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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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
TYSON FOODS, INC. RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 10/01/1987

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)
TYSON FOODS, INC.

P.O. BOX 2020
SPRINGDALE, AR 72765-2020

2b Employer Identification Number (EIN) 71-0225165

2c Plan Sponsor's telephone number 479-290-8670

2d Business code (see instructions) 112300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/28/2020	LEEKIDD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

TYSON FOODS, INC.

P.O. BOX 2020
SPRINGDALE, AR 72765-2020

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**	115871
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)**	108266
a(2) Total number of active participants at the end of the plan year	**6a(2)**	109562
b Retired or separated participants receiving benefits	**6b**	232
c Other retired or separated participants entitled to future benefits	**6c**	7426
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	117220
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	389
f Total. Add lines **6d** and **6e**	**6f**	117609
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	65298
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
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:

2G 2J 2K 2E 2F 2T 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	**(1)**	☐ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	**(2)**	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	**(3)**	☒ Trust
(4)	☐ General assets of the sponsor	**(4)**	☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
TYSON FOODS, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
71-0225165

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NORTHWEST PLAN SERVICES

91-2090931

(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

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

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?
15 17 64 13	NONE	2658642	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

INVESCO

58-1707262

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 99	NONE	440828	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

TYSON FOODS, INC.

71-0225165

(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?
14 38 50	EMPLOYER	191412	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CHARLES SCHWAB TRUST CO.

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?
18 25 27 59 62 65 19	NONE	164642	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

AON INVESTMENT CONSULTING

59-2706923

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 70	NONE	141895	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRICEWATERHOUSE COOPERS

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	NONE	49310	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

INFORMATION SOLUTIONS

13-2638166

(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?
36 50	NONE	22005	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DST RETIREMENT SOLUTIONS

43-1581814

(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?
49	NONE	21795	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MASTERPOINT FINANCIALS TECH.

41-1810775

(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?
49	NONE	10574	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BRYAN CAVE LLP

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	NONE	7664	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
TYSON FOODS, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
71-0225165

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: IGT LOOMIS SAYLES INT

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
61-1246990-217	C	30750070

a Name of MTIA, CCT, PSA, or 103-12 IE: IGT INVESCO INT G/C

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
61-1246990-212	C	61618054

a Name of MTIA, CCT, PSA, or 103-12 IE: IGT INVESCO SHRTTM BOND

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
61-1246990-215	C	277009829

a Name of MTIA, CCT, PSA, or 103-12 IE: IGT JENNISON INT G/C

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
61-1246990-218	C	61455089

a Name of MTIA, CCT, PSA, or 103-12 IE: IGT LOOMIS SAYLES CORE

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
61-1246990-224	C	31149571

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

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
61-1246990-219	C	30996382

a Name of MTIA, CCT, PSA, or 103-12 IE: IGT PIMCO INT G/C

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
61-1246990-207	C	30687352

a Name of MTIA, CCT, PSA, or 103-12 IE: IGT INVESCO CORE FIXED

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

c EIN-PN 61-1246990-225	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30878906

a Name of MTIA, CCT, PSA, or 103-12 IE: IGT DODGE & COX CORE FIXED

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

c EIN-PN 61-1246990-244	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31077835

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
TYSON FOODS, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
71-0225165

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	4332140	3226365
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1394752	1842138
(2) Participant contributions	1b(2)	2338840	3350038
(3) Other	1b(3)	856907	776107
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	22626088	20076036
(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)	157719028	166487774
(9) Value of interest in common/collective trusts	1c(9)	543804535	585623088
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1640373497	2103340109
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4644985	-11922249

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2378090772	2872799406
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	5319158	1392985
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	5319158	1392985
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2372771614	2871406421

