

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: COUNTRY SELECT CATFISH PENSION PLAN FOR HOURLY EMPLOYEES
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/1999
2a Plan sponsor's name: CONSOLIDATED CATFISH COMPANIES, LLC
2b Employer Identification Number (EIN): 64-0944279
2c Plan Sponsor's telephone number: 662-962-3101
2d Business code: 311710

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for DAVID GRAY and fields for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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	164
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	63
	6a(2)	58
	6b	4
	6c	96
	6d	158
	6e	0
	6f	158
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>COUNTRY SELECT CATFISH PENSION PLAN FOR HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CONSOLIDATED CATFISH COMPANIES, LLC</u>	D Employer Identification Number (EIN) <u>64-0944279</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>680017</u>
	b Actuarial value	2b	<u>680017</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>4</u>	<u>70469</u>
	b For terminated vested participants	<u>97</u>	<u>396947</u>
	c For active participants	<u>63</u>	<u>367129</u>
	d Total	<u>164</u>	<u>834545</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.20 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>0</u>

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

SIGN HERE		
	Signature of actuary	<u>09/18/2025</u> Date
	<u>R. A. CHILDRESS, EA</u> Type or print name of actuary	<u>23-08838</u> Most recent enrollment number
	<u>MARTIN MARTIN RANDALL & ASSOC., INC</u> Firm name	<u>601-932-8500</u> Telephone number (including area code)
	<u>4 RIVER BEND PLACE, SUITE 125 FLOWOOD, MS 39232</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	113642
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	113642
10	Interest on line 9 using prior year's actual return of <u>5.09</u> %	0	5784
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		84270
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.31</u> %		4475
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		88745
	d Portion of (c) to be added to prefunding balance		88745
12	Other reductions in balances due to elections or deemed elections	0	195790
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	12381

Part III Funding Percentages			
14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	60.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/02/2024	10000		07/02/2024	10000	
02/02/2024	10000		08/02/2024	10000	
03/04/2024	10000		09/03/2024	10000	
04/02/2024	10000		10/02/2024	10000	
05/02/2024	10000		11/04/2024	10000	
06/03/2024	10000		12/02/2024	10000	
			Totals ▶	18(b)	120000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	117233

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 0
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	166909	17575	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 17575
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 17575
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 117233
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 99658
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan COUNTRY SELECT CATFISH PENSION PLAN FOR HOURLY EMPLOYEES	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 CONSOLIDATED CATFISH COMPANIES, LLC	D Employer Identification Number (EIN) 64-0944279	

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)..... 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

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

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

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

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

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

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

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

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

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

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

(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)

MARTIN NOONE AGENCY, LLC

4780 I-55 NORTH FRONTAGE ROAD
SUITE 302
JACKSON, MS 39211

(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	NONE	7090	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan COUNTRY SELECT CATFISH PENSION PLAN FOR HOURLY EMPLOYEES	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 CONSOLIDATED CATFISH COMPANIES, LLC	D Employer Identification Number (EIN) 64-0944279

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.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15054 29896
(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)	6538
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	664963 783153
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	680017	819587
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	680017	819587

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)	120000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		120000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	973	
(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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		973
(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)	18449	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		18449
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		74042
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		213464

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	42358	
(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)		42358
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	7090	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	24446	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		31536
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		73894

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		139570
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **SAYLE, SANDIFER & ASSOC.**

(2) EIN: **64-0474730**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 571480.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>COUNTRY SELECT CATFISH PENSION PLAN FOR HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONSOLIDATED CATFISH COMPANIES, LLC</u>	D Employer Identification Number (EIN) <u>64-0944279</u>	

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): 64-0944279

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		6
---	--	---

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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501366A.

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES

FINANCIAL REPORT

Isola, Mississippi

December 31, 2024 and 2023

CONTENTS

	Page
Independent Auditors' Report	1-3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Accumulated Plan Benefits	6
Statements of Changes in Accumulated Plan Benefits	7
Notes to Financial Statements	8-15
Supplemental Schedules Required by ERISA:	
Schedule of Assets (Held at End of Year)	17
Schedule of Assets (Acquired and Disposed of Within Year)	18-19
Schedule of Reportable Transactions	20



SAYLE, SANDIFER &
JOHNSON, LLP
CERTIFIED PUBLIC ACCOUNTANTS

V. L. Sandifer, Jr., CPA
Lisa B. Sandifer, CPA, PhD
Brandon L. Johnson, CPA

Derrel J. Bilsky, CPA
Donald J. Powers, Jr., CPA

Ben B. Sayle, CPA
(1929-2023)

INDEPENDENT AUDITORS' REPORT

To the Board of Governors
Consolidated Catfish Companies, LLC
Pension Plan for Hourly Employees
Isola, Mississippi

Opinion

We have audited the accompanying financial statements of Consolidated Catfish Companies, LLC Pension Plan for Hourly Employees, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of Consolidated Catfish Companies, LLC Pension Plan for Hourly Employees as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Consolidated Catfish Companies, LLC Pension Plan for Hourly Employees and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management 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, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Consolidated Catfish Companies, LLC Pension Plan for Hourly Employees' ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

• Exercise professional judgment and maintain professional skepticism throughout the audit.

• Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

• Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Consolidated Catfish Companies, LLC Pension Plan for Hourly Employees' internal control. Accordingly, no such opinion is expressed.

• Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

• Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Consolidated Catfish Companies, LLC Pension Plan for Hourly Employees' ability to continue as a going concern for a reasonable period of time.

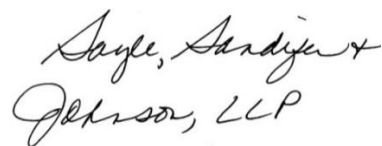
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year), of assets (acquired and disposed of within the year), and of reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Greenville, Mississippi
September 30, 2025

CONSOLIDATED CATFISH COMPANIES, LLC
 PENSION PLAN FOR HOURLY EMPLOYEES
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
Cash and money market funds	\$ 29,896	\$ 15,054
Mutual funds	783,153	664,963
Equities and options	6,538	-
Total investments	<u>819,587</u>	<u>680,017</u>
Total assets	819,587	680,017
Liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits at fair value	<u>\$ 819,587</u>	<u>\$ 680,017</u>

The notes to the financial statements are an integral part of these statements.

CONSOLIDATED CATFISH COMPANIES, LLC
 PENSION PLAN FOR HOURLY EMPLOYEES
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Investment Income:		
Net appreciation in fair value of investments	\$ 73,102	\$ 45,665
Interest and dividends	20,345	23,675
Total investment income	<u>93,447</u>	<u>69,340</u>
 Employer contributions	 <u>120,000</u>	 <u>120,000</u>
Total additions	<u>213,447</u>	<u>189,340</u>
 Deductions:		
Benefits paid to participants	42,358	112,643
Administrative expenses	31,519	37,154
Total deductions	<u>73,877</u>	<u>149,797</u>
 Net increase	 139,570	 39,543
 Net assets available for benefits:		
Beginning of year	 <u>680,017</u>	 <u>640,474</u>
End of year	 \$ <u><u>819,587</u></u>	 \$ <u><u>680,017</u></u>

The notes to the financial statements are an integral part of these statements.

CONSOLIDATED CATFISH COMPANIES, LLC
 PENSION PLAN FOR HOURLY EMPLOYEES
 STATEMENTS OF ACCUMULATED PLAN BENEFITS
 DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants receiving benefits	\$ 63,542	\$ 68,549
Other vested benefits	<u>816,562</u>	<u>825,183</u>
Total vested benefits	<u>880,104</u>	<u>893,732</u>
Nonvested Benefits:	<u>-</u>	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 880,104</u>	<u>\$ 893,732</u>

The notes to the financial statements are an integral part of these statements.

CONSOLIDATED CATFISH COMPANIES, LLC
 PENSION PLAN FOR HOURLY EMPLOYEES
 STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
 FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 893,732	\$ 1,220,578
Increase (decrease) during year attributable to:		
Increase for interest due to decrease in discount period	46,474	59,473
Benefit payments made during year	(42,358)	(112,643)
Changes in assumptions and other	(25,112)	(275,552)
Other	7,368	1,876
Net (decrease) during year	<u>(13,628)</u>	<u>(326,846)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 880,104</u>	<u>\$ 893,732</u>

The notes to the financial statements are an integral part of these statements.

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

The following description of the Consolidated Catfish Companies, LLC Pension Plan (the Plan) for Hourly Employees provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

a. General

The Plan is a defined benefit pension plan covering substantially all hourly employees of the Consolidated Catfish Companies, LLC. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Pension Benefits

The amount of annual retirement benefit to be provided for each participant who retires at the normal retirement age of 65 shall be equal to \$12 for each month or partial month of service for those employees hired before January 1, 2000, and \$8 for each month or partial month for those employees hired on or after January 1, 2000. The early retirement benefit is equal to the participant's accrued benefit reduced 3% per year for the first five years and 5% per year for the next five years that the early retirement date precedes the normal retirement date. A participant may apply for early retirement at age 55 after ten years of service.

c. Death and Disability Benefits

Active employees who become totally and permanently disabled prior to normal retirement age may receive pension benefits. The disability benefits are equal to the accrued benefit at the time of disability reduced actuarially for early commencement. If an active employee dies before normal retirement age, the participant's beneficiary is entitled to the present value of his accrued benefit at the time of death.

d. Vesting Provisions

Vesting is based on the participant's years of service. A participant becomes 100% vested in his or her accrued benefits after five years of service.

2. Summary of Accounting Policies

a. Basis of Accounting

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

b. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS, continued

changes therein. Fair value of investments, benefit plan liabilities, and accumulated plan benefits represent the most significant estimates.

Actual results may differ materially from estimates. The estimates and assumptions used are based on the presumption that the Plan will continue indefinitely. Different accounting estimates and actuarial assumptions would be applicable if the Plan were terminated.

c. Date of Management's Review

Management has evaluated subsequent events through the date of the audit report, the date the financial statements were available to be issued.

d. Cash and Cash Equivalents

Cash and cash equivalents for all periods presented include cash on deposit and amounts invested in money markets in which the securities mature within 90 days of purchase. The Plan's money market shares are primarily invested in U.S. Government securities.

e. Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

f. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' months of service. The accumulated plan benefits for active employees are based on their months of credit service during the years preceding the valuation date. Benefits payable under all circumstances of retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Martin, Martin, Randall & Associates and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2024 and 2023, were (a) rate of return (8% for both 2024 and 2023), (b) life expectancy of

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS, continued

participants, (c) retirement age, (d) form of payment (life annuity with payments guaranteed), (e) maximum earnings (per Section 401 limits of the Internal Revenue Code), (f) maximum benefit (per Section 415 limits of the Internal Revenue Code), and (g) assumption that the Plan will not be top-heavy.

