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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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
COUNTRY SELECT CATFISH PENSION PLAN FOR SALARIED EMPLOYEES

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1999

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)
CONSOLIDATED CATFISH COMPANIES, LLC

P. O. BOX 271
ISOLA, MS 38754-0271

2b Employer Identification Number (EIN) 64-0944279

2c Plan Sponsor's telephone number 662-962-3101

2d Business code (see instructions) 311710

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	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 [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	189
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	146
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	126
b	Retired or separated participants receiving benefits	**6b**	26
c	Other retired or separated participants entitled to future benefits	**6c**	57
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	209
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	210
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	38
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 Characteristic Codes in the instructions:

1A 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	5479568
b Actuarial value	**2b**	5479568

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	16	2059210	2059210
b For terminated vested participants	27	340483	340483
c For active participants	146	4642773	4783060
d Total	189	7042466	7182753

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	355050
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	355050

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

10/08/2026
Date

R. A. CHILDRESS, EA
Type or print name of actuary

26-08838
Most recent enrollment number

MARTIN MARTIN RANDALL & ASSOC., INC
Firm name

601-932-8500
Telephone number (including area code)

4 RIVER BEND PLACE, SUITE 125
FLOWOOD, MS 39232
Address of the firm

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

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	759
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	759
10	Interest on line 9 using prior year's actual return of 9.20 %	0	70
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		25300
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 5.15 %		1303
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		26603
d	Portion of (c) to be added to prefunding balance		26603
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	27432

Part III Funding Percentages

14	Funding target attainment percentage	14	75.90 %
15	Adjusted funding target attainment percentage	15	75.90 %
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	69.12 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/02/2025	57500		07/01/2025	57500	
02/03/2025	57500		08/01/2025	57500	
03/03/2025	57500		09/02/2025	57500	
04/01/2025	57500		10/01/2025	57500	
05/01/2025	57500		11/03/2025	57500	
06/02/2025	57500		12/01/2025	57500	
			Totals ► 18(b)	690000	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	673776

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ 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**	355050
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1730617	184930
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**	539980

	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**	539980
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	673776
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	133796
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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan	**B** Three-digit plan number (PN) ▶	
COUNTRY SELECT CATFISH PENSION PLAN FOR SALARIED EMPLOYEES		002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
CONSOLIDATED CATFISH COMPANIES, LLC	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	58592	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	182645	205079
(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	77677
(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)	5252129	5938159
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	5479568	6220915
Liabilities			
1g Benefit claims payable	1g	1338	1537
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1338	1537
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	5478230	6219378

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	690000	
(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)		690000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5014	
(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)		5014
(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)	144205	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		144205
(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)		852930
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1692149
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	800841	
(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)		800841
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)	58592	
(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)	91568	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		150160
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		951001
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		741148
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) [X] 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)** [X] 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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 605107.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705218A .

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES

FINANCIAL STATEMENTS

December 31, 2025 and 2024

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SAYLE, SANDIFER & JOHNSON, LLP
CERTIFIED PUBLIC ACCOUNTANTS

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

Ben B. Sayle, CPA
(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, 2025 and 2024, 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, 2025 and 2024, 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 Auditorsô 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 Employeesô 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 auditorsô 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:

ÅExercise professional judgment and maintain professional skepticism throughout the audit.

ÅIdentify 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.

Å 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 Employeesô internal control. Accordingly, no such opinion is expressed.

ÅEvaluate 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.

ÅConclude 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 Employeesô 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 controlï 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 ñsupplemental information,ò 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 Laborôs 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 Laborôs 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 Laborôs Rules and Regulations for Reporting and Disclosure under ERISA.