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)	95001912	
	(B) Participants	2a(1)(B)	171872332	
	(C) Others (including rollovers)	2a(1)(C)	24564110	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		291438354
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	292993	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	9014489	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9307482
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	97901580	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		97901580
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(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)		
	(B) Other	2b(5)(B)		
	(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)		15251319
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		310657569
c Other income	2c		578436
d Total income. Add all **income** amounts in column (b) and enter total	2d		725134740
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	215452377	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		215452377
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		11146787
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	56974	
(2) Contract administrator fees	2i(2)	2658643	
(3) Investment advisory and management fees	2i(3)	769160	
(4) Other	2i(4)	224180	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3708957
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		230308121
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		494826619
l Transfers of assets:			
(1) To this plan	2l(1)		3808188
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified **(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 LLC **(2)** EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		25000000
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		X	
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 _____.

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_____. (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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
TYSON FOODS, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
71-0225165

Part I Distributions

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

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

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

EIN(s): 42-1558009

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

Tyson Foods, Inc.
Retirement Savings Plan

Financial Statements and Supplemental Schedule
December 31, 2019 and 2018

Tyson Foods, Inc.
Retirement Savings Plan
Index
December 31, 2019 and 2018

	Page(s)
Report of Independent Auditors	1
Financial Statements:	
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4-10
Supplemental Schedule:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	12-15

Report of Independent Auditors

To the Administrator of Tyson Foods, Inc. Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Tyson Foods, Inc. Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Charles Schwab Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2019 and 2018 and for the year ended December 31, 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2019 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

PricewaterhouseCoopers LLP

July 9, 2020

Tyson Foods, Inc.
Retirement Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
Assets:		
Investments, at fair value:		
Mutual funds	$ 1,992,942,995	$ 1,546,397,474
Collective investment trust	110,397,114	93,976,023
Cash, interest-bearing	20,076,036	22,626,088
Total investments, at fair value	2,123,416,145	1,662,999,585
Investments, at contract value:		
Stable value synthetic guaranteed investment contracts	573,700,839	548,449,520
Total investments	2,697,116,984	2,211,449,105
Receivables:		
Employer contributions	1,842,138	1,394,752
Participant contributions	3,350,038	2,338,840
Notes receivable from participants	166,487,774	157,719,028
Due from broker for securities sold	621,191	539,664
Other receivables	154,916	317,243
Total receivables	172,456,057	162,309,527
Cash	3,226,365	4,332,140
Total assets	2,872,799,406	2,378,090,772
Liabilities:		
Accounts payable	—	4,192,434
Accrued expenses	917,551	424,613
Due to broker for securities purchased	475,434	702,111
Total liabilities	1,392,985	5,319,158
Net assets available for benefits	$ 2,871,406,421	$ 2,372,771,614

See accompanying notes to the financial statements.

Tyson Foods, Inc.
Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2019

	2019
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 310,657,569
Interest	15,544,312
Dividends and capital gain distributions	97,901,580
Fund revenue sharing	578,436
Total investment income	424,681,897
Contributions:	
Employer	95,001,912
Participant	171,872,332
Participant rollovers	24,564,110
Total contributions	291,438,354
Interest from notes receivable	9,014,489
Total additions	725,134,740
Deductions from net assets attributed to:	
Benefits paid to participants	226,599,164
Administrative expenses	3,708,957
Total deductions	230,308,121
Net increase in net assets available for benefits	494,826,619
Transfer from other plan	3,808,188
Net assets available for benefits:	
Beginning of year	2,372,771,614
End of year	$ 2,871,406,421

See accompanying notes to the financial statements.

NOTE 1: DESCRIPTION OF THE PLAN

The following brief description of the Tyson Foods, Inc. Retirement Savings Plan ("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 defined contribution plan which was adopted effective October 1, 1987, to provide a means for eligible employees to defer a portion of their compensation and to encourage savings to provide additional financial security for the future.