The actuarial funding assumption interest rates and mortality tables for 2024 were changed from the 2023 rates as required under PPA. The cost method is the same, but interest rates and mortality tables for funding are changed annually. The effect on the funding cost of the required changes was negligible at a net increase of approximately 0.47%.

The decrease in changes in assumptions for the year ended December 31, 2024 relates to the plan being frozen at December 31, 2004. Thus, no new participants are being added to the plan, and the number of participants has decreased from 164 at December 31, 2023 to 158 at December 31, 2024.

The actuarial funding assumption interest rates and mortality tables for 2023 were changed from the 2022 rates as required under PPA. The cost method is the same, but interest rates and mortality tables for funding are changed annually. The effect on the funding cost of the required changes was a net increase of approximately 4.35%; however, since the cost is so low, that is only \$1,431.

The foregoing actuarial assumptions were based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

g. Payment of Benefits

Benefit payments to participants are recorded upon distributions.

h. Income Taxes

Tax returns remain subject to examination by major tax jurisdictions for three years from the date that the tax returns are filed. Therefore, the prior three years' tax returns remain open for examination.

3. Fair Value of Financial Instruments

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount 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.

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS, continued

The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels that are listed below. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available.

Level 1- Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices in markets that are not active or financial instruments for which all significant inputs are observable either directly or indirectly;

Level 3- Prices or valuations that require inputs that are both significant to the fair value measurements and unobservable.

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2024:

<u>Assets</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 29,896	-	-	\$ 29,896
Mutual funds	783,153	-	-	783,153
Equities and options	<u>6,538</u>	<u>-</u>	<u>-</u>	<u>6,538</u>
Total	\$ <u>819,587</u>	<u>-</u>	<u>-</u>	\$ <u>819,587</u>

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2023:

<u>Assets</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and money market funds	\$ 15,054	-	-	\$ 15,054
Mutual Funds	<u>664,963</u>	<u>-</u>	<u>-</u>	<u>664,963</u>
Total	\$ <u>680,017</u>	<u>-</u>	<u>-</u>	\$ <u>680,017</u>

4. Funding Policy

The Plan is a defined benefit pension plan to which employers make contributions based upon calculations prepared annually by the Plan's outside actuary. No contributions are required of, nor permitted to be made by, any participant. The employer intends, but does not guarantee, to make annual contributions in amounts at least equal to the amounts, if any, required to meet the minimum funding requirements of Section 412 of the Internal Revenue Code. The Plan has met the minimum funding requirements of ERISA. Although it has not expressed any intention to do so, the employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS, continued

5. Investments

The following presents the fair values of investments that represent 5% or more of the Plan's assets at December 31, 2024:

Capital Group Core Bond	\$ 68,601
Capital Group Core Equity	57,316
Capital Group Dividend Value	54,320
Capital Group Fixed Core Plus Income	49,662
Capital Group Growth	56,090
Spdr Portfolio Developed World Ex-US	43,686
Spdr Portfolio Emerging Markets	45,468
Spdr Portfolio S&P 600 Small Cap	55,521
Spdr S&P 500	79,707
SSGA Active Tr Spdr US Sector Rotation	65,143

The following presents the fair values of investments that represent 5% or more of the Plan's assets at December 31, 2023:

First Eagle Global Fund Class I	\$ 140,017
First Eagle Gold Fund Class I	35,883
Invesco S&P 100 Equal Weight ETF	53,045
JP Morgan Equity Income Class I	126,084
PGIM Total Return Bond Class Z	35,726
PIMCO Income Class I-2	85,977
Vanguard S&P 500 Index ETF	80,042

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows during the years ended December 31:

Changes in investments at fair value as determined by quoted market price:	<u>2024</u>	<u>2023</u>
Mutual Funds	\$ <u>73,102</u>	<u>45,665</u>
Total appreciation in value	\$ <u>73,102</u>	<u>45,665</u>

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS, continued

6. Administration Expenses

The plan's administration expenses were as follows for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Professional fees	\$ 7,073	6,490
PBGC	<u>24,446</u>	<u>30,664</u>
Total administration expenses	\$ <u>31,519</u>	<u>37,154</u>

7. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. Government agency) up to the applicable limitations.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS, continued

8. Tax Status

The prototype Plan adopted by the Company received a favorable determination letter on October 1, 2004, in which the Internal Revenue Service stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

9. Plan Administrator

Effective January 1, 2005, the union for Consolidated Catfish Companies, LLC hourly employees will serve as plan administrator for the pension plan for hours of service from 2005 forward. Consolidated Catfish Companies, LLC will continue to serve as plan administrator for hours of service from 1999 through 2004.

10. Risks and Assumptions

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 level of 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 that such change could materially affect the amounts reported in the statements of net assets available for benefits.

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

11. Party in Interest Transactions

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others.

During the 2024 and 2023 Plan years, LPL Financial managed investments for the plan. Fees paid by the Plan for investment management services were \$7,073 and \$6,490 for the years ended December 31, 2024 and 2023 and qualify as party-in-interest payments. The Plan Sponsor provides administrative services to the plan and these costs are absorbed by the Plan Sponsor.

