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 HOURLY EMPLOYEES

1b Three-digit plan number (PN) ▶ 003

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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	158
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)**	58
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	56
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	98
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	158
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	158
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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1I 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [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 HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CONSOLIDATED CATFISH COMPANIES, LLC

D Employer Identification Number (EIN)
64-0944279

E Type of plan: [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**	819587
b Actuarial value	**2b**	819587

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	4	66305	66305
b For terminated vested participants	96	431427	431427
c For active participants	58	362107	362107
d Total	158	859839	859839

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	0

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/07/2026
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	12381
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	12381
10	Interest on line 9 using prior year's actual return of 8.49 %	0	1051
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		99658
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 5.20 %		5182
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		104840
d	Portion of (c) to be added to prefunding balance		104840
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	118272

Part III Funding Percentages

14	Funding target attainment percentage	14	81.56 %
15	Adjusted funding target attainment percentage	15	81.56 %
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	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/02/2025	10000		07/02/2025	10000	
02/03/2025	10000		08/04/2025	10000	
03/03/2025	10000		09/02/2025	10000	
04/02/2025	10000		10/02/2025	10000	
05/02/2025	10000		11/03/2025	10000	
06/02/2025	10000		12/02/2025	10000	
			Totals ► 18(b)	120000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	117162

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

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	158524	17927
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**	17927

	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**	17927
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	117162
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	99235
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
COUNTRY SELECT CATFISH PENSION PLAN FOR HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED CATFISH COMPANIES, LLC

D Employer Identification Number (EIN)
64-0944279

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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	NONE	9044	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

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 HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED CATFISH COMPANIES, LLC

D Employer Identification Number (EIN)
64-0944279

Part I Asset and Liability Statement

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

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)	29896	32563
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6538	13475
(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)	783153	963972
(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	819587	1010010
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	819587	1010010

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	120000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		120000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	923	
(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)		923
(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)	25394	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		25394
(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)		116871
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		263188
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	45697	
(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)		45697
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)	9044	
(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)	18024	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		27068
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		72765
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		190423
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 605110.

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 HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED CATFISH COMPANIES, LLC

D Employer Identification Number (EIN)
64-0944279

Part I 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** 1

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 .

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES

FINANCIAL REPORT

Isola, Mississippi

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
Consolidated Catfish Companies, LLC
Pension Plan for Hourly Employees
Isola, Mississippi

Opinion

We have audited the accompanying financial statements of Consolidated Catfish Companies, LLC Pension Plan for Hourly Employees, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 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 Consolidated Catfish Companies, LLC Pension Plan for Hourly 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 Consolidated Catfish Companies, LLC Pension Plan for Hourly Employees and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Consolidated Catfish

Companies, LLC Pension Plan for Hourly 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:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Consolidated Catfish Companies, LLC Pension Plan for Hourly Employeesô internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Consolidated Catfish Companies, LLC Pension Plan for Hourly 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

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Investments - at fair value		
Cash and money market funds	$ 32,563	$ 29,896
Mutual funds	963,972	783,153
Equities and options	13,475	6,538
Total investments	1,010,010	819,587
Total assets	1,010,010	819,587
Liabilities	-	-
Net assets available for benefits at fair value	$ 1,010,010	$ 819,587

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

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Investment Income:		
Net appreciation in fair value of investments	$ 112,494	$ 73,102
Capital gains distributions	4,377	-
Interest and dividends	26,316	20,345
Total investment income	143,187	93,447
Employer contributions	120,000	120,000
Total additions	263,187	213,447
Deductions:		
Benefits paid to participants	45,697	42,358
Administrative expenses	27,067	31,519
Total deductions	72,764	73,877
Net increase	190,423	139,570
Net assets available for benefits:		
Beginning of year	819,587	680,017
End of year	$ 1,010,010	$ 819,587

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

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
STATEMENTS OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants receiving benefits	$ 60,332	$ 63,542
Other vested benefits	834,405	816,562
Total vested benefits	894,737	880,104
Nonvested Benefits:	-	-
Total actuarial present value of accumulated plan benefits	$ 894,737	$ 880,104

