

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 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 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</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.) ☒ 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>	
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>	1c Effective date of plan <u>01/01/1953</u>	2b Employer Identification Number (EIN) <u>42-1233965</u>	
	2c Plan Sponsor's telephone number <u>479-290-8670</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	Filed with authorized/valid electronic signature.	<u>06/26/2019</u>	<u>LEEKIDD</u>
SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)
v. 171027

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 479-290-8670
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2032
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 22 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 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 1H 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance 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>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
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	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier BANNER LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-1236145	94250	10044	1964	10/15/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier.....	6b	
c	Premiums due but unpaid at the end of the year.....	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	
	Specify nature of costs ▶		
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity		
	(3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee		
	(3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year.....	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions.....	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions.....	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)		0
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor 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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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 disclosures 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	302906	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	119375	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	47930	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)

BRYAN CAVE LEIGHTON PAISNER

43-0602162

(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?
29 50	NONE	7923	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28 50 59 62	NONE	6819	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 ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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
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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
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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.	<small>OMB No. 1210-0110</small> 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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	371388	24291
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	406160	2314453
(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)	43939751	0
(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	44717299	2338744

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	40585	105242
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	40585	105242

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	44676714	2233502
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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)	0	
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7246	
(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)		7246
(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)		-1379562
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		-1372316

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3866943	
(2) To insurance carriers for the provision of benefits	2e(2)	36719000	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		40585943
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)	365578	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	119375	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		484953
j Total expenses. Add all expense amounts in column (b) and enter total	2j		41070896

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-42443212
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:

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	Amount
4a		X	
4b		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4147821. (See instructions.)

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 sections 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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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: 4.8% Investment-Grade Debt: 88.3% High-Yield Debt: 4.4% Real Estate: 0.7% Other: 1.8%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☒ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

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

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

Financial Statements and Supplemental Schedules
Years ended December 31, 2018 and 2017

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.
Index
December 31, 2018 and 2017 (in Liquidation)**

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Report of Independent Auditors

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 in liquidation as of December 31, 2018 and 2017 and the related statements of changes in net assets available for benefits in liquidation 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.

Auditors' 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, the Plan's net assets available for benefits in liquidation as of December 31, 2018 and 2017, and the changes in its net assets available for benefits in liquidation for the years then ended in accordance with accounting principles generally accepted in the United States of America applied on the basis described in Note 2.



Basis of Accounting

As discussed in Note 2 and Note 3 to the financial statements, the Board of Directors of Tyson Deli, Inc. approved a plan of liquidation of the Plan in March 2017, and management determined liquidation is imminent. As a result, the Plan presented the 2018 and 2017 financial statements on the liquidation basis of accounting. Our opinion is not modified with respect to this matter.

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, 2018 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2018 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.

PricewaterhouseCoopers LLP

June 26, 2019

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.**
Statements of Net Assets Available for Benefits (in Liquidation)
December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Assets:		
Investments, at fair value:		
Plan interest in Master Trust	\$ —	\$ 43,939,751
Cash, interest bearing	<u>2,314,453</u>	<u>406,160</u>
Total investments	<u>2,314,453</u>	<u>44,345,911</u>
Cash	24,291	371,388
Liquidation basis of accounting - Sponsor contributions expected to be received in liquidation	<u>—</u>	<u>2,075,210</u>
Total assets	<u>2,338,744</u>	<u>46,792,509</u>
Liabilities:		
Accrued expenses	105,242	40,585
Due to plan sponsor	2,188,752	—
Liquidation basis of accounting - Accrued expenses expected to be incurred in liquidation	<u>44,750</u>	<u>605,079</u>
Total liabilities	<u>2,338,744</u>	<u>645,664</u>
Net assets available for benefits	<u>\$ —</u>	<u>\$ 46,146,845</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 (in Liquidation)
Years Ended December 31, 2018 and 2017**