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
NOTES TO FINANCIAL STATEMENTS, continued

12. Differences in Audited Financial Statements and Tax Return

Differences were noted between the audited financial statements and the Form 5500 tax return for the years ended December 31, 2024 and 2023, respectively.

For the year ended December 31, 2024:	<u>Per financial statements</u>	<u>Per 5500</u>	<u>Difference</u>
Total investment income	\$ 93,447	\$ 93,464	\$ (17)
Administration expenses	\$ 31,519	\$ 31,536	\$ (17)
For the year ended December 31, 2023:	<u>Per financial statements</u>	<u>Per 5500</u>	<u>Difference</u>
Total investment income	\$ 69,340	\$ 69,356	\$ (16)
Administration expenses	\$ 37,154	\$ 37,170	\$ (16)

SUPPLEMENTAL SCHEDULES

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES

EIN: 64-0944279

PLAN NUMBER: 003

SCHEDULE H, LINE 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

(a) *	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	JPMorgan US Government Money Market Fund		\$ 29,896	\$ 29,896
	Total Money Market Funds		<u>29,896</u>	<u>29,896</u>
	Spdr Gold Trust Gold	27.000 Shares	\$ 6,599	\$ 6,538
	Total Equities and Options		<u>6,599</u>	<u>6,538</u>
	American Eagle CI F2 R	52.569 Shares of Mutual Fund	\$ 3,142	\$ 2,898
	First Eagle Global Fund Class I	140.685 Shares of Mutual Fund	10,511	9,484
	JP Morgan Equity Income Class I	119.385 Shares of Mutual Fund	3,178	2,858
	Capital Group Core Bond	2,660.00 Shares of Mutual Fund	72,019	68,601
	Capital Group Core Equity	1,639.00 Shares of Mutual Fund	56,117	57,316
	Capital Group Dividend Value	1,538.00 Shares of Mutual Fund	56,045	54,230
	Capital Group Fixed Core Plus Income	2,237.00 Shares of Mutual Fund	52,026	49,662
	Capital Group Fixed Income US Multi Sector Income	716.00 Shares of Mutual Fund	20,011	19,533
	Capital Group Growth	1,509.00 Shares of Mutual Fund	52,189	56,090
	Capital Group Intl Focus Equity	1,494.00 Shares of Mutual Fund	40,139	36,857
	Global S US Preferred	383.00 Shares of Mutual Fund	8,022	7,472
	Invesco Optimum Yld Diversified Commodity Str K1	488.00 Shares of Mutual Fund	6,617	6,339
	Pimco Emerging Markets Local Currency & Bond CI 12	653.54 Shares of Mutual Fund	3,971	3,647
	Pimco Total Return CI 12	2,607.05 Shares of Mutual Fund	23,064	22,108
	Pimco Investment Grade Credit Bond CL 12	765.70 Shares of Mutual Fund	7,112	6,807
	Pimco Income CI 12	2,784.55 Shares of Mutual Fund	30,121	29,293
	Pimco Emerging Markets Bond CI 12	909.68 Shares of Mutual Fund	7,940	7,687
	Pimco Mortgage Oppty & Bond CI 12	744.15 Shares of Mutual Fund	7,067	6,861
	Spdr Bloomberg High Yield Bond	85.000 Shares of Mutual Fund	8,220	8,115
	Spdr Bloomberg 1-3 Month T-Bill	142.000 Shares of Mutual Fund	13,019	12,983
	Spdr Portfolio Emerging Markets	1,185.000 Shares of Mutual Fund	48,028	45,468
	Spdr Portfolio Developed World Ex-US	1,280.000 Shares of Mutual Fund	47,510	43,686
	Spdr Portfolio S&P 400 Mid Cap	264.000 Shares of Mutual Fund	14,451	14,438
	Spdr Portfolio S&P 600 Small Cap	1,236.000 Shares of Mutual Fund	56,228	55,521
	Spdr S&P Intl Small Cap	334.000 Shares of Mutual Fund	11,241	10,349
	Spdr S&P 500	136.000 Shares of Mutual Fund	77,523	79,707
	SSGA Active Tr Spdr US Sector Rotation	1,219.000 Shares of Mutual Fund	62,681	65,143
	Total Mutual Funds		<u>798,192</u>	<u>783,153</u>
	Total assets held at year end		<u>\$ 834,687</u>	<u>\$ 819,587</u>

* in column (a) indicates a Party-in-Interest to the Plan.

