

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>COUNTRY SELECT CATFISH PENSION PLAN FOR SALARIED EMPLOYEES</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CONSOLIDATED CATFISH COMPANIES, LLC</u> <u>P. O. BOX 271</u> <u>ISOLA, MS 38754-0271</u>	1c Effective date of plan <u>01/01/1999</u> 2b Employer Identification Number (EIN) <u>64-0944279</u> 2c Plan Sponsor's telephone number <u>662-962-3101</u> 2d Business code (see instructions) <u>311710</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	DAVID GRAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	178
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)	121
	6a(2)	146
	6b	16
	6c	27
	6d	189
	6e	0
	6f	189
	6g(1)	
6g(2)		
6h		9
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:
1A 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

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

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

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

11c Enter the Receipt Confirmation Code for the 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
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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 SALARIED EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>002</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>4681073</u>	
b Actuarial value	2b	<u>4681073</u>	
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	<u>15</u>	<u>2141907</u>	<u>2141907</u>
b For terminated vested participants	<u>42</u>	<u>393607</u>	<u>393607</u>
c For active participants	<u>121</u>	<u>3980264</u>	<u>4235105</u>
d Total	<u>178</u>	<u>6515778</u>	<u>6770619</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>5.15 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>420259</u>	
b Expected plan-related expenses	6b	<u>0</u>	
c Target normal cost	6c	<u>420259</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>R. A. CHILDRESS, EA</u> Type or print name of actuary <u>MARTIN MARTIN RANDALL & ASSOC., INC</u> Firm name <u>4 RIVER BEND PLACE, SUITE 125</u> <u>FLOWOOD, MS 39232</u> Address of the firm	<u>10/01/2025</u> Date <u>23-08838</u> Most recent enrollment number <u>601-932-8500</u> Telephone number (including area code)
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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	712
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	712
10	Interest on line 9 using prior year's actual return of <u>6.64</u> %	0	47
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
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>5.24</u> %		0
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		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	759

Part III Funding Percentages			
14	Funding target attainment percentage	14	69.12 %
15	Adjusted funding target attainment percentage	15	69.12 %
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	65.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	69.14 %

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
02/01/2024	37073		08/01/2024	57500	
03/01/2024	57500		09/03/2024	57500	
04/01/2024	57500		10/01/2024	57500	
05/01/2024	57500		11/01/2024	57500	
06/03/2024	57500		12/02/2024	57500	
07/01/2024	57500		12/10/2024	57000	
			Totals ▶	18(b)	669073
				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	650861

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 420259
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	2090305	205302	
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 625561
	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 625561
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 650861
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 25300
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.
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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 SALARIED EMPLOYEES	B Three-digit plan number (PN) ▶	002
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

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

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

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	INVESTMENT ADVISOR	46544	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

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(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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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 SALARIED EMPLOYEES	B Three-digit plan number (PN) ▶ 002
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
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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
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	77927	
(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)	18180	182645
(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)		44794
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4585063	5252129
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation.....	1e	
f	Total assets (add all amounts in lines 1a through 1e).....	1f	4681170 5479568
Liabilities			
g	Benefit claims payable.....	1g	2677 1338
h	Operating payables.....	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	2677 1338
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	4678493 5478230

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	669073
	(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)	669073
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5483
	(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)	5483
(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)	125762
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)	125762
(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)		489458
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1289776

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	323871	
(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)		323871
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)	46544	
(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)	119624	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		166168
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		490039

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		799737
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 571481.

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 SALARIED EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>002</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		0
---	--	---

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 J501249A.

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES

FINANCIAL STATEMENTS

December 31, 2024 and 2023

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SAYLE, SANDIFER &
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(1929-2023)

INDEPENDENT AUDITORS' REPORT

To the Board of Governors
Country Select Catfish
Pension Plan for Salaried Employees
Isola, Mississippi

Opinion

We have audited the accompanying financial statements of Country Select Catfish Pension Plan for Salaried 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 Country Select Catfish Pension Plan for Salaried 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 Country Select Catfish Pension Plan for Salaried 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 Country Select Catfish Pension Plan for Salaried 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 auditors' 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 Country Select Catfish Pension Plan for Salaried 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 Country Select Catfish Pension Plan for Salaried Employees' ability to continue as a going concern for a reasonable period of time.