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

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 880,104	$ 893,732
Increase (decrease) during year attributable to:		
Increase for interest due to decrease in discount period	68,632	46,474
Benefit payments made during year	(45,697)	(42,358)
Changes in assumptions and other	(20,068)	(25,112)
Other	11,766	7,368
Net increase (decrease) during year	14,633	(13,628)
Actuarial present value of accumulated plan benefits at end of year	$ 894,737	$ 880,104

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

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

1. Description of Plan

The following description of the Consolidated Catfish Companies, LLC Pension Plan (ñPlanò) for Hourly Employees 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 hourly employees of the Consolidated Catfish Companies, LLC. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Pension Benefits

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

c. Death and Disability Benefits

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

d. 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 accounting principles generally accepted in the United States of America requires management to make

estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein. Fair value of investments, benefit plan liabilities, and accumulated plan benefits represent the most significant estimates.

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

c. Date of 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 Planôs money market shares are primarily invested in U.S. Government securities.

e. Investment Valuation and Income Recognition

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

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

f. Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits is determined by an actuary from Martin, Martin, Randall & Associates and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2025 and 2024, were (a) rate of return (8% for both 2025 and 2024), (b) life expectancy of participants, (c) retirement age, (d) form of payment (life annuity with payments guaranteed), (e) maximum earnings (per Section 401 limits of the Internal Revenue Code), (f) maximum benefit (per Section 415 limits of the Internal Revenue Code), and (g) assumption that the Plan will not be top-heavy.

The actuarial funding assumption interest rates and mortality tables for 2025 were changed from the 2024 rates as required under PPA. The cost method is the same, but interest rates and mortality tables for funding are changed annually. The effect on the funding cost of the required changes was a net decrease of approximately 5.86%.

The decrease in changes in assumptions for the year ended December 31, 2025 relates to the plan being frozen at December 31, 2004. Thus, no new participants are being added to the plan, and the number of participants has remained the same at 158 for both December 31, 2024 and December 31, 2025.

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

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

g. Payment of Benefits

Benefit payments to participants are recorded upon distributions.

h. Income Taxes

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

3. Fair Value of Financial Instruments

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

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

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

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

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
Money market funds	$ 32,563	-	-	$ 32,563
Mutual funds	963,972	-	-	963,972
Equities and options	13,475	-	-	13,475
Total	$1,010,010	-	-	$1,010,010

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
Money market funds	$ 29,896	-	-	$ 29,896
Mutual funds	783,153	-	-	783,153
Equities and options	6,538	-	-	6,538
Total	$ 819,587	-	-	$ 819,587

4. Funding Policy

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

5. Investments

The following presents the fair values of investments that represent 5% or more of the Plan's assets at December 31, 2025:

Capital Group Core Bond	$	75,052
Capital Group Fixed Core Plus Income		58,519
Capital Group Dividend Value		67,118
Capital Group Growth		72,175
Capital Group Core Equity		55,397
Spdr Portfolio Developed World Ex-US		67,148
Spdr Portfolio S&P 600 Small Cap		54,967
Spdr S&P 500		93,423
Ssga Active Tr Spdr US Sector Rotation		71,719

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

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

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

Changes in investments at fair value as determined by quoted market price:	2025	2024
Mutual Funds	$ 112,494	$ 73,102
Total appreciation in value	$ 112,494	$ 73,102

6. Administration Expenses

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

	2025	2024
Professional fees	$ 9,043	$ 7,073
PBGC	18,024	24,446
Total administration expenses	$ 27,067	$ 31,519

7. Plan Termination

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

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. Government agency) up to the applicable limitations.

c. All other vested benefits (that is, vested benefits not insured by the PBGC).

d. All nonvested benefits.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the

PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

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

8. Tax Status

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

9. Plan Administrator

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

10. Risks and Assumptions

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

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

11. Party in Interest Transactions

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

During the 2025 and 2024 Plan years, LPL Financial managed investments for the plan. Fees paid by the Plan for investment management services were $9,043 and $7,073 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.

12. Differences in Audited Financial Statements and Tax Return

Differences were noted between the audited financial statements and the Form 5500 tax return for the years ended December 31, 2025 and 2024, respectively.