Contributions
Prior to October 2, 2013, all eligible employees of Tyson Foods, Inc. ("the Sponsor") and its subsidiaries who have adopted the Plan, other than leased employees, could elect to participate on the first day of the month coinciding with or following completion of three months of service. Employees hired on October 2, 2013, and after became eligible to participate the first day of the month following the completion of fifty-nine days of employment, but not earlier than January 1, 2014. Eligible employees must elect to have deductions withheld from their paychecks by the Sponsor in order to contribute to the Plan.

The Plan, as amended effective January 1, 1997, allows 100% Sponsor matching contributions on participant deferrals up to 3% of compensation, including annual bonuses and 50% for participant deferrals in excess of 3% but not more than 5% of compensation, including annual bonuses. The Plan provides matching contributions only to employees who have completed one year of service.

Transfer from other plan
In conjunction with the Sponsor's acquisition of Tecumseh Poultry, LLC, the MBA Poultry 401(k) Plan was merged into the Plan effective as of January 31, 2019. As a result of this merger, $3,808,188 of assets transferred into the Plan in 2019. All merged participants are subject to existing Plan provisions, except as described in the plan document.

Participant Accounts
Each participant's account is credited with the participant's contribution and allocations of the Sponsor's contribution and Plan earnings. Additionally, the Plan is responsible for all administrative expenses, including investment advisory, legal and consulting fees. Administrative expenses are allocated evenly across all participant accounts on a monthly basis, after allocating loan initiation fees collected during the period to the respective participants' accounts.

Most funds impose restrictions on the timing of certain trades, depending on the fund and length of time the shares were held. Certain mutual fund investments do not allow individual repurchases above $5,000 if the repurchase is made within 30 days of the initial sale.

Vesting
Plan participants are fully vested at all times with regard to their salary deferral and employer matching contributions.

Notes Receivable from Participants
Participants may obtain loans from their individual accounts in amounts not to exceed the lesser of 50% of their vested account balance or $50,000. Loans are secured by the balance in the participant's account and bear interest at a fixed rate based upon New York prime plus 1% at the time the loan is made. The maximum maturity of a loan is sixty (60) months. Principal and interest are paid ratably through weekly, bi-weekly, or monthly payroll deductions. Participants are charged a one-time fee of $35 per loan. Terms for loans initiated under merged plans may differ and generally carry over through the maturity of those loans.

Benefits
Participants who have attained age 59 ½ or become subject to an in-service disability may elect to withdraw part or all of their account balance. All other participants may elect to withdraw their salary deferral contributions to alleviate a financial hardship. Participants may withdraw after-tax or rollover contributions at any time.

Payment of a participant's benefits upon retirement, disability or death may be in a lump sum, in installments over a period of time or any combination at the participant's election. Participants terminating employment with vested account balances of $1,000 or less are distributed in a lump sum. Participants may elect to defer distribution of their benefit if the vested account balance exceeds $1,000 upon termination of employment. In order to elect installment payments, a participant's account balance must exceed $5,000.

Plan Termination
Although the Sponsor has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of Employee Retirement Income Security Act ("ERISA"). In event of termination, participants will be entitled to their vested account balance.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Payment of Benefits
Benefits payments to participants are recorded upon distribution.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Sponsor to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities 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, except for fully benefit-responsive investment contracts, which are reported at contract value. See Note 3 for a description of fair value measurements.

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

Notes Receivable from Participants
Notes receivable from participants are valued at the unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Fund Revenue Sharing
Fund revenue sharing includes revenue credits, which result from revenue sharing from the Plan’s investments exceeding the administrative revenue requirement negotiated with the record keeper.

NOTE 3: 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 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.

The 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, 2019 and 2018.