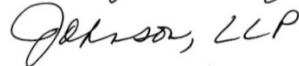
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

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
October 13, 2025

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
Money market funds	\$ 182,645	\$ 18,180
Mutual funds	5,252,129	4,585,063
Equities and options	44,794	-
	5,479,568	4,603,243
Total investments		
Receivables		
Employer contributions	-	77,927
	-	77,927
Total assets	5,479,568	4,681,170
Liabilities		
	-	-
Net assets available for benefits at fair value	\$ 5,479,568	\$ 4,681,170

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

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED 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	\$ 490,796	\$ 300,687
Interest and dividends	<u>131,245</u>	<u>123,457</u>
Total investment income	622,041	424,144
Employer contributions	<u>669,073</u>	<u>677,927</u>
Total additions	<u>1,291,114</u>	<u>1,102,071</u>
Deductions:		
Benefits paid to participants	326,548	302,658
Administrative expenses	<u>166,168</u>	<u>146,546</u>
Total deductions	<u>492,716</u>	<u>449,204</u>
Net increase	798,398	652,867
Net assets available for benefits:		
Beginning of year	<u>4,681,170</u>	<u>4,028,303</u>
End of year	<u>\$ 5,479,568</u>	<u>\$ 4,681,170</u>

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

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED 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	\$ 2,069,226	\$ 2,157,860
Other vested benefits	<u>5,201,483</u>	<u>4,513,316</u>
Total vested benefits	7,270,709	6,671,176
Nonvested Benefits:	<u>186,713</u>	<u>395,608</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 7,457,422</u>	<u>\$ 7,066,784</u>

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

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED 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	\$ 7,066,784	\$ 8,440,452
Increase (decreased) during year attributable to:		
Increase in benefits accumulated	420,259	559,809
Passage of time	363,918	365,167
Benefits paid	(326,548)	(302,658)
Changes in assumptions	<u>(66,991)</u>	<u>(1,995,986)</u>
Net (decrease) during year	390,638	(1,373,668)
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 7,457,422</u>	<u>\$ 7,066,784</u>

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

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

The following description of the Country Select Catfish Pension Plan for Salaried Employees (“Plan”) 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 salaried and non-union hourly employees of Consolidated Catfish Companies, LLC (CCC, LLC). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Management of CCC, LLC manages the plan; LPL Financial is the custodian of the plan.

b. Plan Amendment

Effective January 1, 2023, the Plan was amended to change the required time employed from one year to 1,000 hours.

c. Pension Benefits

Employees are eligible to participate in the Plan after the attainment of age 21 and the completion of 1,000 hours of service with the employer. An employee shall become a participant in the first day of the month coincident with or next following satisfaction of the eligibility requirements.

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 1.00% of the participant’s average compensation plus 0.44% of average compensation in excess of covered compensation multiplied by the participant’s years of service up to 35. Average compensation is defined as the average compensation during the highest five consecutive years of service with the employer. Covered compensation is the average of the taxable wage base in effect each calendar year during the 35-year period ending with the last day of the calendar year in which a participant attains or will attain social security retirement age. Covered compensation does not change after the calendar year in which the participant reaches his social security retirement age. Covered compensation is updated annually.

Early retirement benefits equal the participant’s accrued benefit reduced by 3% per year for the first 5 years and 5% per year for the next 5 years that the early retirement date precedes the normal retirement age.

d. 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

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS, continued

dies before normal retirement age, the participant's beneficiary is entitled to the present value of his accrued benefit at the time of death.

e. 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 generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

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 money market in which the Plan owns shares is invested primarily 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.

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS, continued

f. Risk and Uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

g. Administrative Expenses

Certain administrative expenses of the Plan are paid by the Plan Sponsor, while trustee, record keeper, and investment management fees are paid by the Plan.

h. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

i. 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.

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.

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS, continued

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>
Cash and money market funds	\$ 182,645	-	-	\$ 182,645
Equities and options	44,794	-	-	44,794
Mutual funds	<u>5,252,129</u>	-	-	<u>5,252,129</u>
Total	\$ <u>5,479,568</u>	-	-	\$ <u>5,479,568</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	\$ 18,180	-	-	\$ 18,180
Mutual funds	<u>4,585,063</u>	-	-	<u>4,585,063</u>
Total	\$ <u>4,603,243</u>	-	-	\$ <u>4,603,243</u>

4. 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 rendered by employees as of the valuation date. 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.