Sayle, Sandifer & Johnson, LLP

Greenville, Mississippi
October 14, 2026

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Investments - at fair value		
Money market funds	$ 205,079	$ 182,645
Mutual funds	5,938,159	5,252,129
Equities and options	77,677	44,794
Total investments	6,220,915	5,479,568
Total assets	6,220,915	5,479,568
Liabilities	-	-
Net assets available for benefits at fair value	$ 6,220,915	$ 5,479,568

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, 2025 AND 2024

	2025	2024
Investment Income:		
Net appreciation in fair value of investments	$ 851,845	$ 490,796
Capital gains distributions	1,085	-
Interest and dividends	149,219	131,245
Total investment income	1,002,149	622,041
Employer contributions	690,000	669,073
Total additions	1,692,149	1,291,114
Deductions:		
Benefits paid to participants	800,642	326,548
Administrative expenses	150,160	166,168
Total deductions	950,802	492,716
Net increase	741,347	798,398
Net assets available for benefits:		
Beginning of year	5,479,568	4,681,170
End of year	$ 6,220,915	$ 5,479,568

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, 2025 AND 2024

	2025	2024
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants receiving benefits	$ 2,672,519	$ 2,069,226
Other vested benefits	4,532,852	5,201,483
Total vested benefits	7,205,371	7,270,709
Nonvested Benefits:	297,240	186,713
Total actuarial present value of accumulated plan benefits	$ 7,502,611	$ 7,457,422

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, 2025 AND 2024

	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 7,457,422	$ 7,066,784
Increase (decreased) during year attributable to:		
Increase in benefits accumulated	470,283	420,259
Passage of time	537,524	363,918
Benefits paid	(800,642)	(326,548)
Changes in assumptions	(161,975)	(66,991)
Net increase during year	45,190	390,638
Actuarial present value of accumulated plan benefits at end of year	$ 7,502,612	$ 7,457,422

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 (ñPlanò) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Planôs 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 participantôs average compensation plus 0.44% of average compensation in excess of covered compensation multiplied by the participantôs 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 participantôs 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 dies before normal retirement age, the participantôs beneficiary is entitled to the present value of his accrued benefit at the time of death.

e. Vesting Provisions

Vesting is based on the participantôs 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 Managementôs 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 Planôs gains and losses on investments bought and sold as well as held during the year.

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 yearsô tax returns remain open for examination.

3. Fair Value of Financial Instruments

The Planôs 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 date of measurement for identical, unrestricted assets or liabilities;

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

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

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2025:

Assets	Level 1	Level 2	Level 3	Total
Cash and money market funds	$ 205,079	-	-	$ 205,079
Equities and options	77,677	-	-	77,677
Mutual funds	5,938,159	-	-	5,938,159
Total	$ 6,220,915	-	-	$ 6,220,915

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:

Assets	Level 1	Level 2	Level 3	Total
Cash and money market funds	$ 182,645	-	-	$ 182,645
Equities and options	44,794	-	-	44,794
Mutual funds	5,252,129	-	-	5,252,129
Total	$ 5,479,568	-	-	$ 5,479,568

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, 2025 are as follows:

Funding Mortality Tables:	Pre-Retirement	2026 Static Combined
	Post-Retirement	2026 Static Combined
Retirement Age	65 years, or immediately if over 65	

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

	Maximum	Minimum
Segment 1 (0 to 5 years)	4.75%	4.57%
Segment 2 (6 to 20 years)	5.26%	5.25%
Segment 3 (20+ years)	5.74%	5.74%

Effective Rate of Interest	5.38%
Salary Scale	3.00% per year to retirement

The changes in assumptions for 2025 and 2024 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.

The Pension Protection Act of 2006 (PPA) mandates these variables be updated annually. The Planôs 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 Planôs 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.

6. Administration Expenses

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

	2025	2024
Professional fees	$ 58,592	$ 46,544
PBGC	91,568	119,624
Total administration expenses	$ 150,160	$ 166,168

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 2025 and 2024 Plan years, LPL Financial managed investments for the plan. Professional fees paid by the Plan for investment management services were $58,592 and $46,544 for the years ended December 31, 2025 and 2024, 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 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, 2025.