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

Collective investment trust - At December 31, 2019 and 2018, the Plan's investments included units of a collective investment trust ("CIT") which provides long term investors with an asset allocation strategy designed to provide a strategic portfolio of diversifying and real return type asset classes. The CIT is valued at the net asset value ("NAV") of units held by the Plan at year end as a practical expedient. The NAV represents the value at which the units of the CIT may be purchased or redeemed. Valuation of the CIT occurs, at a minimum, each day the CIT is open for contributions and redemptions. Unit values are determined by dividing the CIT’s net assets by the number of units outstanding on the valuation date. Redemptions are permitted on a daily basis and are executed based on the CIT unit value determined on that day. There were no unfunded commitments related to the CIT as of December 31, 2019 and 2018. The CIT investment has not been categorized in the fair value hierarchy.

Cash, interest-bearing - The Schwab Bank Savings account is an interest-bearing Money Market Deposit Account ("MMDA") opened with, and maintained by, Charles Schwab Bank. The MMDA is a capital preservation option for retirement plan participants that does not carry the fees and restrictions ordinarily associated with mutual funds. Funds deposited in the MMDA are insured by the Federal Deposit Insurance Company ("FDIC") up to $250,000 per participant. Participants may generally move funds into and out of the savings account at any time. The carrying value of funds held in the MMDA approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2019 and 2018:

December 31, 2019	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,992,942,995	$ —	$ —	$ 1,992,942,995
Collective investment trust	—	—	—	110,397,114
Schwab Bank Savings interest-bearing cash account	—	—	—	20,076,036
	$ 1,992,942,995	$ —	$ —	$ 2,123,416,145

December 31, 2018	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,546,397,474	$ —	$ —	$ 1,546,397,474
Collective investment trust	—	—	—	93,976,023
Schwab Bank Savings interest-bearing cash account	—	—	—	22,626,088
	$ 1,546,397,474	$ —	$ —	$ 1,662,999,585

NOTE 4: STABLE VALUE FUND

The Plan's Stable Value Fund ("the Fund") holds a portfolio of synthetic guaranteed investment contracts ("GICs") in order to manage market risks and to alter the return characteristics of underlying securities to match certain fixed income fund objectives. GICs generally change the investment characteristics of underlying securities to those of guaranteed investment contracts. The GICs provide that benefit-responsive distributions for underlying securities may be withdrawn at contract or face value. Benefit-responsive distributions are generally defined as a withdrawal on account of a participant's retirement, disability, or death, or participant-directed transfers in accordance with the terms of the Plan.

The primary purpose of the Fund is to provide preservation of principal, maintain a stable interest rate, and to provide daily liquidity at contract value for participant withdrawals and transfers in accordance with the provisions of the Plan. To accomplish the above objectives, the Fund invests primarily in a portfolio of GICs managed by Invesco, the Fund Manager. BNY Mellon serves as the custodian for the underlying securities in the GICs. Each of the GICs is comprised of common collective trusts, which seek to maximize the portfolio's total return relative to a specific bond index. IGT Loomis Sayles Intermediate Fund, IGT Invesco Intermediate Fund, IGT Jennison Intermediate Fund, and IGT PIMCO Intermediate Fund seek to replicate the Invesco Custom Intermediate Bond Index. IGT Loomis Sayles Core Fixed Income Fund, IGT Dodge & Cox Core Fixed Income Fund, IGT Invesco Core Fixed Income Fund and IGT PIMCO Core Fixed Income Fund strive to match the Invesco Custom Core Bond Index, while the IGT Invesco Short-Term Bond Fund follows the Invesco Custom Short Term Bond Index. As each of the common collective trusts is tied to short-term or intermediate bond indices, the nature and risk does not vary significantly between each GIC.

Because these contracts meet the fully benefit-responsive investment contract criteria, they are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported by the Plan, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The synthetic GICs utilize a wrapper investment contract structure with the underlying investments owned by the Fund and held in trust for Plan participants. The Fund purchases a wrapper contract from an issuer that amortizes the realized and unrealized gains and losses on the underlying fixed income investments, typically over the duration of the investments, through adjustments to the future interest crediting rate (which is the rate earned by participants in the Fund for the underlying investments). The issuer provides assurance that the adjustments to the interest crediting rate will not result in a future interest crediting rate that is less than zero.

