

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
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.</u>	1b Three-digit plan number (PN) ▶ <u>011</u> 1c Effective date of plan <u>01/01/1953</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TYSON DELI, INC.</u> <u>C/O TYSON FOODS, INC.</u> <u>P.O. BOX 2020</u> <u>SPRINGDALE, AR 72762</u>	2b Employer Identification Number (EIN) <u>42-1233965</u> 2c Plan Sponsor's telephone number <u>479-290-4000</u> 2d Business code (see instructions) <u>112300</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/11/2016</u>	<u>LEE KIDD</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☐ Same as Plan Sponsor 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 2412
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 26
a(2) Total number of active participants at the end of the plan year	6a(2) 28
b Retired or separated participants receiving benefits.....	6b 1609
c Other retired or separated participants entitled to future benefits.....	6c 247
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1884
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 429
f Total. Add lines 6d and 6e	6f 2313
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 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) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ Round off amounts to nearest dollar.
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	51434280	
b Actuarial value	2b	50809222	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2054	38354380	38354380
b For terminated vested participants	332	3137560	3137560
c For active participants	26	192717	192717
d Total	2412	41684657	41684657
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	6.05 %	
6 Target normal cost	6	350000	

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		07/28/2016
Signature of actuary		Date
PAUL WITHINGTON		14-05564
Type or print name of actuary		Most recent enrollment number
NORTHWEST PLAN SERVICES, INC.		206-933-1500
Firm name		Telephone number (including area code)
5446 CALIFORNIA AVE. SW, SUITE 200 SEATTLE, WA 98136-1513		
Address of the firm		

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ 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	350000										
b Excess assets, if applicable, but not greater than line 31a	31b	350000										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	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	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....			0									
36 Additional cash requirement (line 34 minus line 35)	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1952824										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	1952824										
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		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.	B Three-digit plan number (PN) ▶	011
C Plan sponsor's name as shown on line 2a of Form 5500 TYSON DELI, INC.	D Employer Identification Number (EIN) 42-1233965	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

NORTHWEST PLAN SERVICES, INC.

91-2090931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 50	NONE	260913	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON HEWITT 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	81921	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRICEWATERHOUSECOOPERS LLC

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	35050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28 50 59 62	NONE	12051	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
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:	TYSON FOODS & AFFILIATES DB MASTER
---	------------------------------------

b Name of sponsor of entity listed in (a):	TYSON FOODS, INC.
--	-------------------

c EIN-PN 47-1095237-001	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46454984
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
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	404544	390467
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1000000	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	1059	177
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	704633	126380
(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)	49395783	46454984
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	51506019	46972008

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	70384	41773
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	70384	41773

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	51435635	46930235
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2000000	
(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)		2000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	79	
(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)		79
(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)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	-1538513
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	0
c Other income	2c	794
d Total income. Add all income amounts in column (b) and enter total	2d	462360

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4577825
(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)	4577825
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)	308014
(2) Contract administrator fees	2i(2)	0
(3) Investment advisory and management fees	2i(3)	81921
(4) Other	2i(4)	0
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	389935
j Total expenses. Add all expense amounts in column (b) and enter total	2j	4967760

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-4505400
l Transfers of assets:		
(1) To this plan	2l(1)	0
(2) From this plan	2l(2)	0

Part III Accountant's Opinion

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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	N/A	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.)		☒		
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.)		☒		

	Yes	No	N/A	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.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete 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: <u>11.5</u> % Investment-Grade Debt: <u>80.7</u> % High-Yield Debt: <u>5.7</u> % Real Estate: <u>0.0</u> % Other: <u>2.1</u> %
	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):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

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

Financial Statements and Supplemental Schedules
Years ended December 31, 2015 and 2014

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

Index

December 31, 2015 and 2014

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Independent Auditor's Report

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

We have audited the accompanying financial statements of 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, 2015 and December 31, 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2015 and changes therein for the year then ended and its financial status as of December 31, 2014, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.



