of June 30 and December 31	Discretionary

* The fair values of the investment has been estimated using the net asset value of the investment.

Note 6: 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, 2012 and 2011, 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	2012 static mortality table in IRS Notice 2008-85, set forward 2 years
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, 2012 and 2011, is as follows:

	2012	2011
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 34,895,664	$ 35,440,759
Other participants	14,699,852	15,177,266
Total vested benefits	49,595,516	50,618,025
Non-vested benefits	165,800	179,875
Total actuarial present value of accumulated plan benefits	$ 49,761,316	$ 50,797,900

Note 6: 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:

	2012
Actuarial present value of accumulated plan benefits at beginning of year	$ 50,797,900
Increase (decrease) attributable to:	
Benefits accumulated, including effect of plan experience	(147,401)
Benefits paid	(4,796,974)
Changes in actuarial assumptions	277,835
Discount period	3,629,956
Net decrease	(1,036,584)
Actuarial present value of accumulated plan benefits at end of year	$ 49,761,316

As of January 1, 2012, the actuarial assumptions were updated to reflect recent trends noted within the Plan as it relates to the mortality rates.

Note 7: 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). The Plan applied for a new determination letter in January 2013.

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 Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012 and 2011, there were 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 Sponsor believes it is no longer subject to income tax examinations for years prior to 2009.

Note 8: 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, 2012 and 2011, is complete and accurate:

	2012	2011
Mutual funds	$ 58,554,118	$ 46,711,002
Money market fund	606,332	519,264
Cash	419,405	462,312
Net appreciation/(depreciation) in fair value of investments	$ 4,913,781	$ (1,548,740)
Dividends	$ 2,587,303	$ 1,671,472
Net investment income	$ 7,501,084	$ 122,732

Note 9: 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 10: 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 both at December 31, 2012 and 2011, are employer contributions totaling $1,100,000. 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 2012 and 2011 included shares of a money market fund managed by the Trustee. Accordingly, transactions involving this fund is considered to be conducted with a party-in-interest. At December 31, 2012 and 2011, the Plan held $606,332 and $519,264, respectively, in a Schwab money market fund. During the years ended December 31, 2012 and 2011, purchases of shares by the Plan totaled $3,844,068 and $2,669,057, respectively, and sales of shares by the Plan totaled $3,757,000 and $2,168,136, respectively.

Note 11: Subsequent Events

The Plan has evaluated subsequent events through July 16, 2013, 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, 2012

(a)	(b) Identity of Issue	(c) Description	Number of Shares	(d) Cost	(e) Current Value	
*	Schwab Investor Money Fund	Money Market Fund		$ 606,332	$ 606,332	**
	Allianz NFJ Small-Cap Value Fund	Mutual Fund	23,695.48	670,491	709,443	**
	American Funds EuroPacific Growth Fund	Mutual Fund	168,367.39	6,881,489	6,924,951	**
	Dodge & Cox Stock Fund	Mutual Fund	44,262.74	4,723,225	5,395,627	**
	Harbor International Fund	Mutual Fund	112,796.46	6,782,643	7,006,916	**
	ING Global Real Estate Fund	Mutual Fund	173,557.44	2,928,088	3,132,712	**
	JP Morgan Mid-Cap Value Fund	Mutual Fund	27,688.01	588,890	774,987	**
	Morgan Stanley Mid-Cap Growth Fund	Mutual Fund	21,293.55	634,051	739,738	**
	PIMCO Long Duration Total Return Fund	Mutual Fund	2,303,568.34	27,197,098	27,804,070	**
	Touchstone Sands Capital Growth Institutional Fund	Mutual Fund	310,917.82	3,916,762	5,322,913	**
	Turner Small-Cap Growth Fund	Mutual Fund	22,073.14	666,536	742,761	**
	Total Mutual Funds			54,989,273	58,554,118	
	Total Assets Held for Investment			$ 55,595,605	$ 59,160,450	

* 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, 2012, 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, 2012

	(a) Identity of Party Involved	(b) Description	(c) Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value	(j) Net Gain/ (Loss)
*	ALLIANZ NFJ SMALL-CAP VALUE FUND	Mutual Fund	3	$ 297,410				
			5		$ 5,000,000	$ 4,796,661	$ 5,000,000	$ 203,339
*	PIMCO LONG DURATION TOTAL RETURN FUND	Mutual Fund	18	$ 19,627,141				
			4		$ 2,030,000	$ 1,868,978	$ 2,030,000	$ 161,022
*	TURNER SMALL CAP GROWTH FUND	Mutual Fund	2	$ 296,624				
			4		$ 4,975,000	$ 4,446,543	$ 4,975,000	$ 528,457
*	SCHWAB INVESTOR MONEY FUND	Money Market Fund	20	$ 3,844,068				
			7		$ 3,757,000	$ 3,757,000	$ 3,757,000	$ —
	PRIVATE ADVISORS STABLE VALUE FUND	Other Investment	2		$ 5,357,474	$ 4,845,176	$ 5,357,474	$ 512,298

* The Trustee has certified that the above financial information as of and for the year ended December 31, 2012, is complete and accurate.

PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.
EIN: 42-1233965
PN: 011
January 1, 2012

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

	YEARS OF CREDITED SERVICE										
AGE	**Less Than 1**	**1 to 4.999**	**5 to 9.999**	**10 to 14.999**	**15 to 19.999**	**20 to 24.999**	**25 to 29.999**	**30 to 34.999**	**35 to 39.999**	**40 and up**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29.999	0	1	9	0	0	0	0	0	0	0	10
30 to 34.999	0	0	11	7	0	0	0	0	0	0	18
35 to 39.999	1	4	7	10	1	0	0	0	0	0	23
40 to 44.999	0	3	4	9	4	2	0	0	0	0	22
45 to 49.999	0	2	9	14	8	11	4	0	0	0	48
50 to 54.999	0	2	5	18	12	13	9	9	2	0	70
55 to 59.999	0	0	11	18	7	8	7	14	8	0	73
60 to 64.999	0	1	4	7	9	5	7	4	7	25	69
65 to 69.999	0	0	2	3	0	1	0	0	2	14	22
70 and up	0	0	0	0	0	1	1	0	0	1	3
Total	1	13	62	86	41	41	28	27	19	40	358

Average Age: 52.0
Average Service 20.3

PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965/011
January 1, 2012

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

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.

Effective January 1, 2012, the segment rates used reflect the "Moving Ahead for Progress in the 21st Century" act (MAP-21). MAP-21 added a segment rate corridor based on 25-year average rates that effectively increase the segment rates used for minimum funding purposes. The segment rates without the MAP-21 corridor continue to be used for maximum funding and PBGC premium purposes.

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, 2012**	**January 1, 2011**
With MAP-21 Corridor		
First Segment Rate (Years 1-5)	5.54%	2.94%
Second Segment Rate (Years 6-15)	6.85%	5.82%
Third Segment Rate (Years after 15)	7.52%	6.46%
Effective Interest Rate	6.91%	5.78%
Without MAP-21 Corridor		
First Segment Rate (Years 1-5)	1.98%	2.94%
Second Segment Rate (Years 6-15)	5.07%	5.82%
Third Segment Rate (Years after 15)	6.19%	6.46%
Effective Interest Rate	5.17%	5.78%
Administrative and Investment Expenses	$250,000	$250,000

PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965/011
January 1, 2012

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

Demographic Assumptions:

Mortality

All participants except pre-1995 Disabled Retirees

The 2012 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	0.38	0.17
60	0.60	0.56
70	1.67	1.52
80	5.32	4.01
90	17.00	12.44

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

Age	Male	Female
30	0.04	0.02
40	0.09	0.05
50	0.13	0.11
60	0.32	0.34
70	0.66	0.66
80	5.32	4.01
90	17.00	12.44

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

Schedule SB, Part V – Statement of Actuarial Methods and Assumptions (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, 2012

Schedule SB, Part V – Statement of Actuarial Methods and Assumptions (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:

Age	30 and Out	Reduced
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 MAP-21 segment rates were used.

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, 2012

	(a) Identity of Party Involved	(b) Description	(c) Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value	(j) Net Gain/ (Loss)
*	ALLIANZ NFJ SMALL-CAP VALUE FUND	Mutual Fund	3	$ 297,410				
			5		$ 5,000,000	$ 4,796,661	$ 5,000,000	$ 203,339
*	PIMCO LONG DURATION TOTAL RETURN FUND	Mutual Fund	18	$ 19,627,141				
			4		$ 2,030,000	$ 1,868,978	$ 2,030,000	$ 161,022
*	TURNER SMALL CAP GROWTH FUND	Mutual Fund	2	$ 296,624				
			4		$ 4,975,000	$ 4,446,543	$ 4,975,000	$ 528,457
*	SCHWAB INVESTOR MONEY FUND	Money Market Fund	20	$ 3,844,068				
			7		$ 3,757,000	$ 3,757,000	$ 3,757,000	$ —
	PRIVATE ADVISORS STABLE VALUE FUND	Other Investment	2		$ 5,357,474	$ 4,845,176	$ 5,357,474	$ 512,298

* The Trustee has certified that the above financial information as of and for the year ended December 31, 2012, is complete and accurate.

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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

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

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TYSON DELI, INC.