See auditors' report

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 64-0944279

PLAN NUMBER: 003

SCHEDULE H, LINE 4I- SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Vanguard S&P 500 Index	405.955 shares		\$ 212,444
First Eagle Global CI 1	2,236.313 shares		159,415
JP Morgan Equity Income CI 1	5,544.340 shares		140,172
Invesco S&P 100 Equal Weight	988.773 shares		100,140
Pimco Income CI I-2	8,476.847 shares		91,719
First Eagle Gold CI 1	1,674.718 shares		43,942
PGIM Total Return Bond CI Z	3,072.557 shares		37,885
Hennessy Japan Instl CI	516.926 shares		24,084
MFS Intl Intrinsic Value CI 1	473.579 shares		21,884
Doubleline Total Return Bond CI 1	2,375.358 shares		21,592
Hennessy Japan Small Cap Instl CI	1,092.188 shares		19,000
Spdr S&P 500	19.000 shares		11,164
PGIM High Yield CI Z	2,232.827 shares		10,919
Lord Abbett Short Duration High Yield CI 1	879.196 shares		8,783
Washington Mutual Investors CI F1	134.347 shares		8,540
Invesco Developing Markets CI Y	151.538 shares		6,037
Pimco Mortgage Oppty & Bond CI I-2	341.229 shares		3,191
Spdr Portfolio Long Term Treasury	110.000 shares		3,042
Spdr Bloomberg High Yield Bond	31.000 shares		3,008
Spdr Gold Trust Gold	12.000 shares		2,893
Spdr Portfolio Developed World Ex US	71.000 shares		2,619
Spdr Portfolio Emerging Markets	42.000 shares		1,693
Spdr Bloomberg 1-3 Month T-Bill	16.000 shares		1,465
Vanguard S&P 500 Index	220.000 shares	\$ 99,134	
Spdr S&P 500	155.000 shares	88,353	
Capital Group Core Bond	2,660.000 shares	72,020	
SSGA Active Tr Spdr US Sector Rotation	1,219.000 shares	62,680	
Spdr Portfolio S&P 600 Small Cap	1,236.000 shares	56,228	
Capital Group Core Equity	1,639.000 shares	56,118	
Capital Group Dividend Value	1,538.000 shares	56,045	
Capital Group Growth	1,509.000 shares	52,189	
Capital Group Fixed Core Plus Income	2,237.000 shares	52,026	
Spdr Portfolio Developed World Ex US	1,351.000 shares	50,160	
Spdr Emerging Markets	1,227.000 shares	49,730	
Capital Group Intl focus Equity	1,494.000 shares	40,139	
Invesco S&P 100 Equal Weight	375.000 shares	35,235	
Pimco Income CI I-2	2,753.585 shares	29,792	
Pimco Total Return CI I-2	2,586.797 shares	22,890	
Capital Group Fixed Income US Multi Sector Income	716.000 shares	20,011	
Spdr Bloomberg 1-3 Month T-Bill	158.000 shares	14,487	
Spdr Portfolio S&P 400 Mid Cap	264.000 shares	14,451	

See auditors' report

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 64-0944279

PLAN NUMBER: 003

SCHEDULE H, LINE 4I- SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR), CONTINUED
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
First Eagle Global CI 1	162.662 shares	\$ 12,000	
Spdr Bloomberg High Yield Bond	116.000 shares	11,244	
Spdr S&P Intl Small Cap	334.000 shares	11,241	
Pimco Mortgage Oppty & Bond CI I-2	1,072.842 shares	10,192	
Spdr Gold Trust Gold	39.000 shares	9,532	
Global X Us Preferred	383.000 shares	8,022	
Pimco Emerging Markets Bond CI I-2	898.053 shares	7,840	
Pimco Investment Grade Credit Bond CI I-2	759.526 shares	7,056	
Invesco Optimum Yld Diversified Commodity Str K-1	488.000 shares	6,617	
First Gold CI 1	231.303 shares	6,000	
Pimco Emerging Markets Local Currency & bond CI I-2	644.737 shares	3,920	
Spdr Portfolio Long Term Treasury	110.000 shares	3,207	
American Mutual CI F2	50.042 shares	3,000	
JP Morgan Equity Income CI 1	112.233 shares	3,000	

See auditors' report

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 64-0944279
PLAN NUMBER: 003

SCHEDULE H, LINE 4J-SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Assets (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Vanguard S&P 500 Index	\$ 173,578	\$212,444	-	-	\$173,578	\$ 173,578	\$ 38,866
	First Eagle Global CI 1	123,901	159,415	-	-	123,901	123,901	35,514
	JP Morgan Equity Income CI 1	108,629	140,172	-	-	108,629	108,629	31,543
	Invesco S&P 100 Equal Weight	86,057	100,140	-	-	86,057	86,057	14,083
	Pimco Income CI 12	87,991	91,719	-	-	87,991	87,991	3,728
	First Eagle Gold CI 1	37,533	43,942	-	-	37,533	37,533	6,409
	PGIM Total Return Bond CI Z	43,986	37,885	-	-	43,986	43,986	(6,101)
	Vanguard S&P 500 Index	99,134	-	-	-	99,134	99,134	-
	Spdr S&P 500	88,353	-	-	-	88,353	88,353	-
	Capital Group Core Bond	72,020	-	-	-	72,020	72,020	-
	SSGA Active Tr Spdr US Sector Rotation	62,680	-	-	-	62,680	62,680	-
	Spdr Portfolio S&P 600 Small Cap	56,228	-	-	-	56,228	56,228	-
	Capital Group Core Equity	56,118	-	-	-	56,118	56,118	-
	Capital Group Dividend Value	56,045	-	-	-	56,045	56,045	-
	Capital Group Growth	52,189	-	-	-	52,189	52,189	-
	Capital Group Fixed Core Plus Income	52,026	-	-	-	52,026	52,026	-
	Spdr Portfolio Developed World Ex US	50,160	-	-	-	50,160	50,160	-
	Spdr Emerging Markets	49,730	-	-	-	49,730	49,730	-
	Capital Group Intl focus Equity	40,139	-	-	-	40,139	40,139	-
	Invesco S&P 100 Equal Weight	35,235	-	-	-	35,235	35,235	-