For the year ended December 31, 2025:	Per financial statements	Per 5500	Difference
Total investment income	$ 143,187	$ 143,188	$ (1)
Administration expenses	$ 27,067	$ 27,068	$ (1)

For the year ended December 31, 2024:	Per financial statements	Per 5500	Difference
Total investment income	$ 93,447	$ 93,464	$ (17)
Administration expenses	$ 31,519	$ 31,536	$ (17)

SUPPLEMENTAL SCHEDULES

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 64-0944279
PLAN NUMBER: 003
SCHEDULE H, LINE 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 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
	U.S. Bank National Association		$ 32,563	$ 32,563
	Total Money Market Funds		32,563	32,563
	Spdr Gold Trust Gold	34.000 Shares	8,849	13,475
	Total Equities and Options		8,849	13,475
	American Mutual CL F2 R	326.583 Shares of Mutual Fund	19,327	19,415
	Capital Group Core Bond	2,830.000 Shares of Mutual Fund	76,431	75,052
	Capital Group Core Equity	1,377.000 Shares of Mutual Fund	47,147	55,397
	Capital Group Dividend Value	1,538.000 Shares of Mutual Fund	56,045	67,118
	Capital Group Fixed Core Plus Income	2,598.000 Shares of Mutual Fund	60,134	58,819
	Capital Group Fixed Income US Multi Sector Income	716.000 Shares of Mutual Fund	20,011	19,776
	Capital Group Growth	1,623.000 Shares of Mutual Fund	56,149	72,175
	Capital Group Intl Focus Equity	1,366.000 Shares of Mutual Fund	36,700	40,365
	Capital Group New Geography Equity	442.000 Shares of Mutual Fund	12,071	14,113
	First Eagle Global Fund Class I	260.427 Shares of Mutual Fund	19,089	21,097
	First Eagle Overseas Class I	670.054 Shares of Mutual Fund	19,693	20,986
	JP Morgan Equity Income Class I	779.730 Shares of Mutual Fund	19,773	19,298
	JP Morgan US Govt Money Market Premier CL R	22,128.480 Shares of Mutual Fund	22,128	22,128
	Pimco Emerging Markets Bond Cl I2	831.003 Shares of Mutual Fund	7,250	7,562
	Pimco Emerging Markets Local Currency & Bond Cl I2	790.918 Shares of Mutual Fund	4,829	5,054
	Pimco Income Cl I2	3,063.483 Shares of Mutual Fund	33,120	33,668
	Pimco Investment Grade Credit Bond CL I2	912.321 Shares of Mutual Fund	8,437	8,393
	Pimco Mortgage Opptys & Bond Cl I2	534.732 Shares of Mutual Fund	5,064	5,043
	Pimco Total Return Cl I2	2,725.092 Shares of Mutual Fund	24,089	24,144
	Spdr Bloomberg Enhanced Roll Yield Commodity Strategy K-1	365.000 Shares of Mutual Fund	9,918	10,421
	Spdr Portfolio Developed World Ex-US	1,512.000 Shares of Mutual Fund	57,859	67,148
	Spdr Portfolio Emerging Markets	945.000 Shares of Mutual Fund	38,597	44,235
	Spdr Portfolio S&P 400 Mid Cap	264.000 Shares of Mutual Fund	14,451	15,288
	Spdr Portfolio S&P 600 Small Cap	1,173.000 Shares of Mutual Fund	52,541	54,967
	Spdr S&P 500	137.000 Shares of Mutual Fund	80,331	93,423
	Spdr S&P Intl Small Cap	334.000 Shares of Mutual Fund	11,241	13,647
	Ssga Active Tr Spdr US Sector Rotation	1,151.000 Shares of Mutual Fund	59,003	71,719
	State Street Spdr Portfolio Long Term Treasury	133.000 Shares of Mutual Fund	3,608	3,521
	Total Mutual Funds		875,036	963,972
	Total assets held at year end		$ 916,448	$ 1,010,010