Other Matter

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2015 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2015 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Price Waterhouse Coopers LLP

July 27, 2016

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.**
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Investments, at fair value:		
Plan interest in Master Trust	\$ 46,454,984	\$ 49,395,783
Money market mutual fund	<u>126,380</u>	<u>704,633</u>
Total investments	<u>46,581,364</u>	<u>50,100,416</u>
Receivables:		
Employer contributions	—	1,000,000
Other	<u>177</u>	<u>1,059</u>
Total receivables	<u>177</u>	<u>1,001,059</u>
Cash	<u>390,467</u>	<u>404,544</u>
Total assets	<u>46,972,008</u>	<u>51,506,019</u>
Liabilities:		
Accrued expenses	<u>41,773</u>	<u>70,384</u>
Total liabilities	<u>41,773</u>	<u>70,384</u>
Net assets available for benefits	<u>\$ 46,930,235</u>	<u>\$ 51,435,635</u>

See accompanying notes to the financial statements.

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.**
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions:		
Investment (loss) income		
(Depreciation) appreciation of plan interest in Master Trust	\$ (1,538,513)	\$ 4,984,916
Total investment (loss) income	<u>(1,538,513)</u>	<u>4,984,916</u>
Employer contribution	2,000,000	4,000,000
Other income	873	3,302
Total additions	<u>462,360</u>	<u>8,988,218</u>
Deductions:		
Pension benefit payments	4,577,825	18,855,302
Administrative expenses	389,935	585,944
Total deductions	<u>4,967,760</u>	<u>19,441,246</u>
Net decrease in net assets available for benefits	(4,505,400)	(10,453,028)
Net assets available for benefits:		
Beginning of period	<u>51,435,635</u>	<u>61,888,663</u>
End of period	<u>\$ 46,930,235</u>	<u>\$ 51,435,635</u>

See accompanying notes to the financial statements.

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

**Notes to Financial Statements
December 31, 2015 and 2014**

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 document 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.

The Plan was amended effective August 31, 2014, to allow any participant who had been terminated prior to September 27, 2014, with a vested accrued benefit and were not currently receiving distribution of benefits to make an election for a lump sum distribution between September 1, 2014 and November 30, 2014. Participants electing for the lump sum distribution received benefits between October 1, 2014 and December 31, 2014.

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. The Plan provides an unreduced early retirement benefit plus a \$100 per month supplement to age 62 to those employees that terminate employment after reaching age 55 with at least 30 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. Under the plan amendment effective August 31, 2014, lump sum benefits paid as of December 31, 2014 were \$14,116,029 for electing participants.

Plan Administration

Effective July 2013, the Sponsor entered into a trust agreement establishing the Tyson Foods, Inc. and Affiliates Defined Benefit Master Trust (the Master Trust) in order to transfer and hold the investments of the Plan for the exclusive purpose of providing benefits to certain of its employees and their beneficiaries and defraying expenses of administering the Plan. For the years ending December 31, 2015 and December 31, 2014, the invested assets of the Master Trust were comprised of individual common collective trusts (CCT) and were held by BNY Mellon and the money market mutual fund at the plan level was held by Charles Schwab Trust Company (Trustee). All trading of assets within the CCTs is directed by AON Hewitt, the Investment Manager. The Trustee maintains supporting records.

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.

Payment of Benefits

Benefit 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. The CCTs within the Master Trust and the money market mutual fund within the Plan held as investments are valued at their net asset value (NAV), as a practical expedient to estimating fair value. The NAV represents the value at which the units or shares of the fund may be purchased or redeemed. Refer to Note 5 for a description of fair value measurements.

Purchases and sales are recorded on a trade-date basis. The net appreciation or depreciation in fair value of investments within the Master Trust 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. Refer to plan allocation methods described within Note 4.

Recent Accounting Standards

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update 2015-07- *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)* (ASU 2015-07). The FASB issued guidance is intended to address the diversity in practice related to how certain investments measured at net asset value with future redemption dates are categorized. The guidance removes the requirement to categorize all investments within the fair value hierarchy for which fair values are measured using the net asset value per share practical expedient. The guidance is effective for annual reporting periods beginning after December 15, 2016, with retrospective application to all periods presented. Early adoption is permitted. The Plan adopted this amendment during the year ended December 31, 2015. Accordingly, the standard was retrospectively applied resulting in certain investments that are measured at NAV not being categorized in the fair value hierarchy. The adoption of ASU 2015-07 did not have a material effect on the Plan's financial statements.