The actuarial present value of accumulated plan benefits is determined by an independent actuary 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 valuations as of December 31, 2024, are as follows:

Funding Mortality Tables:	Pre-Retirement 2024 Static Combined
	Post-Retirement 2024 Static Combined
Retirement Age	65 years, or immediately if over 65

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS, continued

Interest Rate (as mandated by PPA and modified by MAP-21, HATFA and BBA):

	<u>Without Adjusted Interest Rates</u>	<u>With Adjusted Interest Rates</u>
Segment 1 (0 to 5 years)	4.37%	4.75%
Segment 2 (6 to 20 years)	4.96%	4.96%
Segment 3 (20+ years)	4.95%	5.59%
Effective Rate of Interest	5.15%	
Salary Scale	3.00% per year to retirement	

The changes in assumptions for 2024 and 2023 relate to the actuarial funding assumption interest rate, mortality tables, and social security covered compensation tables that changed 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 caused a net increase in plan benefits.

In addition to the aforementioned changes, the plan was modified effective January 1, 2023, requiring participants to have worked 1,000 hours instead of the previous requirement of one year. This amendment caused changes in assumptions that decreased the actuarial present value of accumulated plan benefits by \$1,995,986, or 28%, for the year ended December 31, 2023.

The Pension Protection Act of 2006 (PPA) mandates these variables be updated annually. The Plan's liabilities are based on the corporate bond yield curve published by the Secretary of the Treasury for the month of July.

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

5. 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.

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED 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	\$ 46,544	\$ 43,348
PBGC	<u>119,624</u>	<u>103,198</u>
Total administration expenses	\$ <u>166,168</u>	\$ <u>146,546</u>

7. Plan Termination

Although it has not expressed an intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be distributed to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and with the Plan document.

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.

8. 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 \$46,544 and \$43,348 for the years ended December 31, 2024 and 2023, respectively, 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.

9. Tax Status

The Plan received a favorable determination letter on March 30, 2018, 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

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES
NOTES TO FINANCIAL STATEMENTS, continued

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.

10. Plan Administrator and Custodian of Plan Assets

Consolidated Catfish Companies, LLC serves as the plan administrator, and LPL Financial is custodian of plan assets.

11. Significant Estimates

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.

12. Differences in Audited Financial Statements and Tax Return

The following differences were noted between the audited financial statements and the Form 5500 tax return for the year ended December 31, 2024.

	<u>Per financial statements</u>	<u>Per 5500</u>	<u>Difference</u>
Benefit claims payable	\$ -	\$ 1,338	\$ (1,338)
Net assets beginning of year	4,681,170	4,678,493	2,677
Net assets end of year	5,479,568	5,478,230	1,338
Benefit payments	326,548	323,871	2,677

The following differences were noted between the audited financial statements and the Form 5500 tax return for the year ended December 31, 2023.

	<u>Per financial statements</u>	<u>Per 5500</u>	<u>Difference</u>
Benefit claims payable	\$ -	\$ 2,677	\$ (2,677)
Net assets beginning of year	4,028,303	4,026,964	1,339
Net assets end of year	4,681,170	4,678,493	2,677
Benefit payments	302,658	303,996	(1,338)