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

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 64-0944279
PLAN NUMBER: 003
SCHEDULE H, LINE 4I- SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
FOR THE YEAR ENDED DECEMBER 31, 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	66.600 shares	-	$ 3,956
Bloomberg Advanced Roll Yield Commodity	376.000 shares	-	10,137
Capital Group Core Equity	262.000 shares	-	8,971
Capital Group Intl Focus Equity	128.000 shares	-	3,439
First Eagle Global Cl 1	108.868 shares	-	8,160
First Eagle Overseas Fund	135.272 shares	-	3,940
Global X US Preferred	383.000 shares	-	8,022
Invesco Optimum Yld Diversified Commodity Str K-1	1,081.000 shares	-	14,674
JP Morgan Equity Income Cl 1	195.078 shares	-	5,084
JP Morgan US Govt Money Market Premier CL R	14,419.270 shares	-	14,419
Pimco Emerging Markets Bond Cl I-2	143.790 shares	-	1,255
Pimco Investment Grade Credit Bond Cl I-2	80.080 shares	-	744
Pimco Mortgage Opptys & Bond Cl I-2	336.849 shares	-	3,200
Spdr Bloomberg 1-3 Month T-Bill	142.000 shares	-	13,019
Spdr Bloomberg High Yield Bond	245.000 shares	-	23,587
Spdr Dow Jones International Re	188.000 shares	-	4,903
Spdr Gold Trust Shares	7.000 shares	-	1,709
Spdr Portfolio Developed World Ex-US	921.000 shares	-	34,379
Spdr Portfolio Emerging Markets	374.000 shares	-	15,158
Spdr Portfolio Int Term Corp Bond	248.000 shares	-	8,212
Spdr Portfolio Int Term Treasury	250.000 shares	-	7,113
Spdr Portfolio Long Term Corp Bond	534.000 shares	-	11,800
Spdr Portfolio Long Term Treasury	470.000 shares	-	12,286
Spdr Portfolio S&P 600 Small Cap	531.000 shares	-	24,086
Spdr S&P 500	80.000 shares	-	45,602
Ssga Active Tr Spdr US Sector Rotation	94.000 shares	-	4,833
State Street Fixed Income Sector Rotation	225.000 shares	-	5,715
State Street Spdr Dow Jones Reit	119.000 shares	-	11,297
State Street Spdr Portfolio Europe	212.000 shares	-	9,476
US Treasury 3 Month Bill Fund	303.239 shares	-	15,124
Vanguard Ftse Pacific	179.000 shares	-	13,026

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 64-0944279
PLAN NUMBER: 003
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR), CONTINUED
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	340.614 shares	$ 20,140	-
Bloomberg Advanced Roll Yield Commodity	741.000 shares	20,055	-
Capital Group Core Bond	170.000 shares	4,412	-
Capital Group Fixed Core Plus Income	361.000 shares	8,108	-
Capital Group Growth	114.000 shares	3,960	-
Capital Group New Geography Equity	442.000 shares	12,071	-
First Eagle Global Cl 1	228.610 shares	16,738	-
First Eagle Overseas Fund	805.326 shares	23,634	-
Invesco Optimum Yld Diversified Commodity Str K-1	593.000 shares	8,057	-
JP Morgan Equity Income Cl 1	855.423 shares	21,679	-
JP Morgan US Govt Money Market Premier CL R	22,128.480 shares	22,128	-
Pimco Emerging Markets Bond Cl I-2	65.110 shares	566	-
Pimco Emerging Markets Local Currency & Bond Cl I-2	137.375 shares	858	-
Pimco Income Cl I-2	278.930 shares	2,999	-
Pimco Investment Grade Credit Bond Cl I-2	226.706 shares	2,069	-
Pimco Mortgage Opptys & Bond Cl I-2	127.437 shares	1,198	-
Pimco Total Return Cl I-2	118.050 shares	1,025	-
Spdr Bloomberg High Yield Bond	160.000 shares	15,367	-
Spdr Dow Jones International Re	188.000 shares	4,903	-
Spdr Gold Trust Shares	14.000 shares	3,965	-
Spdr Portfolio Developed World Ex-US	1,153.000 shares	44,728	-
Spdr Portfolio Emerging Markets	134.000 shares	5,727	-
Spdr Portfolio Int Term Corp Bond	248.000 shares	8,212	-
Spdr Portfolio Int Term Treasury	250.000 shares	7,113	-
Spdr Portfolio Long Term Corp Bond	534.000 shares	11,800	-
Spdr Portfolio Long Term Treasury	603.000 shares	15,895	-
Spdr Portfolio S&P 600 Small Cap	468.000 shares	20,400	-
Spdr S&P 500	81.000 shares	48,410	-
Ssga Active Tr Spdr US Sector Rotation	26.000 shares	1,155	-
State Street Fixed Income Sector Rotation	225.000 shares	5,715	-
State Street Spdr Dow Jones Reit	119.000 shares	11,297	-
State Street Spdr Portfolio Europe	212.000 shares	9,476	-
US Treasury 3 Month Bill Fund	303.239 shares	15,124	-
Vanguard Ftse Pacific	179.000 shares	13,026	-