	Per financial statements	Per 5500	Difference
Benefit claims payable	$ -	$ 1,537	$ (1,537)
Net appreciation in fair value of investment	851,845	852,930	(1,085)
Capital gains distributions	1,085	-	1,085
Benefit payments	800,642	800,841	(199)
Net assets beginning of year	5,479,568	5,478,230	1,338
Net assets end of year	6,220,915	6,219,378	1,537

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

	Per financial statements	Per 5500	Difference
Benefit claims payable	$ -	$ 1,338	$ (1,338)
Benefit payments	326,548	323,871	2,677
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

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, 2025

(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
	Citibank National Association			$ 205,079	$ 205,079
	Total Money Market Funds			205,079	205,079
	Spdr Gold Trust	185.000	Shares of stock	52,136	77,677
	Total Equities and Options			52,136	77,677
	American Mutual Cl F2	87.804	Shares of Mutual Fund	5,150	5,220
	Capital Group Core Bond	9,214.000	Shares of Mutual Fund	245,718	244,355
	Capital Group Core Equity	11,223.000	Shares of Mutual Fund	384,319	451,501
	Capital Group Dividend Value	13,370.000	Shares of Mutual Fund	486,459	583,467
	Capital Group Fixed Core Plus Income	10,871.000	Shares of Mutual Fund	250,944	246,119
	Capital Group Fixed Income US Multi Sector Income	1,965.000	Shares of Mutual Fund	54,782	54,273
	Capital Group Growth	13,929.000	Shares of Mutual Fund	497,407	619,423
	Capital Group Intl Focus Equity	12,181.000	Shares of Mutual Fund	331,108	359,949
	Capital Group New Geography Equity	3,872.000	Shares of Mutual Fund	105,744	123,633
	First Eagle Global Class 1	110.193	Shares of Mutual Fund	7,846	8,927
	First Eagle Overseas Class 1	288.019	Shares of Mutual Fund	8,427	9,021
	JP Morgan Equity Income Class I	36.719	Shares of Mutual Fund	911	909
	Pimco Emerging Markets Bond Cl 12	5,951.716	Shares of Mutual Fund	51,981	54,161
	Pimco Emerging Markets Local Currency & Bond Cl 12	5,664.239	Shares of Mutual Fund	34,569	36,194
	Pimco Income Cl 12	21,633.058	Shares of Mutual Fund	233,081	237,747
	Pimco Investment Grade Credit Bond Cl12	6,534.122	Shares of Mutual Fund	60,120	60,114
	Pimco Mortgage Opptys & Bond Cl 12	3,829.700	Shares of Mutual Fund	36,191	36,114
	Pimco Total Return Cl 12	19,459.964	Shares of Mutual Fund	170,726	172,415
	Spdr Bloomberg Enhanced Roll Yield Commodity Strat	2,605.000	Shares of Mutual Fund	70,802	74,373
	Spdr Portfolio Developed World Ex-US	10,288.000	Shares of Mutual Fund	393,108	456,890
	Spdr Portfolio Emerging Markets	6,292.000	Shares of Mutual Fund	262,408	294,529
	Spdr Portfolio S&P 400 Mid Cap	1,989.000	Shares of Mutual Fund	108,229	115,183
	Spdr Portfolio S&P 600 Small Cap	10,007.000	Shares of Mutual Fund	444,168	468,928
	Spdr S&P 500	932.000	Shares of Mutual Fund	549,516	635,549
	Spdr S&P Intl Small Cap	2,188.000	Shares of Mutual Fund	74,366	89,402
	State Street Spdr Portfolio Long Term Treasury	903.000	Shares of Mutual Fund	24,498	23,902
	Ssga Active Tr Spdr US Sector Rotation	7,637.000	Shares of Mutual Fund	389,113	475,861
	Total Mutual Funds			5,281,691	5,938,159
	Total assets held at year end			$ 5,538,906	$ 6,220,915

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

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, FOR THE YEAR ENDED DECEMBER 31, 2025