The key factors that influence future interest crediting rates for a GIC include:

- The level of market interest rates;
- The amount and timing of participant contributions, transfers, and withdrawals into/out of the wrapper contract;
- The investment returns generated by the fixed income investments covered by the wrapper contract; and
- The duration of the underlying investments backing the wrapper contract.

Interest crediting rates for GICs are typically reset on a monthly or quarterly basis. The crediting rate formula amortizes the Fund's realized and unrealized market value gains and losses over the duration of the contract's underlying investments. All GICs provide for a minimum interest crediting rate of zero percent. In the event that the interest crediting rate should fall below zero and the requirements of the wrapper contract are satisfied, the wrapper issuers will pay to the Plan the shortfall needed to maintain the interest crediting rate at zero. This helps to ensure that participants' principal and accrued interest will be protected.

In certain circumstances, the amount withdrawn from the GIC would be payable at fair value rather than at contract value, known as value events. These value events could include the termination of the Plan, a material adverse change to the provisions of the Plan, or a decision to withdraw from the contract in order to change to a different investment provider. The Sponsor does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

There were no circumstances noted in which issuers may terminate at an amount other than contract value.

At December 31, 2019 and 2018, all investment contracts had open maturities.

NOTE 5: INCOME TAX STATUS

The Plan's latest tax determination letter dated May 2, 2017, from the Internal Revenue Service (IRS) states that the Plan, as designed, is in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since the date of the letter. However, the Plan Sponsor and the Plan's tax counsel believe that the Plan is presently designed and being operated in compliance with the current requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust was tax-exempt as of the financial statement date.

U.S. GAAP requires 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, 2019 and 2018, 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 2016.

NOTE 6: INFORMATION CERTIFIED BY CUSTODIAN

The following is a summary of investment information as of December 31, 2019 and 2018 and for the year ended December 31, 2019, included in the Plan's financial statements and supplemental schedule that was prepared by or derived from information prepared by Charles Schwab Bank, the Custodian, and furnished to the Sponsor. The Sponsor has obtained a certification from the Custodian that such information is complete and accurate.

	2019	2018
Investments:		
Mutual funds:		
American Europacific Growth Fund	$ 286,451,148	$ 204,287,153
American Fundamental Investor Fund	165,264,264	132,212,065
Artisan Mid-Cap Institutional Fund	109,469,504	78,178,568
DFA US Small Cap Institutional Fund	55,652,247	45,911,869
Mainstay Large Cap Growth Fund	229,704,416	181,239,183
MFS Value Fund	—	100,292,887
PIMCO Total Return Fund	235,432,397	213,476,672
Transamerica Mid-Cap Value Fund	79,562,609	66,712,343
Vanguard Extended Market Index Institutional Fund	81,204,563	58,149,460
Vanguard Institutional Index Fund	372,847,241	283,526,555
Vanguard Total BD Market Index Fund	49,482,506	42,197,250
Vanguard Total INTL Stock Index Fund	200,262,849	140,213,468
Dodge & Cox Stock Fund	127,609,251	—
Collective investment trust:		
Strategic Completion Non-Lendable	110,397,114	93,976,023
Schwab Bank Money Market Deposit Account	20,076,036	22,626,088
Cash	3,155,281	4,290,136
Investment income:		
Dividends	33,957,203	
Capital gain distributions	63,944,377	
Interest	292,993	
Net appreciation in fair value of investments	$ 310,657,569	

NOTE 7: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 8: PARTY-IN-INTEREST TRANSACTIONS

The Sponsor pays certain expenses of administering the Plan and provides the Plan with office space, equipment and personnel necessary to administer the Plan.