	<u>2018</u>	<u>2017</u>
Additions:		
Investment income:		
(Depreciation) Appreciation of Plan interest in Master Trust	\$ (1,379,562)	\$ 4,511,285
Total investment (loss) income	<u>(1,379,562)</u>	<u>4,511,285</u>
Employer contribution	—	—
Interest income	<u>7,246</u>	<u>1,829</u>
Total additions	<u>(1,372,316)</u>	<u>4,513,114</u>
Deductions:		
Pension benefit payments	3,866,943	5,407,721
Purchase of annuity contract	36,719,000	—
Administrative expenses	<u>—</u>	<u>425,889</u>
Total deductions	<u>40,585,943</u>	<u>5,833,610</u>
Net decrease in net assets available for benefits	(41,958,259)	(1,320,496)
Net adjustment for adoption of liquidation basis accounting	<u>(4,188,586)</u>	<u>1,470,131</u>
Net assets available for benefits:		
Beginning of year	<u>46,146,845</u>	<u>45,997,210</u>
End of year	<u>\$ —</u>	<u>\$ 46,146,845</u>

See accompanying notes to the financial statements.

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.**
Notes to Financial Statements (in Liquidation)
December 31, 2018 and 2017

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. All pension benefit obligations of the Plan were satisfied in October 2018 through the purchase of an annuity contract. All remaining assets and obligations of the Plan were fully liquidated by April 2019. Refer to Note 2 and Note 3 for additional detail on the plan liquidation.

General

The Plan was 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 covered 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 had met the age and service requirements on December 31, 2005, when benefit accruals were frozen as described below. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

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 were 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 maintained the amount of their accrued benefits earned under the Plan prior to the freeze date, but did not earn additional years of service under the Plan after December 31, 2005, for purposes of determining the amount of accrued benefits.

The Plan was amended effective December 1, 2016, to allow any participant who had been terminated on or prior to October 31, 2016, with a vested accrued benefit and was not currently receiving distribution of benefits to make an election for an actuarially equivalent lump sum distribution or immediate annuity between December 1, 2016 and February 15, 2017. Certain surviving spouses and alternate payees were offered a similar opportunity during the window as well. Individuals electing for the lump sum distribution received benefits between January 1, 2017 and February 28, 2017. Lump sum benefits paid between January 1, 2017 and February 28, 2017 as a result of the window totaled \$1,258,432. The impact of individuals electing an immediate annuity was not material to the Plan.

Benefits

Under the Plan, participants were entitled to monthly pension benefits beginning at normal retirement age (65) based on years of credited or vested service. Monthly benefits were calculated based on the number of years of credited service multiplied by a benefit rate which varied depending on the retirement date. The Plan also permitted early retirement at age 55, with reduced benefits, provided the participant had completed ten or more years of credited service. The Plan provided an unreduced early retirement benefit plus a \$100 per month supplement to age 62 to those employees that terminated employment after reaching age 55 with at least 30 years of credited service. If employees were 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 could elect to receive their annuity benefits in the form of a life annuity or joint and survivor annuity. The Plan provided that certain benefits would be paid if a participant died or became permanently disabled.

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. As of December 31, 2017, the invested assets of the Master Trust were comprised of individual common collective trusts ("CCT") and were held by BNY Mellon. As of December 31, 2018, there were no invested assets of the Master Trust, as the Trust had been terminated. Cash and interest bearing cash at the plan level was held by Charles Schwab Bank ("Trustee"). All trading of assets within the CCTs was directed by AON Hewitt, the Investment Manager. The Trustee maintains supporting records.

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.**
Notes to Financial Statements (in Liquidation)
December 31, 2018 and 2017

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICES

Basis of Accounting

The accompanying financial statements have been prepared on the liquidation basis of accounting as of and for the years ended December 31, 2018 and 2017 in accordance with accounting principles generally accepted in the United States of America ("GAAP") as termination of the Plan was considered imminent at December 31, 2017 and liquidation of the Plan occurred in October 2018. In comparison to the GAAP accrual basis of accounting, the liquidation basis of accounting requires that assets be revalued to the value expected to be received upon liquidation, assumptions used in the determination of liabilities are reevaluated under the terms of the liquidation and income and expense expected to be earned and incurred through the date of liquidation are estimated and accrued as of the end of the reporting period. The effects of these changes are presented as a net adjustment for adoption of liquidation basis of accounting in the statements of changes in net assets available for benefits.