SUPPLEMENTAL SCHEDULES

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES
EIN: 64-0944279
PLAN NUMBER: 002
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			\$ 182,645	\$ 182,645
	Total Money Market Funds			<u>182,645</u>	<u>182,645</u>
	Spdr Gold Trust	185.000	Shares of stock	45,651	44,794
	Total Equities and Options			<u>45,651</u>	<u>44,794</u>
	American Eagle CI F2 R	304.812	Shares of Mutual Fund	18,223	16,807
	First Eagle Global Fund Class I	319.424	Shares of Mutual Fund	22,628	21,532
	JP Morgan Equity Income Class I	686.238	Shares of Mutual Fund	18,395	16,429
*	Capital Group Core Bond	6,090.00	Shares of Mutual Fund	164,367	157,061
*	Capital Group Core Equity	14,384.00	Shares of Mutual Fund	493,121	503,008
*	Capital Group Dividend Value	14,291.00	Shares of Mutual Fund	520,359	503,901
*	Capital Group Fixed Core Plus Income	9,450.00	Shares of Mutual Fund	219,045	209,790
*	Capital Group Fixed Income US Multi Sector Income	1,965.00	Shares of Mutual Fund	54,783	53,605
*	Capital Group Growth	13,066.00	Shares of Mutual Fund	453,240	485,663
*	Capital Group Intl Focus Equity	13,040.00	Shares of Mutual Fund	358,077	321,697
	Global X US Preferred	2,613.00	Shares of Mutual Fund	54,817	50,980
	Invesco Optimum Yld Diversified Commodity Str K1	3,309.00	Shares of Mutual Fund	44,870	42,984
	Pimco Emerging Markets Local Currency & Bond CI 12	4,801.86	Shares of Mutual Fund	28,753	26,795
	Pimco Total Return CI 12	18,307.87	Shares of Mutual Fund	160,032	155,251
	Pimco Income CI 12	5,265.03	Shares of Mutual Fund	48,321	46,806
	Pimco Emerging Markets Bond CI 12	19,341.97	Shares of Mutual Fund	206,430	203,478
	Pimco Investment Grade Credit Bond CI12	6,220.37	Shares of Mutual Fund	53,690	52,562
	Pimco Mortgage Opptys & Bond CI 12	5,225.77	Shares of Mutual Fund	48,702	48,182
	Spdr Bloomberg High Yield Bond	575.000	Shares of Mutual Fund	55,610	54,895
	Spdr Bloomberg 1-3 Month T-Bill	977.000	Shares of Mutual Fund	89,586	89,327
	Spdr Portfolio Emerging Markets	8,036.000	Shares of Mutual Fund	334,699	308,341
	Spdr Portfolio Developed World Ex-US	8,678.000	Shares of Mutual Fund	326,455	296,180
	Spdr Portfolio S&P 400 Mid Cap	1,809.000	Shares of Mutual Fund	98,645	98,934
	Spdr Portfolio S&P 600 Small Cap	10,285.000	Shares of Mutual Fund	465,178	462,002
	Spdr S&P Intl Small Cap	2,242.000	Shares of Mutual Fund	76,867	69,468
	Spdr S&P 500	921.000	Shares of Mutual Fund	526,772	539,780
	SSGA Active Tr Spdr US Sector Rotation	7,797.000	Shares of Mutual Fund	402,247	416,671
	Total Mutual Funds			<u>5,343,912</u>	<u>5,252,129</u>
	Total assets held at year end			<u>\$ 5,572,208</u>	<u>\$ 5,479,568</u>

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

See independent auditors' report.

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES
EIN: 64-0944279

PLAN NUMBER: 002

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
Capital Group Growth ETF	1,163.000 shares		\$ 43,640
Doubleline Total Return Bond CI 1	21,239.538 shares		193,067
First Eagle Global CI 1	14,353.511 shares		1,026,408
First Eagle Gold CI 1	11,255.361 shares		295,237
First Eagle Overseas CI 1	3,374.540 shares		82,440
Growth Fund of America CI F2	2,312.982 shares		179,487
Hennessy Japan Instl CI	2,139.628 shares		102,206
Hennessy Japan Small Cap Instl CI	5,095.597 shares		88,659
Invesco Developing Markets CI Y	683.260 shares		27,221
Invesco S&P 100 Equal Weight	5,516.980 shares		558,744
JP Morgan Equity Income CI 1	42,969.019 shares		1,073,083
Lord Abbett Short Duration High Yield CI 1	7,047.567 shares		70,405
MFS Intl Intrinsic Value CI 1	1,218.059 shares		56,287
PGIM High Yield CI Z	35,777.672 shares		174,428
PGIM Total Return Bond CI Z	18,521.129 shares		228,068
Pimco Income CI I-2	58,349.860 shares		631,345
Pimco Mortgage Oppty & Bond CI I-2	2,227.575 shares		20,844
Rbb US Treasury 3 Month Bill ETF	330.000 shares		16,493
Spdr Bloomberg 1-3 Month T-Bill	96.000 shares		8,791
Spdr Bloomberg High Yield Bond	215.000 shares		20,863
Spdr Gold Trust Gold	82.000 shares		19,768
Spdr Portfolio Developed World Ex US	442.000 shares		16,305
Spdr Portfolio Emerging Markets	164.000 shares		6,609
Spdr Portfolio Long Term Treasury	755.000 shares		20,884
Spdr S&P 500	151.000 shares		89,121
SSGA Active Tr Spdr US Sector Rotation ETF	462.000 shares		25,269
Vanguard Long term Treasury Admiral CI	11,166.332 shares		98,237
Vanguard S&P 500 Index	2,665.062 shares		1,394,299
American Mutual CI F2	290.158 shares	\$ 17,400	
Capital Group Core Bond	6,090.000 shares	164,367	
Capital Group Core Equity	14,384.000 shares	493,121	
Capital Group Dividend Value	14,291.000 shares	520,359	
Capital Group Fixed Core Plus Income	9,450.000 shares	219,045	
Capital Group Fixed Income US Multi Sector Income	1,965.000 shares	54,782	
Capital Group Growth	14,229.000 shares	493,583	
Capital Group Intl Focus Equity	13,040.000 shares	358,077	
First Eagle Global CI 1	317.608 shares	22,500	
First Gold CI 1	1,542.020 shares	40,000	
Global X Us Preferred	2,613.000 shares	54,817	