(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
American Mutual Cl F2	249.867 shares		$ 14,984
Bloomberg Enhanced Roll Yield Commodity Strategy No K-	2,626.000 shares		70,797
Capital Group Core Equity	3,735.000 shares		128,045
Capital Group Dividend Value	1,430.000 shares		52,069
Capital Group Growth	2,267.000 shares		78,639
Capital Group Intl Focus Equity	2,172.000 shares		59,643
Capital Group New Geography Equity	422.000 shares		11,525
First Eagle Global Cl 1	219.021 shares		15,563
First Eagle Overseas Cl 1	189.689 shares		5,526
Global X Us Preferred	2,613.000 shares		54,817
Invesco Optimum Yld Diversified Commodity Str K-1	7,515.000 shares		102,017
JP Morgan Equity Income Cl 1	656.007 shares		17,645
JP Morgan US Govt Money Market Premier Cl	146,489.680 shares		146,490
Pimco Emerging Markets Bond Cl I-2	713.882 shares		6,239
Pimco Emerging Markets Local Currency & Bond Cl I-2	375.954 shares		2,290
Pimco Income Cl I-2	2,348.361 shares		25,339
Pimco Investment Grade Credit Bond Cl I-2	761.459 shares		7,044
Pimco Mortgage Opptys & Bond Cl I-2	2,220.843 shares		21,031
Pimco Total Return Cl I-2	1,576.531 shares		13,937
Rbb US Treasury 3 Month Bill	600.000 shares		29,898
Spdr Bloomberg 1-3 Month T-Bill	977.000 shares		89,586
Spdr Bloomberg High Yield Bond	1,712.000 shares		164,813
Spdr Gold Trust Gold Shares	93.000 shares		22,926
Spdr Portfolio Developed World Ex US	6,479.000 shares		245,554
Spdr Portfolio Emerging Markets	3,040.000 shares		126,616
Spdr Portfolio Long Term Treasury	3,311.000 shares		86,551
Spdr Portfolio S&P 600 Small Cap	4,446.000 shares		200,628
Spdr S&P 500	597.000 shares		341,149
Spdr S&P Intl Small Cap	315.000 shares		10,800
Ssga Active Tr Spdr US Sector Rotation	1,582.000 shares		40,183
State Street Fixed Income Sector Rotation	1,323.000 shares		34,504
State Street Spdr Dow Jones International Real Estate	843.000 shares		80,083
State Street Spdr Dow Jones Reit	1,474.000 shares		65,888
State Street Spdr Portfolio Europe	1,742.000 shares		57,680
State Street Spdr Portfolio Intermediate Term Corporate Bon	3,771.000 shares		83,323
State Street Spdr Portfolio Intermediate Term Treasury	2,031.000 shares		57,750
State Street Spdr Portfolio Long Term Treasury	1,065.000 shares		54,943
Vanguard Ftse Pacific	1,245.000 shares		90,598

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), continued
FOR THE YEAR ENDED DECEMBER 31, FOR THE YEAR ENDED DECEMBER 31, 2025