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 64-0944279
PLAN NUMBER: 003
SCHEDULE H, LINE 4J-SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 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	$ 44,728	$ -	-	-	$ 44,728	$ 44,728	$ -
	Spdr S&P 500	48,410	-	-	-	48,410	48,410	-
	Spdr S&P 500	-	48,716	-	-	45,602	45,602	3,114

See auditors' report

COUNTRY SELECT CATFISH
PENSION PLAN FOR HOURLY 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	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
25-29	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
30-34	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
35-39	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
40-44	0	0	0	0	1	3	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
45-49	0	0	0	0	0	2	3	0	0	0	5
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
50-54	0	0	0	0	0	2	4	0	0	0	6
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
55-59	0	0	0	0	2	1	19	0	0	0	22
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3038
60-64	0	0	0	0	0	3	13	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
65-69	0	0	0	0	0	0	4	0	0	0	4
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70+	0	0	0	0	0	0	1	0	0	0	1
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	0	0	0	0	3	11	44	0	0	0	58
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	3431	n/a	n/a	n/a	3296

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

Current Year: Average Age: 57.0 Average Service: 24.8

COUNTRY SELECT CATFISH
PENSION PLAN FOR HOURLY 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
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			100% Lump Sum / 0% 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			5.34%	
Actuarial Cost Method			The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.	

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

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 64-0944279
PLAN NUMBER: 003
SCHEDULE H, LINE 4J-SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 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	$ 44,728	$ -	-	-	$ 44,728	$ 44,728	$ -
	Spdr S&P 500	48,410	-	-	-	48,410	48,410	-
	Spdr S&P 500	-	48,716	-	-	45,602	45,602	3,114

See auditors' report

SCHEDULE SB
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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 HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CONSOLIDATED CATFISH COMPANIES, LLC

D Employer Identification Number (EIN)
64-0944279

E Type of plan: [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**	819587
b Actuarial value	**2b**	819587

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	4	66305	66305
b For terminated vested participants	96	431427	431427
c For active participants	58	362107	362107
d Total	158	859839	859839

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	0

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/07/2026
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	12381
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	12381
10	Interest on line 9 using prior year's actual return of 8.49 %	0	1051
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		99658
	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 5.20 %		5182
	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		104840
	d Portion of (c) to be added to prefunding balance		104840
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	118272

Part III Funding Percentages

14	Funding target attainment percentage	14	81.56 %
15	Adjusted funding target attainment percentage	15	81.56 %
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	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01-02-2025	10000		07-02-2025	10000	
02-03-2025	10000		08-04-2025	10000	
03-03-2025	10000		09-02-2025	10000	
04-02-2025	10000		10-02-2025	10000	
05-02-2025	10000		11-03-2025	10000	
06-02-2025	10000		12-02-2025	10000	
			Totals ► **18(b)**	120000	**18(c)** 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	117162

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

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	158524	17927
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**	17927

	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**	17927
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	117162

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

a Total (excess, if any, of line 37 over line 36)	**38a**	99235
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 HOURLY 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 HOURLY EMPLOYEES