Management has determined that the fair value of the assets represents the best estimate of the amounts to be received upon liquidation as described in Note 3 and does not have an effect on comparability. The effects of the revaluation of the liabilities of the Plan under the liquidation assumptions are described in Notes 3 and 7.

Payment of Benefits

Benefit payments to participants were recorded upon distribution.

Purchase of Annuity Contract

On October 15, 2018, the Plan entered into an allocated group annuity contract with Banner Life Insurance Company under which the Plan transferred a single premium amount of \$36,719,000. The annuity contract provided Banner six months from that date to conduct a data reconciliation, after which an additional premium from or refund to the Plan could be made. The contract provides that Banner will maintain full responsibility for the remaining annuity payments due under the Plan, and as such, is excluded from net assets available for benefits.

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 held as investments were valued at their net asset value ("NAV"), as a practical expedient to estimating fair value. The NAV represented the value at which the units or shares of the fund may have been purchased or redeemed. Refer to Note 6 for a description of fair value measurements.

Purchases and sales were recorded on a trade-date basis. The net appreciation or depreciation in fair value of investments within the Master Trust consisted of realized gains and losses and changes in unrealized gains and losses of these investments during the year. Unrealized gains and losses on investments were based on changes in the market or fair values of such investments. Refer to plan allocation methods described within Note 5.

NOTE 3: PLAN LIQUIDATION

In March 2017, the Company's Board of Directors resolved to terminate the Plan effective April 30, 2017, subject to regulatory approval from the Pension Benefit Guaranty Corporation ("PBGC") and the Internal Revenue Service ("IRS"). The net assets of the Plan were allocated for payment of plan benefits to the participants and beneficiaries in an order of priority determined in accordance with ERISA and its related applicable regulations and the Plan document. Expenses of the Trustee, Plan Administration Committee, Investment Managers, actuaries of the Plan, legal counsel and any agent appointed to carry out the termination, shall, to the extent permitted by law, be a prior claim and lien on the monies available in the Trust Fund. The benefit payments were provided for by the existing net assets of the Plan with additional funding from the Sponsor as needed. The termination did not impact the earned benefit or future payments of any participant.

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.**
Notes to Financial Statements (in Liquidation)
December 31, 2018 and 2017

As a result of the termination, each affected participant's accrued benefit to the date of termination became fully vested and nonforfeitable. In accordance with the resolution to terminate the Plan, all benefit obligations were satisfied through the purchase of an annuity contract in October 2018. All remaining assets and obligations of the Plan were fully settled by April 2019. The impact of the termination on the actuarial present value of accumulated plan benefits is discussed further in Note 7.

A Sponsor contribution receivable of \$2,075,210 was established at December 31, 2017 to cover the shortfall between benefit obligations and plan assets of \$1,470,131 and accrued expenses of \$605,079 to cover administrative, legal and audit fees, and PBGC premiums for the period of liquidation.

An amount due to plan sponsor of \$2,188,752 has been established at December 31, 2018 to reflect return of excess contributions to the Sponsor after satisfaction of all pension benefit obligations and other liabilities of the Plan. The Sponsor will use those funds as part of its employer matching contributions to the Tyson Foods, Inc. Retirement Savings Plan.

NOTE 4: FUNDING POLICY

The funding policy of the Plan was that the Sponsor made such contributions to the Plan to provide for current service and to meet the minimum requirements for any unfunded benefit obligation as it determined, with the advice of its actuary. With the inception of the Master Trust, the Sponsor's contributions were made to the Plan and subsequently transferred to the Master Trust, as necessary. The minimum funding requirements of ERISA did not require any contributions from the Sponsor for the years ended December 31, 2018 and 2017.