See independent auditor's report.

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES
EIN: 64-0944279
PLAN NUMBER: 002

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
Invesco Optimum Yld Diversified Commodity Str K-1	3,309.000 shares	\$ 44,870	
Invesco S&P 100 Equal Weight	2,190.000 shares	205,147	
JP Morgan Equity Income Cl 1	646.167 shares	17,400	
Pimco Emerging Markets Bond Cl I-2	6,143.062 shares	53,690	
Pimco Emerging Markets Local Currency & Bond Cl I-2	4,743.392 shares	28,753	
Pimco Income Cl I-2	19,134.805 shares	206,430	
Pimco Investment Grade Credit Bond Cl I-2	5,223.926 shares	48,321	
Pimco Mortgage Oppty & Bond Cl I-2	7,370.378 shares	69,797	
Pimco Total Return Cl I-2	18,171.680 shares	160,032	
Rbb US Treasury 3 Month Bill ETF	330.000 shares	16,460	
Spdr Bloomberg 1-3 Month T-Bill	1,073.000 shares	98,397	
Spdr Bloomberg High Yield Bond	790.000 shares	76,590	
Spdr Gold Trust Gold	267.000 shares	65,885	
Spdr Portfolio Developed World Ex US	9,120.000 shares	343,206	
Spdr Portfolio Emerging Markets	8,200.000 shares	341,529	
Spdr Portfolio Long Term Treasury	755.000 shares	21,863	
Spdr Portfolio S&P 400 Mid Cap	1,809.000 shares	98,645	
Spdr Portfolio S&P 600 Small Cap	10,285.000 shares	465,178	
Spdr S&P 500	1,072.000 shares	613,060	
Spdr S&P Intl Small Cap	2,242.000 shares	76,867	
Spdr SSGA Active Tr Spdr US Sector Rotation	8,259.000 shares	426,082	
Vanguard S&P 500 Index	1,760.000 shares	788,840	

See independent auditor's report.

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES

EIN: 64-0944279

PLAN NUMBER: 002

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

Identity of (a) Party Involved	Description of Assets (Included Interest (b) Rate and Maturity in Case of a Loan)	Purchase (c) Price	Selling (d) Price	Lease (e) Rental	Expense Incurred with (f) Transaction	Cost of (g) Asset	Current Value of Asset on Transaction (h) Date	Net Gain (i) or (Loss)
	Capital Group Dividend Value	\$ 520,359	\$ -	\$ -	\$ -	\$ 520,359	\$ 520,359	\$ -
	Capital Group Growth	493,583	-	-	-	493,583	493,583	-
	Capital Group Core Equity	493,121	-	-	-	493,121	493,121	-
	Capital Group Intl Focus Equity	358,077	-	-	-	358,077	358,077	-
	Invesco S&P 100 Equal Weight	-	558,744	-	-	482,005	482,005	76,739
	JP Morgan Equity Income Class I	-	1,073,083	-	-	819,165	819,165	253,918
	Pimco Income CI I-2	-	631,345	-	-	605,288	605,288	26,057
	First Eagle Global Class I	-	1,026,408	-	-	808,010	808,010	218,398
	Spdr Portfolio Developed World Ex-US	343,206	-	-	-	343,206	343,206	-
	Spdr Portfolio Emerging Markets	341,529	-	-	-	341,529	341,529	-
	Spdr Portfolio S&P 600 Small Cap	465,178	-	-	-	465,178	465,178	-
	Spdr S&P 500	613,060	-	-	-	613,060	613,060	-
	Vanguard S&P 500 Index	-	1,394,299	-	-	1,155,983	1,155,983	238,316
	Vanguard S&P 500 Index	788,840	-	-	-	788,840	788,840	-
	Spdr SSGA US Sector Rotation	426,082	-	-	-	426,082	426,082	-

See independent auditors' report.

**COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED 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	8	0	0	0	0	0	0	0	0	8
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	10	0	0	0	0	0	0	0	0	10
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	8	0	0	0	0	0	0	0	0	8
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	15	2	0	0	0	0	0	0	0	17
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	10	2	0	0	0	0	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
45-49	0	2	2	0	0	1	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
50-54	0	3	7	0	0	1	1	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	4	2	1	0	0	2	0	0	0	9
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
60-64	0	9	8	0	4	1	6	0	0	0	28
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	5028
65-69	0	2	2	0	3	2	1	0	0	0	10
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	1	1	0	0	0	0	0	0	0	2
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	72	26	1	7	5	10	0	0	0	121
Avg Mo Comp	n/a	2956	4348	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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

Average Age: 47.9

Average Service: 7

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

Summary of Actuarial Assumptions and Method

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

Valuation Date: 1/1/2024

	For Funding			
	<u>Min</u>	<u>Max</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</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		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
Future Salary Incr	3% Salary Scale		None	None
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			50% Lump Sum / 50% Normal Form	
Assumed Spouse's Age	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			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
Calculated Effective Interest Rate			5.15%	
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.

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES

EIN: 64-0944279

PLAN NUMBER: 002

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

Identity of (a) Party Involved	Description of Assets (Included Interest (b) Rate and Maturity in Case of a Loan)	Purchase (c) Price	Selling (d) Price	Lease (e) Rental	Expense Incurred with (f) Transaction	Cost of (g) Asset	Current Value of Asset on Transaction (h) Date	Net Gain (i) or (Loss)
	Capital Group Dividend Value	\$ 520,359	\$ -	\$ -	\$ -	\$ 520,359	\$ 520,359	\$ -
	Capital Group Growth	493,583	-	-	-	493,583	493,583	-
	Capital Group Core Equity	493,121	-	-	-	493,121	493,121	-
	Capital Group Intl Focus Equity	358,077	-	-	-	358,077	358,077	-
	Invesco S&P 100 Equal Weight	-	558,744	-	-	482,005	482,005	76,739
	JP Morgan Equity Income Class I	-	1,073,083	-	-	819,165	819,165	253,918
	Pimco Income CI I-2	-	631,345	-	-	605,288	605,288	26,057
	First Eagle Global Class I	-	1,026,408	-	-	808,010	808,010	218,398
	Spdr Portfolio Developed World Ex-US	343,206	-	-	-	343,206	343,206	-
	Spdr Portfolio Emerging Markets	341,529	-	-	-	341,529	341,529	-
	Spdr Portfolio S&P 600 Small Cap	465,178	-	-	-	465,178	465,178	-
	Spdr S&P 500	613,060	-	-	-	613,060	613,060	-
	Vanguard S&P 500 Index	-	1,394,299	-	-	1,155,983	1,155,983	238,316
	Vanguard S&P 500 Index	788,840	-	-	-	788,840	788,840	-
	Spdr SSGA US Sector Rotation	426,082	-	-	-	426,082	426,082	-

See independent 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.