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.
Notes to Financial Statements
December 31, 2015 and 2014**

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient* (ASU 2015-12). The FASB issued guidance is intended to reduce the complexity of employee benefit plan accounting. Part I of ASU 2015-12 eliminates the requirements to measure fair value of fully benefit-responsive investments contracts and provide certain disclosures. Part II of ASU 2015-12 eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III of ASU 2015-12 permits a plan with a fiscal year end that doesn't coincide with the end of a calendar month to measure its investments and investment-related accounts using the month end closest to its fiscal year end. The guidance is effective for fiscal years beginning after December 15, 2015. Parts I and II are to be applied retrospectively. Part III is to be applied prospectively. Plans can early adopt any of ASU 2015-12's three parts without early adopting the other parts. The Plan adopted Part II during the year ended December 31, 2015. Part II was retrospectively applied resulting in the disaggregation of investments by general type only, as well as the removal of certain investment disclosures that are no longer required under Part II. Parts I and III are not applicable to the Plan. The adoption of Part II of ASU 2015-12 did not have a material effect on the Plan's financial statements.

Note 3: Funding Policy

The funding policy of the Plan is that the Sponsor shall make such contributions to the Plan 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. With the inception of the Master Trust, the Sponsor's contributions are made to the Plan and subsequently transferred to the Master Trust, as necessary. To the extent that these requirements are fully covered by assets, the Sponsor may elect not to make any contributions in a particular year. The minimum funding requirements of ERISA were met in 2015 and 2014.

Note 4: Participation in Master Trust

Investments of the Plan are in the Master Trust, which was established for the investment of assets of the Plan and the Dorskocil Food Service Company - Jefferson Retirement Income Plan (Dorskocil). Dorskocil is a noncontributory, collectively bargained, defined benefit pension plan of Tyson Prepared Foods, Inc., the successor by way of merger to Dorskocil Food Service Company - Jefferson, a wholly owned subsidiary of the Sponsor. Each participating retirement plan has an undivided interest in the Master Trust. The Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment accounts between the participating plans.

The value of the Plan's interest in the net assets of the Master Trust is based upon the initial transfer of assets, contributions transferred, and net appreciation/(depreciation) less actual distributions and allocated administrative expenses. Net appreciation/(depreciation) is allocated monthly to the Plan based upon its pro rata share in the net assets of the Master Trust. The Plan's interest in the Master Trust was approximately 85% at December 31, 2015 and December 31, 2014. The Sponsor designates the amount of contributions or withdrawals to be allocated. Expenses are allocated based on each participating plan's relative interest in the Master Trust. The CCTs within the Master Trust are comprised of pooled assets invested in securities according to a pre-determined strategy to meet specified objectives. There were no unfunded commitments related to the CCTs for the years ended December 31, 2015 and 2014. Under ordinary market conditions, redemptions of the CCTs are permitted pursuant to notice from the Sponsor to the Investment Manager of at least fifteen days (or such shorter period determined by the Sponsor and agreed to by the Investment Manager). The redemptions are executed at NAV, which is valued daily. Were the Plan to initiate a full redemption of its investments, the fund manager reserves the right to temporarily delay withdrawal from the fund in order to facilitate the transaction in an orderly business manner.

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.**
Notes to Financial Statements
December 31, 2015 and 2014

The following table presents the fair value of the Master Trust's net assets at December 31, 2015 and 2014:

	2015	2014
Investments, at fair value:		
Equity funds	\$ 2,115,683	\$ 5,069,928
Fixed income funds	51,914,338	51,182,172
Real estate fund	716,978	1,699,344
Net assets of Master Trust	<u>\$ 54,746,999</u>	<u>\$ 57,951,444</u>

The following are the changes in net assets for the Master Trust for the years ended December 31, 2015 and 2014:

	2015	2014
Changes in Net Assets:		
Net appreciation (depreciation) in fair value of investments	\$ (1,829,445)	\$ 5,925,644
Expenses	(124,125)	(193,536)
Net Transfers	<u>(1,250,875)</u>	<u>(20,044,378)</u>
Decrease in net assets	<u>(3,204,445)</u>	<u>(14,312,270)</u>
Net Assets:		
Beginning of year	<u>57,951,444</u>	<u>72,263,714</u>
End of year	<u>\$ 54,746,999</u>	<u>\$ 57,951,444</u>

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, 2015 and 2014.