NOTE 5: PARTICIPATION IN MASTER TRUST

Investments of the Plan were 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 had 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 was 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 90% at December 31, 2017. The Master Trust was terminated and the Trust assets were liquidated by December 31, 2018. Expenses were allocated based on each participating plan's relative interest in the Master Trust. The CCTs within the Master Trust were comprised of pooled assets invested in securities according to a predetermined strategy to meet specified objectives. There were no unfunded commitments related to the CCTs as of December 31, 2017. Under ordinary market conditions, redemptions of the CCTs were 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 were executed at NAV, which is valued daily.

The following table presents the fair value of the Master Trust's net assets at December 31, 2018 and 2017:

Investments, at fair value:	2018	2017
Equity funds	\$ —	\$ 2,106,272
Fixed income funds	—	46,293,416
Real estate fund	—	670,606
Total Investments, at fair value	—	49,070,294
Net assets of Master Trust	\$ —	\$ 49,070,294

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.**
Notes to Financial Statements (in Liquidation)
December 31, 2018 and 2017

The following are the changes in net assets for the Master Trust for the years ended December 31, 2018 and 2017:

Changes in Net Assets:	2018	2017
Net (depreciation) appreciation in fair value of investments	\$ (1,572,053)	\$ 5,180,499
Expenses	—	(82,965)
Net transfers	(47,498,241)	(10,067,034)
Decrease in net assets	(49,070,294)	(4,969,500)
Net Assets:		
Beginning of year	49,070,294	54,039,794
End of year	\$ —	\$ 49,070,294

NOTE 6: FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Investments in the Master Trust - Comprised of individual CCTs. The CCTs were valued at their NAV, as a practical expedient to estimating fair value. The NAV represented the value at which the units of the fund could be purchased or redeemed. The fair values of the investments within the funds were 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.

At December 31, 2017 the Master Trust's investments included CCTs measured at fair value using the NAV practical expedient that have not been categorized in the fair value hierarchy. There were no Master Trust investments at December 31, 2018.

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.**
Notes to Financial Statements (in Liquidation)
December 31, 2018 and 2017

NOTE 7: ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable, under the Plan's provisions, to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to active, retired or terminated employees, or their beneficiaries. The accumulated plan benefits exclude all 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 anticipated format of future payments was unchanged in liquidation as individual nontransferable annuities were purchased from an insurance company to facilitate those payments.

There was no valuation of benefits at December 31, 2018 as all benefit obligations were satisfied during the year. The significant actuarial assumptions used in the valuation at December 31, 2017 were as follows:

	2017
Mortality	RP-2014 with MP-2017 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	2.92% per annum, net of expenses
Actuarial cost method	Unit Credit Cost Method
These actuarial assumptions are based on the presumption that the Plan will terminate.	

Set forth below is the actuarial present value of accumulated plan benefits at December 31, 2018 and 2017:

	2018	2017
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ —	\$ 42,976,337
Other participants	—	3,170,508
Total actuarial present value of accumulated plan benefits	<u>\$ —</u>	<u>\$ 46,146,845</u>

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.**
Notes to Financial Statements (in Liquidation)
December 31, 2018 and 2017

The following is a summary of the changes in the actuarial present value of accumulated plan benefits for 2018 and 2017:

	2018	2017
Actuarial present value of accumulated plan benefits at beginning of year	\$ 46,146,845	\$ 49,623,014
Increase (decrease) attributable to:		
Changes in plan experience	(6,315,835)	(679,604)
Benefits paid	(40,585,943)	(5,407,721)
Changes in actuarial assumptions	—	1,222,349
Decrease in discount period	754,933	1,388,807
Net (decrease)	(46,146,845)	(3,476,169)
Actuarial present value of accumulated plan benefits at end of year	\$ —	\$ 46,146,845

All benefit obligations were settled during the 2018 plan year. Annuity purchase rates increased during 2018 as insurers bid aggressively for new business. This combination of factors led to a much lower cost than expected to purchase the group annuity contract in October 2018. The cost differential appears as a plan experience gain of \$6.3 million.