D Employer Identification Number (EIN)
42-1233965

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2012

2	Assets:			
	a Market value		**2a**	53963814
	b Actuarial value		**2b**	54547985
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	2130	38196801
	b For terminated vested participants	**3b**	1205	10269168
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		180012
	(2) Vested benefits	**3c(2)**		5850051
	(3) Total active	**3c(3)**	358	6030063
	d Total	**3d**	3693	54496032
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.91%
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

Paul Withington

Signature of actuary

05/27/2013

Date

PAUL WITHINGTON

Type or print name of actuary

1105564

Most recent enrollment number

NORTHWEST PLAN SERVICES, INC.

Firm name

206-933-1500

Telephone number (including area code)

5446 CALIFORNIA AVE. SW, SUITE 200

SEATTLE WA 98136-1513

Address of the firm

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

Part II Beginning of Year Carryover 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 0.32%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1067981
	b Interest on (a) using prior year's effective interest rate of 5.78% except as otherwise provided (see instructions)		61729
	c Total available at beginning of current plan year to add to prefunding balance		1129710
	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	100.09%
15	Adjusted funding target attainment percentage	15	100.09%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.12%
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
04/09/2012	1100000	0			
07/06/2012	1100000	0			
10/11/2012	1100000	0			
01/11/2013	1100000	0			
			Totals ► 18(b)	4400000	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	4214332

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.54%	6.85%	7.52%	☐ 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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	**31a**	250000
b Excess assets, if applicable, but not greater than line 31a	**31b**	51953

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	198047

	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**	198047
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4214332
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	4016285
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected	☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010	☐ 2011

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

PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.
EIN: 42-1233965
PN: 011
January 1, 2012

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, 2012

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	January 1, 1953
Eligibility	All employees at the Cherokee, Iowa plan subject to the collective bargaining agreement with UFCW Local No. 179, excluding independent contractors and leased employees. **No new participants hired on or after October 6, 2004.**
Plan Year	The plan year is the calendar year.
Credited Service	Credited service used to determine retirement benefits is determined based on weeks of benefit service. A year of credited service is granted for completion of 40 weeks of benefit service. A pro-rated year of service is earned for fewer weeks, rounded down to the next 0.1 year. **Plan benefits were frozen effective December 31, 2005.**
Normal Retirement Age	Age 65
Normal Retirement Benefit	Monthly benefit payable for life computed: **Years of Credited Service** — **Benefit Rate** Through April 30, 1983 — $15.00 May 1, 1983 through December 31, 1998 — $13.00 1999 — $15.00 2000 — $16.00 2001 — $17.00 2002 — $18.00 2003 — $19.00 2004 and 2005 — $20.00 2006 and later — $ 0.00 A Special Pension Enhancement will be available for employees who earn 30 years of credited service prior to March 28, 2004 and an additional 5 years of credited service after January 1, 1999. The monthly benefit will be calculated using $15 rather than $13 in the above table.
30 and Out Age	Age 55 and 30 years of credited service.
30 and Out Benefit	Unreduced accrued benefit, plus $100 per month payable to age 62.
Early Retirement Age	Age 55 and 10 years of credited service.

PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965/011
January 1, 2012

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, 2012

(a)	(b) Identity of Issue	(c) Description	Number of Shares	(d) Cost	(e) Current Value	
*	Schwab Investor Money Fund	Money Market Fund		$ 606,332	$ 606,332	**
	Allianz NFJ Small-Cap Value Fund	Mutual Fund	23,695.48	670,491	709,443	**
	American Funds EuroPacific Growth Fund	Mutual Fund	168,367.39	6,881,489	6,924,951	**
	Dodge & Cox Stock Fund	Mutual Fund	44,262.74	4,723,225	5,395,627	**
	Harbor International Fund	Mutual Fund	112,796.46	6,782,643	7,006,916	**
	ING Global Real Estate Fund	Mutual Fund	173,557.44	2,928,088	3,132,712	**
	JP Morgan Mid-Cap Value Fund	Mutual Fund	27,688.01	588,890	774,987	**
	Morgan Stanley Mid-Cap Growth Fund	Mutual Fund	21,293.55	634,051	739,738	**
	PIMCO Long Duration Total Return Fund	Mutual Fund	2,303,568.34	27,197,098	27,804,070	**
	Touchstone Sands Capital Growth Institutional Fund	Mutual Fund	310,917.82	3,916,762	5,322,913	**
	Turner Small-Cap Growth Fund	Mutual Fund	22,073.14	666,536	742,761	**
	Total Mutual Funds			54,989,273	58,554,118	
	Total Assets Held for Investment			$ 55,595,605	$ 59,160,450	

* 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, 2012, is complete and accurate.