See auditors' report

**COUNTRY SELECT CATFISH
PENSION PLAN FOR HOURLY EMPLOYEES**

Schedule of Active Participant Data

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
25-29	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
30-34	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
35-39	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
40-44	0	0	0	0	1	4	0	0	0	0	5
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
45-49	0	0	0	0	2	1	3	0	0	0	6
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
50-54	0	0	0	0	1	3	8	0	0	0	12
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
55-59	0	0	0	1	0	3	18	0	0	0	22
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3246
60-64	0	0	0	0	0	2	11	0	0	0	13
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65-69	0	0	0	0	0	1	3	0	0	0	4
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70+	0	0	0	0	0	0	1	0	0	0	1
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	0	0	0	1	4	14	44	0	0	0	63
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	3136	n/a	n/a	n/a	n/a

* Employees who have not met the minimum eligibility requirements are excluded

Average Age: 56.0

Average Service: 24

**COUNTRY SELECT CATFISH
PENSION PLAN FOR HOURLY EMPLOYEES**

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

	For Funding		For 417(e)	For Actuarial Equiv.
	<u>Min</u>	<u>Max</u>		
Interest Rates	Seg 1: 4.75%	4.37%	Seg 1: 5.01%	Pre-Retirement: 8.00%
	Seg 2: 4.96%	4.96%	Seg 2: 5.13%	Post-Retirement: 8.00%
	Seg 3: 5.59%	4.95%	Seg 3: 5.15%	
Applicable Date	01/2024	01/2024	12/2023	
Pre-Retirement				
Turnover	T-5 Less GA51-M Withdrawal Rates		None	None
Mortality	Male-2024 Small Plan Static Table – Combined Male Female-2024 Small Plan Static Table – Combined Female		2024 Applicable Mortality Table from Notice 2023-73	UP-84 Unadjusted
Assumed Ret Age	Normal retirement age 65		Normal retirement age 65	Normal retirement age 65
Post-Retirement				
Mortality	Male-2024 Small Plan Static Table – Combined Male Female-2024 Small Plan Static Table – Combined Female		2024 Applicable Mortality Table from Notice 2023-73	UP-84 Unadjusted
Assumed Benefit Form For Funding			100% Lump Sum / 0% Normal Form	
Assumed Spouse's Age	Wives assumed to be 3 years younger than husbands			Wives assumed to be 3 years younger than husbands
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known
Calculated Effective Interest Rate			5.20%	
Actuarial Cost Method			The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 64-0944279
PLAN NUMBER: 003

SCHEDULE H, LINE 4J-SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Assets (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Vanguard S&P 500 Index	\$ 173,578	\$212,444	-	-	\$173,578	\$ 173,578	\$ 38,866
	First Eagle Global CI 1	123,901	159,415	-	-	123,901	123,901	35,514
	JP Morgan Equity Income CI 1	108,629	140,172	-	-	108,629	108,629	31,543
	Invesco S&P 100 Equal Weight	86,057	100,140	-	-	86,057	86,057	14,083
	Pimco Income CI 12	87,991	91,719	-	-	87,991	87,991	3,728
	First Eagle Gold CI 1	37,533	43,942	-	-	37,533	37,533	6,409
	PGIM Total Return Bond CI Z	43,986	37,885	-	-	43,986	43,986	(6,101)
	Vanguard S&P 500 Index	99,134	-	-	-	99,134	99,134	-
	Spdr S&P 500	88,353	-	-	-	88,353	88,353	-
	Capital Group Core Bond	72,020	-	-	-	72,020	72,020	-
	SSGA Active Tr Spdr US Sector Rotation	62,680	-	-	-	62,680	62,680	-
	Spdr Portfolio S&P 600 Small Cap	56,228	-	-	-	56,228	56,228	-
	Capital Group Core Equity	56,118	-	-	-	56,118	56,118	-
	Capital Group Dividend Value	56,045	-	-	-	56,045	56,045	-
	Capital Group Growth	52,189	-	-	-	52,189	52,189	-
	Capital Group Fixed Core Plus Income	52,026	-	-	-	52,026	52,026	-
	Spdr Portfolio Developed World Ex US	50,160	-	-	-	50,160	50,160	-
	Spdr Emerging Markets	49,730	-	-	-	49,730	49,730	-
	Capital Group Intl focus Equity	40,139	-	-	-	40,139	40,139	-
	Invesco S&P 100 Equal Weight	35,235	-	-	-	35,235	35,235	-

See auditors' report

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

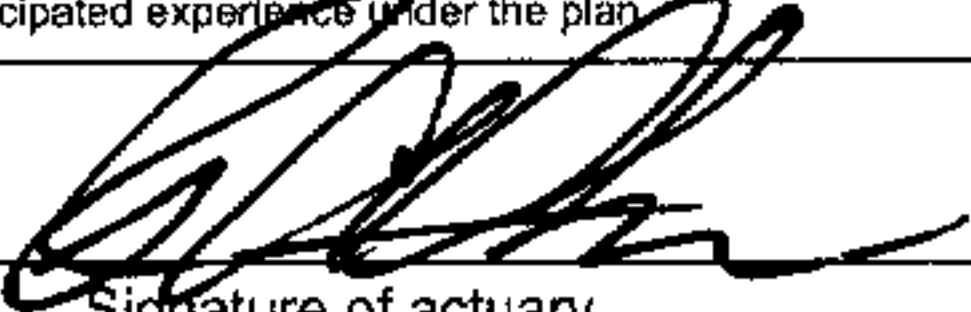
A Name of plan COUNTRY SELECT CATFISH PENSION PLAN FOR HOURLY EMPLOYEES		B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CONSOLIDATED CATFISH COMPANIES, LLC		D Employer Identification Number (EIN) 64-0944279	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>
2 Assets:	
a Market value	2a 680017
b Actuarial value	2b 680017
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	4 70469 70469
b For terminated vested participants	97 396947 396947
c For active participants	63 367129 367129
d Total	164 834545 834545
4 If the plan is in at-risk status, check the box and complete lines (a) and (b): <input type="checkbox"/>	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 5.20 %
6 Target normal cost	
a Present value of current plan year accruals	6a 0
b Expected plan-related expenses	6b 0
c Target normal cost	6c 0