The changes in actuarial assumptions at December 31, 2017 are primarily due to an increase to the obligation of \$1,344,083 resulting from the removal of the blue collar adjustment from the mortality assumption, offset by a decrease to the obligation of \$278,610 resulting from a change from the MP-2016 to MP-2017 generational improvement table, and an increase to the obligation of \$156,876 for the decrease in the interest rate from 2.96% to 2.92%. The changes in assumptions and resulting obligation reflected the Sponsor's best estimate of the cost to purchase annuity contracts and pay remaining benefits to terminate the Plan.

NOTE 8: INCOME TAX STATUS

The IRS issued a determination letter dated August 2, 2018 in connection with the termination of the Plan 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 also filed a Form 500, standard termination notice, with the PBGC in September 2017 in connection with the termination.

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, 2018 and 2017, 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 2015.

NOTE 9: RISKS AND UNCERTAINTIES

As discussed within Note 2, the annuity contract provided Banner six months from October 15, 2018 to conduct a data reconciliation after which an additional premium or refund to the Plan could be made. As of December 31, 2018, no correspondence had been received from Banner regarding this reconciliation and as such, management believes the Plan has no obligation to Banner.

NOTE 10: 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.

**Pension Plan for Hourly Employees
of Continental Deli Foods, Inc.**
Notes to Financial Statements (in Liquidation)
December 31, 2018 and 2017

The investments within the Plan during 2018 and 2017 included amounts in a Schwab Bank Savings cash account managed by the Trustee. Accordingly, transactions involving the Schwab Bank Savings cash account are considered to be conducted with a party-in-interest. At December 31, 2018 and 2017, the Plan held \$2,314,453 and \$406,160 in the Schwab Bank Savings cash account, respectively. During the years ended December 31, 2018 and 2017, the administrative fees paid by the Plan to the Trustee were \$5,877 and \$7,889, respectively.

The investments within the Master Trust during 2018 and 2017 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, 2018 and 2017, the value of the Plan's interest within the Master Trust was \$0 and \$43,939,751, respectively. During the years ended December 31, 2018 and 2017, the administrative fees paid by the Plan to the Investment Manager were \$46,969 and \$67,274, respectively.

NOTE 11: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2018 and 2017, to Form 5500:

	2018	2017
Net assets available for benefits per the financial statements	\$ —	\$ 46,146,845
Liquidation basis of accounting - Sponsor contributions expected to be returned in liquidation	2,188,752	(2,075,210)
Liquidation basis of accounting, additional accrued expenses expected to be incurred in liquidation	44,750	605,079
Net assets available for benefits per Form 5500	<u>\$2,233,502</u>	<u>\$ 44,676,714</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements at December 31, 2018, to Form 5500:

	2018
Net assets available for benefits at beginning of year per the financial statements	\$ 46,146,845
Net assets available for benefits at end of year per the financial statements	—
Changes in net assets available for benefits per the financial statements	(46,146,845)
Net adjustment for adoption of liquidation basis accounting	3,703,633
Changes in net assets available for benefits per Form 5500	<u>\$ (42,443,212)</u>

NOTE 12: SUBSEQUENT EVENTS

The Sponsor has evaluated subsequent events through June 26, 2019, 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, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description	Cost	Current Value
*	Schwab Bank Savings Cash Account, interest bearing	Money Market Deposit Account	\$ 2,314,453	\$ 2,314,453

* 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, 2018

(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 Bank Savings Cash Account, interest bearing	Money Market Deposit Account	20	\$ 3,589,246		\$ 3,589,246	\$ 3,589,246	
		8		\$ 1,680,952	\$ 1,680,952	\$ 1,680,952	\$ —

**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, 2018**

(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 Bank Savings Cash Account, interest bearing	Money Market Deposit Account	20	\$ 3,589,246		\$ 3,589,246	\$ 3,589,246	
		8		\$ 1,680,952	\$ 1,680,952	\$ 1,680,952	\$ —

**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, 2018**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description	Cost	Current Value
*	Schwab Bank Savings Cash Account, interest bearing	Money Market Deposit Account	\$ 2,314,453	\$ 2,314,453

* Represents a party-in-interest as defined by ERISA.