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.**
Notes to Financial Statements
December 31, 2015 and 2014

Investments in the Master Trust - Comprised of individual CCTs. The CCTs are valued at their NAV, as a practical expedient to estimating fair value. The NAV represents the value at which the units of the fund may be purchased or redeemed. The fair values of the investments within the funds are based on quoted prices in active markets and securities valued using observable inputs or quotations from inactive markets. Refer to Note 4 for description of individual CCTs.

Money market mutual fund - Valued at the NAV of shares 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 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 table sets forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2015.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments in the Master Trust:				
Common Collective Trusts measured at net asset value ⁽¹⁾	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 54,746,999</u>
Total	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 54,746,999</u>

⁽¹⁾ Common Collective Trusts that are measured at fair value using the net asset value per share practical expedient have not been categorized in the fair value hierarchy. The amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2014.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments in the Master Trust:				
Common Collective Trusts measured at net asset value ⁽¹⁾	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 57,951,444</u>
Total	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 57,951,444</u>

⁽¹⁾ Common Collective Trusts that are measured at fair value using the net asset value per share practical expedient have not been categorized in the fair value hierarchy. The amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments held outside of the Master Trust at fair value as of December 31, 2015.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market mutual fund	<u>\$ 126,380</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 126,380</u>
Total	<u>\$ 126,380</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 126,380</u>

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.**
Notes to Financial Statements
December 31, 2015 and 2014

The following table sets forth by level, within the fair value hierarchy, the Plan's investments held outside of the Master Trust at fair value as of December 31, 2014.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market mutual fund	\$ —	\$ 704,633	\$ —	\$ 704,633
Total	<u>\$ —</u>	<u>\$ 704,633</u>	<u>\$ —</u>	<u>\$ 704,633</u>

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 post retirement medical benefits, which are related to the Plan Sponsor's post retirement 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, 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. The significant actuarial assumptions used in the valuation at December 31, 2014 are as follows:

Mortality	RP-2014 blue collar with MP-2014 generational improvement
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.
Interest rate	4.85% 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.

Set forth below is the actuarial present value of accumulated plan benefits at December 31, 2014 and the changes in accumulated plan benefits throughout 2014:

	<u>December 31, 2014</u>
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 44,009,459
Other participants	<u>4,254,453</u>
Total vested benefits	<u>48,263,912</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 48,263,912</u>

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.**
Notes to Financial Statements
December 31, 2015 and 2014

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

	2014
Actuarial present value of accumulated plan benefits at year beginning 2014	\$ 60,264,967
Increase (decrease) attributable to:	
Changes in plan experience	1,227,453
Benefits paid	(18,855,302)
Changes in actuarial assumptions	2,488,518
Discount period	3,138,276
Net decrease	(12,001,055)
Actuarial present value of accumulated plan benefits at year ending 2014	\$ 48,263,912

The changes in plan experience are due to the temporary lump sum window offered to vested terminated employees not yet receiving benefits. The changes in actuarial assumptions are due to a decrease in the interest rate from 5.50% to 4.85%.

Note 7: Income Tax Status

The Internal Revenue Service (IRS) has issued a determination letter dated March 10, 2015, which was applied for in January 2013, stating that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. The plan amendment in 2014 did not require the Plan to subsequently apply for a new determination letter during 2014. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

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, 2015 and 2014, 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 2012.

Note 8: Risk and Uncertainties

The Master Trust 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.

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.
Notes to Financial Statements
December 31, 2015 and 2014**

Note 9: Party-In-Interest 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.

The investments within the Plan during 2015 and 2014 included shares of a money market mutual fund managed by the Trustee. Accordingly, transactions involving this fund are considered to be conducted with a party-in-interest. At December 31, 2015 and 2014, the Plan held \$126,380 and \$704,633, respectively, in a money market mutual fund managed by the Trustee. During the years ended December 31, 2015 and 2014, the administration fees paid by the Plan to the Trustee were \$12,051 and \$14,765, respectively.

The investments within the Master Trust during 2015 and 2014 included units of CCTs managed by the Investment Manager. Accordingly, transactions involving these CCTs are considered to be conducted with a party-in-interest. At December 31, 2015 and 2014, the value of the Plan's interest within the Master Trust was \$46,454,984 and \$49,395,783, respectively. During the years ended December 31, 2015 and 2014, the administration fees paid by the Plan to the Investment Manager were \$81,921 and \$149,715, respectively.