Plan investments during 2019 and 2018 included amounts in a Schwab Bank MMDA. Accordingly, transactions involving the Schwab Bank MMDA are considered to be allowable transactions conducted with a party-in-interest under ERISA. As of December 31, 2019 and 2018, the Plan held $20,076,036 and $22,626,088, respectively, in the Schwab Bank MMDA. Certain assets of the Plan during 2019 and 2018 consisted of notes receivable from participants. Transactions involving these assets are considered to be party-in-interest transactions. The collective trust funds within the Stable Value Fund and certain mutual funds are managed by Invesco, who also serves as the Fund Manager for the Stable Value Fund. During the year ended December 31, 2019, the Plan paid Invesco $440,828 in administrative expenses.

NOTE 9: SUBSEQUENT EVENTS

The Sponsor has evaluated subsequent events through July 9, 2020, the date the financial statements were available to be issued.

In December 2019, an outbreak of a novel strain of coronavirus (COVID-19) emerged globally. Global financial markets have experienced and may continue to experience significant volatility resulting from the spread of COVID-19. The extent of the impact of COVID-19 on the Plan's net assets available for benefits, contributions and benefit payments will depend on future developments, including the duration and continued spread of the outbreak.

Supplemental Schedule

Tyson Foods, Inc.
Retirement Savings Plan
Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
EIN 71-0225165
Plan #004
As of December 31, 2019

	(a)	(b) Identity of Issue	(c) Description	Number of Shares	(d) Cost	(e) Current Value	
		Participant Directed Account Investments					
		Mutual Funds					
		American Europacific Growth Fund	Mutual Funds	5,159,428	*	$ 286,451,148	**
		American Fundamental Investor Fund	Mutual Funds	2,663,834	*	165,264,264	**
		Artisan Mid-Cap Institutional Fund	Mutual Funds	2,746,624	*	109,469,504	**
		DFA US Small Cap Institutional Fund	Mutual Funds	1,589,016	*	55,652,247	**
		Mainstay Large Cap Growth Fund	Mutual Funds	22,630,977	*	229,704,416	**
		PIMCO Total Return Fund	Mutual Funds	22,781,142	*	235,432,397	**
		Transamerica Mid-Cap Value Fund	Mutual Funds	6,698,105	*	79,562,609	**
		Vanguard Extended Market Index Institutional Fund	Mutual Funds	849,420	*	81,204,563	**
		Vanguard Institutional Index Fund	Mutual Funds	1,284,879	*	372,847,241	**
		Vanguard Total BD Market Index Fund	Mutual Funds	4,530,189	*	49,482,506	**
		Vanguard Total INTL Stock Index Fund	Mutual Funds	1,677,624	*	200,262,849	**
		Dodge & Cox Stock Fund	Mutual Funds	658,793	*	127,609,251	**
		Total Mutual Funds				$ 1,992,942,995	
		Collective Investment Trusts					
		Strategic Completion Non-Lendable	Collective Investment Trust	9,467,795	*	110,397,114	**
		Total Collective Investment Trusts				110,397,114	
		Synthetic Guaranteed Investment Contracts					
		Lincoln National Life Ins Contract #BVW0061I	Wrapper		*	(2,739,865)	
***		IGT Invesco Short Term Bond Fund under guaranteed investment contract at fair value	Common Collective Trust		*	16,721,446	
***		IGT Invesco Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust		*	19,971,428	
***		IGT Jennison Intermediate Fund under guaranteed investment contract at fair value			*	30,231,009	

	Synthetic Guaranteed Investment Contracts (continued)			
	Lincoln National Life Ins Contract #BVW0061I (continued)			
***	IGT Loomis Sayles Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	14,571,752
***	IGT PIMCO Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	26,444,474
	Nationwide Life Insurance Contract #INV_TYS_IP_0919	Wrapper	*	(3,230,551)
***	IGT Invesco Short Term Bond Fund under guaranteed investment contract at fair value	Common Collective Trust	*	50,428,384
***	IGT Dodge & Cox Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	2,750,416
***	IGT Invesco Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	15,139,014
***	IGT Loomis Sayles Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	2,292,991
***	IGT PIMCO Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	21,084,476
	Prudential Ins Co Contract #GA-62458	Wrapper	*	(1,366,753)
***	IGT Invesco Short Term Bond Fund under guaranteed investment contract at fair value	Common Collective Trust	*	42,133,143
***	IGT Invesco Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	13,640,577
***	IGT PIMCO Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	2,479,714