Statement by Enrolled Actuary

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

SIGN HERE		09/18/2025
	Signature of actuary	Date
	R. A. CHILDRESS, EA	23-08838
	Type or print name of actuary	Most recent enrollment number
MARTIN MARTIN RANDALL & ASSOC., INC	Firm name	(601) 932-8500
4 RIVER BEND PLACE, SUITE 125	Firm name	Telephone number (including area code)
Flowood, MS 39232	Address of the firm	

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

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

Schedule SB (Form 5500) 2024
v. 240311

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	113642
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	113642
10 Interest on line 9 using prior year's actual return of <u>5.09</u> %	0	5784
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		84270
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.31</u> %		4475
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		88745
d Portion of (c) to be added to prefunding balance		88745
12 Other reductions in balances due to elections or deemed elections	0	195790
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	12381

Part III Funding Percentages		
14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	80.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	60.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01-02-2024	10000		07-02-2024	10000	
02-02-2024	10000		08-02-2024	10000	
03-04-2024	10000		09-03-2024	10000	
04-02-2024	10000		10-02-2024	10000	
05-02-2024	10000		11-04-2024	10000	
06-03-2024	10000		12-02-2024	10000	
Totals ▶			18(b)	120000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	117233

20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?			
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?			
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

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

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

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

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c) **31a** 0

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

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	166909	17575
b Waiver amortization installment.....	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 17575

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			17575
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			117233
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			99658
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			0
40 Unpaid minimum required contributions for all years			0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

**COUNTRY SELECT CATFISH
PENSION PLAN FOR HOURLY EMPLOYEES**

Weighted Average Retirement Age

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

Attainment of age 65

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 65

**COUNTRY SELECT CATFISH
PENSION PLAN FOR HOURLY EMPLOYEES
Employer ID# 64-0944279: Plan No. 003
Quarterly Installment Payment: \$3,954.38**

Schedule SB, line 19 - Discounted Employer Contributions

Plan Year: 1/1/2024 to 12/31/2024
Valuation Date: 1/1/2024

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Period</u>	<u>Adj Ctb</u>
01-02-2024	10,000.00	2024	5.20%	01-02-2024 to 01-01-2024	9,998.64
02-02-2024	10,000.00	2024	5.20%	02-02-2024 to 01-01-2024	9,956.48
03-04-2024	10,000.00	2024	5.20%	03-04-2024 to 01-01-2024	9,911.81
04-02-2024	10,000.00	2024	5.20%	04-02-2024 to 01-01-2024	9,872.72
05-02-2024	10,000.00	2024	5.20%	05-02-2024 to 01-01-2024	9,831.10
06-03-2024	10,000.00	2024	5.20%	06-03-2024 to 01-01-2024	9,788.33
07-02-2024	10,000.00	2024	5.20%	07-02-2024 to 01-01-2024	9,748.39
08-02-2024	10,000.00	2024	5.20%	08-02-2024 to 01-01-2024	9,707.30
09-03-2024	10,000.00	2024	5.20%	09-03-2024 to 01-01-2024	9,665.06
10-02-2024	10,000.00	2024	5.20%	10-02-2024 to 01-01-2024	9,625.63
11-04-2024	10,000.00	2024	5.20%	11-04-2024 to 01-01-2024	9,582.44
12-02-2024	10,000.00	2024	5.20%	12-02-2024 to 01-01-2024	9,544.64
Totals:	120,000.00				117,232.54

- 19** Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year
- | | | | |
|----------|---|------------|------------|
| a | Contributions allocated toward unpaid minimum required contribution from prior years | 19a | 0.00 |
| b | Contributions made to avoid benefit restrictions adjusted to valuation date | 19b | 0.00 |
| c | Contributions allocated toward minimum required contribution for current year, adjusted to valuation date | 19c | 117,232.54 |

**COUNTRY SELECT CATFISH
PENSION PLAN FOR HOURLY EMPLOYEES**

Summary of Plan Provisions
Plan Year: 1/1/2024 to 12/31/2024
Valuation Date: 1/1/2024

Plan Effective Date January 1, 1999

Plan Year From January 1, 2024 to December 31, 2024

Eligibility All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:

1 year of service
Minimum age 21

Non-Resident Aliens, Union Employees, Leased Employees

Normal Retirement Age All participants are eligible to retire with their full retirement benefit on attainment of age 65

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

The maximum monthly benefit is the lesser of \$22,916.66 and 100% of the highest 3-year average salary, subject to service requirements.

The benefit is based on average salary during the highest 3 consecutive years of service from date of hire.