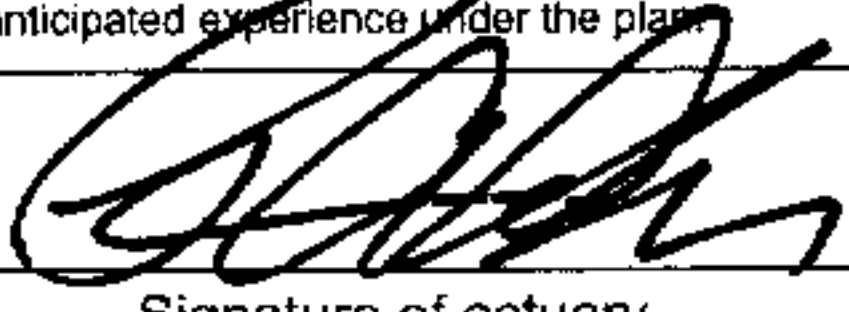
A Name of plan COUNTRY SELECT CATFISH PENSION PLAN FOR SALARIED EMPLOYEES		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CONSOLIDATED CATFISH COMPANIES, LLC		D Employer Identification Number (EIN) 64-0944279	
E Type of plan: <input checked="" type="checkbox"/> 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	4681073	
b Actuarial value	2b	4681073	
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	15	2141907	2141907
b For terminated vested participants	42	393607	393607
c For active participants	121	3980264	4235105
d Total	178	6515778	6770619
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	5.15	%
6 Target normal cost			
a Present value of current plan year accruals	6a	420259	
b Expected plan-related expenses	6b	0	
c Target normal cost	6c	420259	

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		10/01/2025
	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	(601) 932-8500	Telephone number (including area code)
Firm name	4 RIVER BEND PLACE, SUITE 125	
Address of the firm	Flowood, MS 39232	

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	712
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	712
10 Interest on line 9 using prior year's actual return of <u>6.64</u> %.....	0	47
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
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>5.24</u> %.....		0
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.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	759

Part III Funding Percentages

14 Funding target attainment percentage.....	14	69.12 %
15 Adjusted funding target attainment percentage.....	15	69.12 %
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	65.70 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	69.14 %

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
02-01-2024	37073		08-01-2024	57500	
03-01-2024	57500		09-03-2024	57500	
04-01-2024	57500		10-01-2024	57500	
05-01-2024	57500		11-01-2024	57500	
06-03-2024	57500		12-02-2024	57500	
07-01-2024	57500		12-10-2024	57000	
Totals ▶			18(b)	669073	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	650861

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 %	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	420259
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2090305	205302
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	625561
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	625561
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	650861
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	25300
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. 2019 2020 2021

**COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED 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 SALARIED EMPLOYEES
Employer ID# 64-0944279: Plan No. 002**

Quarterly Installment Payment: \$140,751.23

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>
02-01-2024	37,073.00	2024	5.15%	02-01-2024 to 01-01-2024	36,918.18
03-01-2024	57,500.00	2024	5.15%	03-01-2024 to 01-01-2024	57,020.76
04-01-2024	57,500.00	2024	5.15%	04-01-2024 to 01-01-2024	56,782.63
05-01-2024	57,500.00	2024	5.15%	05-01-2024 to 01-01-2024	56,545.50
06-03-2024	57,500.00	2024	5.15%	06-03-2024 to 01-01-2024	56,294.17
07-01-2024	57,500.00	2024	5.15%	07-01-2024 to 01-01-2024	56,074.21
08-01-2024	57,500.00	2024	5.15%	08-01-2024 to 01-01-2024	55,840.04
09-03-2024	57,500.00	2024	5.15%	09-03-2024 to 01-01-2024	55,591.84
10-01-2024	57,500.00	2024	5.15%	10-01-2024 to 01-01-2024	55,374.63
11-01-2024	57,500.00	2024	5.15%	11-01-2024 to 01-01-2024	55,143.39
12-02-2024	57,500.00	2024	5.15%	12-02-2024 to 01-01-2024	54,905.70
12-10-2024	57,000.00	2024	5.15%	12-10-2024 to 01-01-2024	54,369.51
Totals:	669,073.00				650,860.56

- 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 | 650,860.56 |

**COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED 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	<p>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:</p> <p style="padding-left: 40px;">1 year of service Minimum age 21</p> <p>Non-Resident Aliens, Union Employees, Leased Employees</p>
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on attainment of age 65
Normal Retirement Benefit	<p>Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:</p> <p style="padding-left: 40px;">1% of average compensation plus 0.44% of compensation in excess of T1 2024 Covered Compensation Table per credited year of service with a maximum of 35 years. Credited years are plan years from date of hire excluding years before the effective date and years with less than 1,000 hours.</p> <p>The maximum monthly benefit is the lesser of \$22,916.66 and 100% of the highest 3-year average salary, subject to service requirements.</p> <p>The benefit is based on average salary during the highest 5 consecutive years of service from date of hire.</p>
Early Retirement Age	<p>Attainment of age 55 Completion of 10 plan years of service</p>
Early Retirement Benefit	Actuarial Equivalence
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	<p>The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.</p> <p>Credited years are plan years from date of hire excluding the following:</p> <p style="padding-left: 40px;">Years before the effective date Years with less than 1,000 hours</p>
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

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

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

following vesting schedule:

<u>Credited Years</u>	<u>Vested Percent</u>
1	0
2	0
3	0
4	0
5	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 not top-heavy.