	Synthetic Guaranteed Investment Contracts (continued)			
	Prudential Ins Co Contract #GA-62458 (continued)			
***	IGT Jennison Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	14,469,175
***	IGT PIMCO Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	9,911,906
	RGA Contract #TYSON-0812-01	Wrapper	*	(1,858,155)
***	IGT Invesco Short Term Bond Fund under guaranteed investment contract at fair value	Common Collective Trust	*	62,187,476
***	IGT Invesco Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	10,371,625
***	IGT Invesco Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	10,890,358
***	IGT Loomis Sayles Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	10,888,715
***	IGT Loomis Sayles Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	9,331,335
	State Street Bank Contract #103044	Wrapper	*	(1,087,836)
***	IGT Invesco Short Term Bond Fund under guaranteed investment contract at fair value	Common Collective Trust	*	72,497,298
***	IGT Dodge & Cox Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	19,516,924
***	IGT Loomis Sayles Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	19,525,245

Synthetic Guaranteed Investment Contracts (continued)

	Transamerica Contract #MDA00545TR	Wrapper		(1,639,089)
***	IGT Invesco Short Term Bond Fund under guaranteed investment contract at fair value	Common Collective Trust	*	33,042,082
***	IGT Loomis Sayles Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	5,289,603
***	IGT Invesco Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	17,634,424
***	IGT PIMCO Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	1,763,164
***	IGT Jennison Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	16,754,905
***	IGT Dodge & Cox Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	8,810,495
***	IGT Invesco Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	4,849,534
	Total Synthetic Guaranteed Investment Contracts			$ 573,700,839
***	Charles Schwab Schwab Bank Money Market Deposit Account	Money Market Deposit Account	*	20,076,036 **
	Total Investments			$ 2,697,116,984
***	Notes Receivable From Participants	Maturity 0-5 years;		$ 166,487,774

* Cost omitted for participant-directed investments.
** The Custodian has certified that the above investment information as of December 31, 2019, is complete and accurate.
*** A party-in-interest as defined by ERISA

Tyson Foods, Inc.
Retirement Savings Plan
Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
EIN 71-0225165
Plan #004
As of December 31, 2019

	(a)	(b) Identity of Issue	(c) Description	Number of Shares	(d) Cost	(e) Current Value	
		Participant Directed Account Investments					
		Mutual Funds					
		American Europacific Growth Fund	Mutual Funds	5,159,428	*	$ 286,451,148	**
		American Fundamental Investor Fund	Mutual Funds	2,663,834	*	165,264,264	**
		Artisan Mid-Cap Institutional Fund	Mutual Funds	2,746,624	*	109,469,504	**
		DFA US Small Cap Institutional Fund	Mutual Funds	1,589,016	*	55,652,247	**
		Mainstay Large Cap Growth Fund	Mutual Funds	22,630,977	*	229,704,416	**
		PIMCO Total Return Fund	Mutual Funds	22,781,142	*	235,432,397	**
		Transamerica Mid-Cap Value Fund	Mutual Funds	6,698,105	*	79,562,609	**
		Vanguard Extended Market Index Institutional Fund	Mutual Funds	849,420	*	81,204,563	**
		Vanguard Institutional Index Fund	Mutual Funds	1,284,879	*	372,847,241	**
		Vanguard Total BD Market Index Fund	Mutual Funds	4,530,189	*	49,482,506	**
		Vanguard Total INTL Stock Index Fund	Mutual Funds	1,677,624	*	200,262,849	**
		Dodge & Cox Stock Fund	Mutual Funds	658,793	*	127,609,251	**
		Total Mutual Funds				$ 1,992,942,995	
		Collective Investment Trusts					
		Strategic Completion Non-Lendable	Collective Investment Trust	9,467,795	*	110,397,114	**
		Total Collective Investment Trusts				110,397,114	
		Synthetic Guaranteed Investment Contracts					
		Lincoln National Life Ins Contract #BVW0061I	Wrapper		*	(2,739,865)	
***		IGT Invesco Short Term Bond Fund under guaranteed investment contract at fair value	Common Collective Trust		*	16,721,446	
***		IGT Invesco Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust		*	19,971,428	
***		IGT Jennison Intermediate Fund under guaranteed investment contract at fair value			*	30,231,009	