(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
American Mutual Cl F2	32.859 shares	$ 1,910	
Bloomberg Enhanced Roll Yield Commodity Strategy No K-	5,231.000 shares	141,599	
Capital Group Core Bond	3,124.000 shares	81,350	
Capital Group Core Equity	574.000 shares	19,243	
Capital Group Dividend Value	509.000 shares	18,169	
Capital Group Fixed Core Plus Income	1,421.000 shares	31,899	
Capital Group Growth	3,130.000 shares	122,806	
Capital Group Intl Focus Equity	1,313.000 shares	32,674	
Capital Group New Geography Equity	4,294.000 shares	117,269	
First Eagle Global Cl 1	9.790 shares	782	
First Eagle Overseas Cl 1	477.708 shares	13,952	
Invesco Optimum Yld Diversified Commodity Str K-1	4,206.000 shares	57,147	
JP Morgan Equity Income Cl 1	6.488 shares	161	
JP Morgan US Govt Money Market Premier Cl	146,489.680 shares	146,490	
Pimco Emerging Markets Bond Cl I-2	445.231 shares	3,867	
Pimco Emerging Markets Local Currency & Bond Cl I-2	1,238.332 shares	7,769	
Pimco Income Cl I-2	4,639.450 shares	49,789	
Pimco Investment Grade Credit Bond Cl I-2	2,030.550 shares	18,471	
Pimco Mortgage Opptys & Bond Cl I-2	824.778 shares	7,749	
Pimco Total Return Cl I-2	2,728.627 shares	23,456	
Rbb US Treasury 3 Month Bill	600.000 shares	29,898	
Spdr Bloomberg High Yield Bond	1,137.000 shares	109,202	
Spdr Gold Trust Gold Shares	104.000 shares	29,457	
Spdr Portfolio Developed World Ex US	8,089.000 shares	312,208	
Spdr Portfolio Emerging Markets	1,296.000 shares	54,325	
Spdr Portfolio Long Term Treasury	4,214.000 shares	111,050	
Spdr Portfolio S&P 400 Mid Cap	180.000 shares	9,585	
Spdr Portfolio S&P 600 Small Cap	4,168.000 shares	179,617	
Spdr S&P 500	608.000 shares	363,891	
Spdr S&P Intl Small Cap	261.000 shares	8,298	
Ssga Active Tr Spdr US Sector Rotation	1,582.000 shares	40,183	
State Street Fixed Income Sector Rotation	1,323.000 shares	34,504	
State Street Spdr Dow Jones International Real Estate	843.000 shares	80,083	
State Street Spdr Dow Jones Reit	1,474.000 shares	65,888	
State Street Spdr Portfolio Europe	1,742.000 shares	57,680	
State Street Spdr Portfolio Intermediate Term Corporate Bon	3,771.000 shares	83,323	
State Street Spdr Portfolio Intermediate Term Treasury	2,031.000 shares	57,750	
State Street Spdr Portfolio Long Term Treasury	905.000 shares	41,809	
Vanguard Ftse Pacific	1,245.000 shares	90,598	

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, 2025

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)
	Spdr Portfolio Developed World Ex-US	$ 312,208	$ -	$ -	$ -	$ 312,208	$ 312,208	$ -
	Spdr S&P 500	363,891	-	-	-	363,891	363,891	-
	Spdr S&P 500	-	366,250	-	-	341,149	341,149	25,101

See independent auditors' report.

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES

Schedule of Active Participant Data
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	4	0	0	0	0	0	0	0	0	4
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
25-29	0	13	1	0	0	0	0	0	0	0	14
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	14	2	0	0	0	0	0	0	0	16
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	12	5	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	5	0	0	0	0	0	0	0	15
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	8	4	0	0	1	0	0	0	0	13
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
50-54	0	4	8	0	0	1	1	0	0	0	14
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	7	4	0	0	0	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
60-64	0	3	11	1	3	0	5	0	0	0	23
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	5734
65-69	0	1	6	0	4	1	3	0	0	0	15
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70+	0	0	2	0	0	0	1	0	0	0	3
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	76	48	1	7	3	11	0	0	0	146
Avg Mo Comp	n/a	2854	4329	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4100

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

Current Year: Average Age: 47.4 Average Service: 6.3

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES

Summary of Actuarial Assumptions and Method
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

	For Funding Min	For Funding Max	For 417(e)	For Actuarial Equiv.
Interest Rates	Seg 1: 5.00%	5.00%	Seg 1: 4.65%	Pre-Retirement: 8.00%
	Seg 2: 5.27%	5.27%	Seg 2: 5.28%	Post-Retirement: 8.00%
	Seg 3: 5.50%	5.40%	Seg 3: 5.63%	
Applicable Date	01/2025	01/2025	12/2024	
Pre-Retirement				
Turnover	T-5		None	None
Mortality	Male-2025 Small Plan Static Table – Combined Male Female-2025 Small Plan Static Table – Combined Female		2025 Applicable Mortality Table from Notice 2024-42	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-2025 Small Plan Static Table – Combined Male Female-2025 Small Plan Static Table – Combined Female		2025 Applicable Mortality Table from Notice 2024-42	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			5.33%	
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, 2025