Note 10: Subsequent Events

The Sponsor has evaluated subsequent events through July 27, 2016, 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
As of December 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description	Cost	Current Value
* Schwab Investor Money Fund		Money Market Mutual Fund	\$ 126,380	\$ 126,380
* Plan interest in Tyson Foods, Inc. and Affiliates Defined Benefit Master Trust		Master Trust	\$ 46,452,064	\$ 46,454,984
* Represents a party-in-interest as defined by ERISA.				

Pension Plan for Hourly Employees
Of Continental Deli Foods, Inc.
Schedule H, Line 4j
Schedule of Reportable Transactions
EIN 42-1233965
Plan #011
Year ended December 31, 2015

(a)	(b)	(c)	(d)	(g)	(h)	(j)	
Identity of Party Involved	Description	Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value at Transaction Date	Net Gain/(Loss)
Schwab Investor Money Fund	Money Market Mutual Fund	17	\$ 3,472,365		\$ 3,472,365	\$ 3,472,365	
		19		\$ 4,050,618	\$ 4,050,618	\$ 4,050,618	\$ —

PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL DELI FOODS, INC.
EIN: 42-1233965
PN: 011
January 1, 2015

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

AGE	YEARS OF CREDITED SERVICE										Total
	Less Than 1	1 to 4.999	5 to 9.999	10 to 14.999	15 to 19.999	20 to 24.999	25 to 29.999	30 to 34.999	35 to 39.999	40 and up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29.999	0	0	0	0	0	0	0	0	0	0	0
30 to 34.999	0	0	1	0	0	0	0	0	0	0	1
35 to 39.999	0	1	2	0	0	0	0	0	0	0	3
40 to 44.999	0	2	1	0	0	0	0	0	0	0	3
45 to 49.999	0	1	2	1	0	0	0	0	0	0	4
50 to 54.999	0	0	2	1	1	1	0	0	0	0	5
55 to 59.999	0	1	1	1	3	0	0	0	1	0	7
60 to 64.999	0	0	1	0	1	0	0	0	0	0	2
65 to 69.999	0	0	0	1	0	0	0	0	0	0	1
70 and up	0	0	0	0	0	0	0	0	0	0	0
Total	0	5	10	4	5	1	0	0	1	0	26

Average Age: 50.4

Average Service: 10.4

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965/011
January 1, 2015**

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. The expected rate of return on assets is the smallest of the third segment rate for funding or 4.85% (5.50% for 2014).

The segment rates used reflect the “Moving Ahead for Progress in the 21st Century” act (MAP-21) and the “Highway and Transportation Funding Act of 2014” (HATFA). The segment rates without regard to the MAP-21/HATFA 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.

<i>Economic Assumptions:</i>	January 1, 2015	January 1, 2014
With MAP-21/HATFA Corridor		
First Segment Rate (Years 1-5)	4.72%	4.99%
Second Segment Rate (Years 6-15)	6.11%	6.32%
Third Segment Rate (Years after 15)	6.81%	6.99%
Effective Interest Rate	6.05%	6.38%
Without MAP-21/HATFA Corridor		
First Segment Rate (Years 1-5)	1.22%	1.25%
Second Segment Rate (Years 6-15)	4.11%	4.06%
Third Segment Rate (Years after 15)	5.20%	5.08%
Effective Interest Rate	4.01%	4.18%
Expected Rate of Return on Assets	4.85%	5.50%
Administrative and Investment Expenses	\$350,000	\$350,000

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965/011
January 1, 2015**

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

Demographic Assumptions:

Mortality

All participants except pre-1995 Disabled Retirees

The 2015 projected, static mortality tables for males and females and for annuitants and non-annuitants, as published in IRS Notice 2013-49. Sample Annual Rates per 100 participants for annuitants are:

<u>Age</u>	<u>Male</u>	<u>Female</u>
30	0.04	0.02
40	0.08	0.04
50	0.36	0.16
60	0.57	0.56
70	1.59	1.50
80	5.16	3.93
90	16.79	12.33

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

<u>Age</u>	<u>Male</u>	<u>Female</u>
30	0.04	0.02
40	0.08	0.04
50	0.12	0.10
60	0.30	0.34
70	0.63	0.66
80	5.16	3.93
90	16.79	12.33

Disabled Retirees

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

<u>Age</u>	<u>Male</u>	<u>Female</u>
30	1.16	0.89
40	1.60	1.26
50	2.36	1.65
60	3.62	2.26
70	5.76	3.31
80	9.90	5.96
90	17.17	12.30