	Synthetic Guaranteed Investment Contracts (continued)			
	Lincoln National Life Ins Contract #BVW0061I (continued)			
***	IGT Loomis Sayles Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	14,571,752
***	IGT PIMCO Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	26,444,474
	Nationwide Life Insurance Contract #INV_TYS_IP_0919	Wrapper	*	(3,230,551)
***	IGT Invesco Short Term Bond Fund under guaranteed investment contract at fair value	Common Collective Trust	*	50,428,384
***	IGT Dodge & Cox Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	2,750,416
***	IGT Invesco Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	15,139,014
***	IGT Loomis Sayles Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	2,292,991
***	IGT PIMCO Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	21,084,476
	Prudential Ins Co Contract #GA-62458	Wrapper	*	(1,366,753)
***	IGT Invesco Short Term Bond Fund under guaranteed investment contract at fair value	Common Collective Trust	*	42,133,143
***	IGT Invesco Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	13,640,577
***	IGT PIMCO Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	2,479,714

	Synthetic Guaranteed Investment Contracts (continued)			
	Prudential Ins Co Contract #GA-62458 (continued)			
***	IGT Jennison Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	14,469,175
***	IGT PIMCO Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	9,911,906
	RGA Contract #TYSON-0812-01	Wrapper	*	(1,858,155)
***	IGT Invesco Short Term Bond Fund under guaranteed investment contract at fair value	Common Collective Trust	*	62,187,476
***	IGT Invesco Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	10,371,625
***	IGT Invesco Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	10,890,358
***	IGT Loomis Sayles Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	10,888,715
***	IGT Loomis Sayles Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	9,331,335
	State Street Bank Contract #103044	Wrapper	*	(1,087,836)
***	IGT Invesco Short Term Bond Fund under guaranteed investment contract at fair value	Common Collective Trust	*	72,497,298
***	IGT Dodge & Cox Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	19,516,924
***	IGT Loomis Sayles Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	19,525,245

Synthetic Guaranteed Investment Contracts (continued)

	Transamerica Contract #MDA00545TR	Wrapper		(1,639,089)
***	IGT Invesco Short Term Bond Fund under guaranteed investment contract at fair value	Common Collective Trust	*	33,042,082
***	IGT Loomis Sayles Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	5,289,603
***	IGT Invesco Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	17,634,424
***	IGT PIMCO Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	1,763,164
***	IGT Jennison Intermediate Fund under guaranteed investment contract at fair value	Common Collective Trust	*	16,754,905
***	IGT Dodge & Cox Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	8,810,495
***	IGT Invesco Core Fixed Income Fund under guaranteed investment contract at fair value	Common Collective Trust	*	4,849,534
	Total Synthetic Guaranteed Investment Contracts			$ 573,700,839
***	Charles Schwab Schwab Bank Money Market Deposit Account	Money Market Deposit Account	*	20,076,036 **
	Total Investments			$ 2,697,116,984
***	Notes Receivable From Participants	Maturity 0-5 years;		$ 166,487,774

* Cost omitted for participant-directed investments.
** The Custodian has certified that the above investment information as of December 31, 2019, is complete and accurate.
*** A party-in-interest as defined by ERISA