Death Benefit

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

Disability

Equal to present value of the accrued benefit

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES
EIN: 64-0944279
PLAN NUMBER: 002
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			\$ 182,645	\$ 182,645
	Total Money Market Funds			<u>182,645</u>	<u>182,645</u>
	Spdr Gold Trust	185.000	Shares of stock	45,651	44,794
	Total Equities and Options			<u>45,651</u>	<u>44,794</u>
	American Eagle CI F2 R	304.812	Shares of Mutual Fund	18,223	16,807
	First Eagle Global Fund Class I	319.424	Shares of Mutual Fund	22,628	21,532
	JP Morgan Equity Income Class I	686.238	Shares of Mutual Fund	18,395	16,429
*	Capital Group Core Bond	6,090.00	Shares of Mutual Fund	164,367	157,061
*	Capital Group Core Equity	14,384.00	Shares of Mutual Fund	493,121	503,008
*	Capital Group Dividend Value	14,291.00	Shares of Mutual Fund	520,359	503,901
*	Capital Group Fixed Core Plus Income	9,450.00	Shares of Mutual Fund	219,045	209,790
*	Capital Group Fixed Income US Multi Sector Income	1,965.00	Shares of Mutual Fund	54,783	53,605
*	Capital Group Growth	13,066.00	Shares of Mutual Fund	453,240	485,663
*	Capital Group Intl Focus Equity	13,040.00	Shares of Mutual Fund	358,077	321,697
	Global X US Preferred	2,613.00	Shares of Mutual Fund	54,817	50,980
	Invesco Optimum Yld Diversified Commodity Str K1	3,309.00	Shares of Mutual Fund	44,870	42,984
	Pimco Emerging Markets Local Currency & Bond CI 12	4,801.86	Shares of Mutual Fund	28,753	26,795
	Pimco Total Return CI 12	18,307.87	Shares of Mutual Fund	160,032	155,251
	Pimco Income CI 12	5,265.03	Shares of Mutual Fund	48,321	46,806
	Pimco Emerging Markets Bond CI 12	19,341.97	Shares of Mutual Fund	206,430	203,478
	Pimco Investment Grade Credit Bond CI12	6,220.37	Shares of Mutual Fund	53,690	52,562
	Pimco Mortgage Opptys & Bond CI 12	5,225.77	Shares of Mutual Fund	48,702	48,182
	Spdr Bloomberg High Yield Bond	575.000	Shares of Mutual Fund	55,610	54,895
	Spdr Bloomberg 1-3 Month T-Bill	977.000	Shares of Mutual Fund	89,586	89,327
	Spdr Portfolio Emerging Markets	8,036.000	Shares of Mutual Fund	334,699	308,341
	Spdr Portfolio Developed World Ex-US	8,678.000	Shares of Mutual Fund	326,455	296,180
	Spdr Portfolio S&P 400 Mid Cap	1,809.000	Shares of Mutual Fund	98,645	98,934
	Spdr Portfolio S&P 600 Small Cap	10,285.000	Shares of Mutual Fund	465,178	462,002
	Spdr S&P Intl Small Cap	2,242.000	Shares of Mutual Fund	76,867	69,468
	Spdr S&P 500	921.000	Shares of Mutual Fund	526,772	539,780
	SSGA Active Tr Spdr US Sector Rotation	7,797.000	Shares of Mutual Fund	402,247	416,671
	Total Mutual Funds			<u>5,343,912</u>	<u>5,252,129</u>
	Total assets held at year end			<u>\$ 5,572,208</u>	<u>\$ 5,479,568</u>

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

See independent auditors' report.

**COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED 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	\$104,736	\$1,036,957
01/01/2023	15-year	14	\$92,535	\$965,476
01/01/2024	15-year	15	<u>\$8,031</u>	<u>\$87,872</u>
Total			\$205,302	\$2,090,305

Shortfall Amortization Charge (sum of installments, no less than zero): \$205,302