Early Retirement Age Attainment of age 55
Completion of 10 years of service from hire date

Early Retirement Benefit 1/15th, 1/30th

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

Credited years are plan years from date of hire excluding the following:

Years with less than 1,000 hours

Termination Benefit Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

<u>Credited Years</u>	<u>Vested Percent</u>
1	0
2	20
3	40
4	60

**COUNTRY SELECT CATFISH
PENSION PLAN FOR HOURLY EMPLOYEES**

Summary of Plan Provisions
Plan Year: 1/1/2024 to 12/31/2024
Valuation Date: 1/1/2024

5	80
6	100

Credited years are plan years from date of hire excluding the following:

Years before the effective date
Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Top-heavy minimum benefits are provided under another plan of the employer

Top-Heavy Vesting

In any year the plan is top-heavy the participants will vest in accordance with the following vesting schedule:

<u>Credited Years</u>	<u>Vested Percent</u>
1	0
2	0
3	100

Credited years are plan years from date of hire excluding the following:

Years before the effective date
Years with less than 1,000 hours

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

Death Benefit

Actuarial Equivalent of the vested accrued benefit earned to date of death

Disability

Equal to full retirement benefit at retirement

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES

EIN: 64-0944279

PLAN NUMBER: 003

SCHEDULE H, LINE 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

(a) *	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	JPMorgan US Government Money Market Fund		\$ 29,896	\$ 29,896
	Total Money Market Funds		<u>29,896</u>	<u>29,896</u>
	Spdr Gold Trust Gold	27.000 Shares	\$ 6,599	\$ 6,538
	Total Equities and Options		<u>6,599</u>	<u>6,538</u>
	American Eagle CI F2 R	52.569 Shares of Mutual Fund	\$ 3,142	\$ 2,898
	First Eagle Global Fund Class I	140.685 Shares of Mutual Fund	10,511	9,484
	JP Morgan Equity Income Class I	119.385 Shares of Mutual Fund	3,178	2,858
	Capital Group Core Bond	2,660.00 Shares of Mutual Fund	72,019	68,601
	Capital Group Core Equity	1,639.00 Shares of Mutual Fund	56,117	57,316
	Capital Group Dividend Value	1,538.00 Shares of Mutual Fund	56,045	54,230
	Capital Group Fixed Core Plus Income	2,237.00 Shares of Mutual Fund	52,026	49,662
	Capital Group Fixed Income US Multi Sector Income	716.00 Shares of Mutual Fund	20,011	19,533
	Capital Group Growth	1,509.00 Shares of Mutual Fund	52,189	56,090
	Capital Group Intl Focus Equity	1,494.00 Shares of Mutual Fund	40,139	36,857
	Global S US Preferred	383.00 Shares of Mutual Fund	8,022	7,472
	Invesco Optimum Yld Diversified Commodity Str K1	488.00 Shares of Mutual Fund	6,617	6,339
	Pimco Emerging Markets Local Currency & Bond CI 12	653.54 Shares of Mutual Fund	3,971	3,647
	Pimco Total Return CI 12	2,607.05 Shares of Mutual Fund	23,064	22,108
	Pimco Investment Grade Credit Bond CL 12	765.70 Shares of Mutual Fund	7,112	6,807
	Pimco Income CI 12	2,784.55 Shares of Mutual Fund	30,121	29,293
	Pimco Emerging Markets Bond CI 12	909.68 Shares of Mutual Fund	7,940	7,687
	Pimco Mortgage Oppty & Bond CI 12	744.15 Shares of Mutual Fund	7,067	6,861
	Spdr Bloomberg High Yield Bond	85.000 Shares of Mutual Fund	8,220	8,115
	Spdr Bloomberg 1-3 Month T-Bill	142.000 Shares of Mutual Fund	13,019	12,983
	Spdr Portfolio Emerging Markets	1,185.000 Shares of Mutual Fund	48,028	45,468
	Spdr Portfolio Developed World Ex-US	1,280.000 Shares of Mutual Fund	47,510	43,686
	Spdr Portfolio S&P 400 Mid Cap	264.000 Shares of Mutual Fund	14,451	14,438
	Spdr Portfolio S&P 600 Small Cap	1,236.000 Shares of Mutual Fund	56,228	55,521
	Spdr S&P Intl Small Cap	334.000 Shares of Mutual Fund	11,241	10,349
	Spdr S&P 500	136.000 Shares of Mutual Fund	77,523	79,707
	SSGA Active Tr Spdr US Sector Rotation	1,219.000 Shares of Mutual Fund	62,681	65,143
	Total Mutual Funds		<u>798,192</u>	<u>783,153</u>
	Total assets held at year end		<u>\$ 834,687</u>	<u>\$ 819,587</u>

* in column (a) indicates a Party-in-Interest to the Plan.

See auditors' report

**COUNTRY SELECT CATFISH
PENSION PLAN FOR HOURLY EMPLOYEES**

Shortfall Amortization
Plan Year: 1/1/2024 to 12/31/2024
Valuation Date: 1/1/2024

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a fifteen year period.

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
01/01/2022	15-year	13	\$16,264	\$161,025
01/01/2023	15-year	14	\$16,653	\$173,751
01/01/2024	15-year	15	<u>\$(15,342)</u>	<u>\$(167,867)</u>
Total			\$17,575	\$166,909

Shortfall Amortization Charge (sum of installments, no less than zero): \$17,575