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965/011
January 1, 2015**

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, 2015**

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:		
	<u>Age</u>	<u>30 and Out</u>	<u>Reduced</u>
	55	8.0	1.0
	56 to 59	2.0	1.0
	60	6.0	3.0
	61	20.0	10.0
	62	30.0	25.0
	63 to 64	5.0	3.0
	65	30.0	25.0
	66	20.0	15.0
	67 to 69	15.0	10.0
	70	100.00	100.00
Percentage Married	Husbands are assumed to be 3 years older than wives. 85% of male participants and 60% of female participants are assumed to be married.		
Form of Payment Election	100% of former employees will elect an annuity.		
Changes since last valuation	The segment rates and mortality tables required for determining the Funding Target were updated as required. The expected rate of return on assets was lowered to 4.85%. The lump sum window assumptions were eliminated.		

Pension Plan for Hourly Employees
Of Continental Deli Foods, Inc.
Schedule H, Line 4j
Schedule of Reportable Transactions
EIN 42-1233965
Plan #011
Year ended December 31, 2015

(a)	(b)		(c)	(d)	(g)	(h)	(j)
Identity of Party Involved	Description	Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value at Transaction Date	Net Gain/(Loss)
Schwab Investor Money Fund	Money Market Mutual Fund	17	\$ 3,472,365		\$ 3,472,365	\$ 3,472,365	
		19		\$ 4,050,618	\$ 4,050,618	\$ 4,050,618	\$ —

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

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

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	51,434,280	
b Actuarial value	2b	50,809,222	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2,054	38,354,380	38,354,380
b For terminated vested participants	332	3,137,560	3,137,560
c For active participants	26	192,717	192,717
d Total	2,412	41,684,657	41,684,657
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	6.05%	
6 Target normal cost	6	350,000	

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>07/28/2016</u> Date <u>1405564</u> Most recent enrollment number <u>206-933-1500</u> Telephone number (including area code)
PAUL WITHINGTON Type or print name of actuary NORTHWEST PLAN SERVICES, INC. Firm name 5446 CALIFORNIA AVE. SW, SUITE 200 SEATTLE WA 98136-1513 Address of the firm		

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

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

Schedule SB (Form 5500) 2015
v. 150123

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>8.59%</u>	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)		3,844,464
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.38%</u>		245,277
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		4,089,741
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	121.88%
15 Adjusted funding target attainment percentage	15	121.88%
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	115.46%
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

(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
04/13/2015	1,000,000	0			
07/15/2015	1,000,000	0			
Totals ▶			18(b)	2,000,000	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	1,952,824

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ 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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ 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	350,000
b Excess assets, if applicable, but not greater than line 31a		31b	350,000
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	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	1,952,824
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	1,952,824
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, 2015

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

Each active participant is assumed to retire based on the table below.

The retirement rates shown here are composite rates for each age.

Retirement Age	% assumed to retire	# remaining after assumed retirements	# retiring at age	Weighted Average Retirement Age
(A)	(B)	(C)	(D)	(E) = (A) x (D)
		1.00		
55	4.50%	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, 2015**

Schedule SB, Part V – Summary of Plan Provisions

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

**PENSION PLAN FOR HOURLY EMPLOYEES OF
CONTINENTAL DELI FOODS, INC.
EIN/PN: 42-1233965/011
January 1, 2015**

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
As of December 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description	Cost	Current Value
* Schwab Investor Money Fund		Money Market Mutual Fund	\$ 126,380	\$ 126,380
* Plan interest in Tyson Foods, Inc. and Affiliates Defined Benefit Master Trust		Master Trust	\$ 46,452,064	\$ 46,454,984
* Represents a party-in-interest as defined by ERISA.				

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

January 1, 2015

Schedule SB, line 24 – Change in Actuarial Assumptions

Form of Payment

The assumptions added to reflect the temporary lump sum window offered during the 2014 plan year were eliminated. Effective for the 2015 plan year, 100% of participants that are not yet receiving benefits are expected to elect an annuity.

Return on Assets

The expected annual rate of return on assets was lowered from 5.50% to 4.85%. This change reflects the glide-path investment policy that allocates a higher percentage of assets to fixed income investments as the terminal funding shortfall decreases.