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)
	Spdr Portfolio Developed World Ex-US	$ 312,208	$ -	$ -	$ -	$ 312,208	$ 312,208	$ -
	Spdr S&P 500	363,891	-	-	-	363,891	363,891	-
	Spdr S&P 500	-	366,250	-	-	341,149	341,149	25,101

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	5479568
b Actuarial value	**2b**	5479568

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	16	2059210	2059210
b For terminated vested participants	27	340483	340483
c For active participants	146	4642773	4783060
d Total	189	7042466	7182753

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	355050
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	355050

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

10/08/2026
Date

R. A. CHILDRESS, EA
Type or print name of actuary

26-08838
Most recent enrollment number

MARTIN MARTIN RANDALL & ASSOC., INC
Firm name

(601) 932-8500
Telephone number (including area code)

4 RIVER BEND PLACE. SUITE 125

Flowood. MS 39232
Address of the firm

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

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	759
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	759
10	Interest on line 9 using prior year's actual return of 9.20 %	0	70
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		25300
	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 5.15 %		1303
	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		26603
	d Portion of (c) to be added to prefunding balance		26603
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	27432

Part III Funding Percentages

14	Funding target attainment percentage	14	75.90 %
15	Adjusted funding target attainment percentage	15	75.90 %
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	69.12 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01-02-2025	57500		07-01-2025	57500	
02-03-2025	57500		08-01-2025	57500	
03-03-2025	57500		09-02-2025	57500	
04-01-2025	57500		10-01-2025	57500	
05-01-2025	57500		11-03-2025	57500	
06-02-2025	57500		12-01-2025	57500	
			Totals ► 18(b)	690000	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	673776

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ 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**	355050
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1730617	184930
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**	539980

	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**	539980
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	673776

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	133796
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: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

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

Discounted Employer Contributions

Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

Quarterly Installment Payment: $121,495.50

Date	Amount	Year	Rate	Period	Adj Ctb
01-02-2025	57,500.00	2025	5.33%	01-02-2025 to 01-01-2025	57,491.97
02-03-2025	57,500.00	2025	5.33%	02-03-2025 to 01-01-2025	57,235.74
03-03-2025	57,500.00	2025	5.33%	03-03-2025 to 01-01-2025	56,988.59
04-01-2025	57,500.00	2025	5.33%	04-01-2025 to 01-01-2025	56,758.36
05-01-2025	57,500.00	2025	5.33%	05-01-2025 to 01-01-2025	56,513.28
06-02-2025	57,500.00	2025	5.33%	06-02-2025 to 01-01-2025	56,261.40
07-01-2025	57,500.00	2025	5.33%	07-01-2025 to 01-01-2025	56,026.28
08-01-2025	57,500.00	2025	5.33%	08-01-2025 to 01-01-2025	55,784.36
09-02-2025	57,500.00	2025	5.33%	09-02-2025 to 01-01-2025	55,535.74
10-01-2025	57,500.00	2025	5.33%	10-01-2025 to 01-01-2025	55,303.65
11-03-2025	57,500.00	2025	5.33%	11-03-2025 to 01-01-2025	55,049.48
12-01-2025	57,500.00	2025	5.33%	12-01-2025 to 01-01-2025	54,827.08
Totals:	**690,000.00**				**673,775.93**

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**	673,775.93

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES

Summary of Plan Provisions
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

Plan Effective Date	January 1, 1999
Plan Year	From January 1, 2025 to December 31, 2025
Eligibility	All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements: 1 year of service Minimum age 21 Non-Resident Aliens, Union Employees, Leased Employees
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on attainment of age 65
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following: 1% of average compensation plus 0.44% of compensation in excess of T1 2025 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. The maximum monthly benefit is the lesser of $23,333.33 and 100% of the highest 3-year average salary, subject to service requirements. The benefit is based on average salary during the highest 5 consecutive years of service from date of hire.
Early Retirement Age	Attainment of age 55 Completion of 10 plan years of service
Early Retirement Benefit	Actuarial Equivalence
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date. Credited years are plan years from date of hire excluding the following: Years before the effective date Years with less than 1,000 hours
Termination Benefit	Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES

Summary of Plan Provisions
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

following vesting schedule:

Credited Years	Vested Percent
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, 2025

(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
	Citibank National Association			$ 205,079	$ 205,079
	Total Money Market Funds			205,079	205,079
	Spdr Gold Trust	185.000	Shares of stock	52,136	77,677
	Total Equities and Options			52,136	77,677
	American Mutual Cl F2	87.804	Shares of Mutual Fund	5,150	5,220
	Capital Group Core Bond	9,214.000	Shares of Mutual Fund	245,718	244,355
	Capital Group Core Equity	11,223.000	Shares of Mutual Fund	384,319	451,501
	Capital Group Dividend Value	13,370.000	Shares of Mutual Fund	486,459	583,467
	Capital Group Fixed Core Plus Income	10,871.000	Shares of Mutual Fund	250,944	246,119
	Capital Group Fixed Income US Multi Sector Income	1,965.000	Shares of Mutual Fund	54,782	54,273
	Capital Group Growth	13,929.000	Shares of Mutual Fund	497,407	619,423
	Capital Group Intl Focus Equity	12,181.000	Shares of Mutual Fund	331,108	359,949
	Capital Group New Geography Equity	3,872.000	Shares of Mutual Fund	105,744	123,633
	First Eagle Global Class 1	110.193	Shares of Mutual Fund	7,846	8,927
	First Eagle Overseas Class 1	288.019	Shares of Mutual Fund	8,427	9,021
	JP Morgan Equity Income Class I	36.719	Shares of Mutual Fund	911	909
	Pimco Emerging Markets Bond Cl 12	5,951.716	Shares of Mutual Fund	51,981	54,161
	Pimco Emerging Markets Local Currency & Bond Cl 12	5,664.239	Shares of Mutual Fund	34,569	36,194
	Pimco Income Cl 12	21,633.058	Shares of Mutual Fund	233,081	237,747
	Pimco Investment Grade Credit Bond Cl12	6,534.122	Shares of Mutual Fund	60,120	60,114
	Pimco Mortgage Opptys & Bond Cl 12	3,829.700	Shares of Mutual Fund	36,191	36,114
	Pimco Total Return Cl 12	19,459.964	Shares of Mutual Fund	170,726	172,415
	Spdr Bloomberg Enhanced Roll Yield Commodity Strat	2,605.000	Shares of Mutual Fund	70,802	74,373
	Spdr Portfolio Developed World Ex-US	10,288.000	Shares of Mutual Fund	393,108	456,890
	Spdr Portfolio Emerging Markets	6,292.000	Shares of Mutual Fund	262,408	294,529
	Spdr Portfolio S&P 400 Mid Cap	1,989.000	Shares of Mutual Fund	108,229	115,183
	Spdr Portfolio S&P 600 Small Cap	10,007.000	Shares of Mutual Fund	444,168	468,928
	Spdr S&P 500	932.000	Shares of Mutual Fund	549,516	635,549
	Spdr S&P Intl Small Cap	2,188.000	Shares of Mutual Fund	74,366	89,402
	State Street Spdr Portfolio Long Term Treasury	903.000	Shares of Mutual Fund	24,498	23,902
	Ssga Active Tr Spdr US Sector Rotation	7,637.000	Shares of Mutual Fund	389,113	475,861
	Total Mutual Funds			5,281,691	5,938,159
	Total assets held at year end			$ 5,538,906	$ 6,220,915

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

COUNTRY SELECT CATFISH
PENSION PLAN FOR SALARIED EMPLOYEES

Shortfall Amortization
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

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.

Valuation Date	Amortization Method	Number of Future Installments	Installment	Value of Future Installments
01/01/2022	15-year	12	$104,736	$964,828
01/01/2023	15-year	13	$92,535	$902,396
01/01/2024	15-year	14	$8,031	$82,439
01/01/2025	15-year	15	$(20,372)	$(219,046)
Total			$184,930	$1,730,617

Shortfall Amortization Charge (sum of installments, no less than zero): $184,930