Discounted Employer Contributions

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

Quarterly Installment Payment: $4,033.58

Date	Amount	Year	Rate	Period	Adj Ctb
01-02-2025	10,000.00	2025	5.34%	01-02-2025 to 01-01-2025	9,998.61
02-03-2025	10,000.00	2025	5.34%	02-03-2025 to 01-01-2025	9,953.96
03-03-2025	10,000.00	2025	5.34%	03-03-2025 to 01-01-2025	9,910.90
04-02-2025	10,000.00	2025	5.34%	04-02-2025 to 01-01-2025	9,869.40
05-02-2025	10,000.00	2025	5.34%	05-02-2025 to 01-01-2025	9,826.71
06-02-2025	10,000.00	2025	5.34%	06-02-2025 to 01-01-2025	9,784.20
07-02-2025	10,000.00	2025	5.34%	07-02-2025 to 01-01-2025	9,741.88
08-04-2025	10,000.00	2025	5.34%	08-04-2025 to 01-01-2025	9,697.02
09-02-2025	10,000.00	2025	5.34%	09-02-2025 to 01-01-2025	9,657.77
10-02-2025	10,000.00	2025	5.34%	10-02-2025 to 01-01-2025	9,616.00
11-03-2025	10,000.00	2025	5.34%	11-03-2025 to 01-01-2025	9,573.06
12-02-2025	10,000.00	2025	5.34%	12-02-2025 to 01-01-2025	9,532.98
Totals:	**120,000.00**				**117,162.49**

19	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year		
a	Contributions allocated toward unpaid minimum required contribution from prior years	**19a**	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	**19b**	0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	**19c**	117,162.49

COUNTRY SELECT CATFISH
PENSION PLAN FOR HOURLY 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:

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 3 consecutive years of service from date of hire.

Early Retirement Age

Attainment of age 55
Completion of 10 years of service from hire date

Early Retirement Benefit

1/15th, 1/30th

Normal Form of Benefit

A benefit payable for the life of the participant

Accrued Benefit

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

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

Years with less than 1,000 hours

Termination Benefit

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

Credited Years	Vested Percent
1	0
2	20
3	40
4	60

COUNTRY SELECT CATFISH
PENSION PLAN FOR HOURLY EMPLOYEES

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

5	80
6	100

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

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

Top-Heavy Minimum Benefit

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

Top-Heavy Vesting

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

Credited Years	Vested Percent
1	0
2	0
3	100

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

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

Top-Heavy Status

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

Death Benefit

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

Disability

Equal to present value of the accrued benefit

CONSOLIDATED CATFISH COMPANIES, LLC
PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 64-0944279
PLAN NUMBER: 003
SCHEDULE H, LINE 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 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
	U.S. Bank National Association		$ 32,563	$ 32,563
	Total Money Market Funds		32,563	32,563
	Spdr Gold Trust Gold	34.000 Shares	8,849	13,475
	Total Equities and Options		8,849	13,475
	American Mutual CL F2 R	326.583 Shares of Mutual Fund	19,327	19,415
	Capital Group Core Bond	2,830.000 Shares of Mutual Fund	76,431	75,052
	Capital Group Core Equity	1,377.000 Shares of Mutual Fund	47,147	55,397
	Capital Group Dividend Value	1,538.000 Shares of Mutual Fund	56,045	67,118
	Capital Group Fixed Core Plus Income	2,598.000 Shares of Mutual Fund	60,134	58,819
	Capital Group Fixed Income US Multi Sector Income	716.000 Shares of Mutual Fund	20,011	19,776
	Capital Group Growth	1,623.000 Shares of Mutual Fund	56,149	72,175
	Capital Group Intl Focus Equity	1,366.000 Shares of Mutual Fund	36,700	40,365
	Capital Group New Geography Equity	442.000 Shares of Mutual Fund	12,071	14,113
	First Eagle Global Fund Class I	260.427 Shares of Mutual Fund	19,089	21,097
	First Eagle Overseas Class I	670.054 Shares of Mutual Fund	19,693	20,986
	JP Morgan Equity Income Class I	779.730 Shares of Mutual Fund	19,773	19,298
	JP Morgan US Govt Money Market Premier CL R	22,128.480 Shares of Mutual Fund	22,128	22,128
	Pimco Emerging Markets Bond Cl I2	831.003 Shares of Mutual Fund	7,250	7,562
	Pimco Emerging Markets Local Currency & Bond Cl I2	790.918 Shares of Mutual Fund	4,829	5,054
	Pimco Income Cl I2	3,063.483 Shares of Mutual Fund	33,120	33,668
	Pimco Investment Grade Credit Bond CL I2	912.321 Shares of Mutual Fund	8,437	8,393
	Pimco Mortgage Opptys & Bond Cl I2	534.732 Shares of Mutual Fund	5,064	5,043
	Pimco Total Return Cl I2	2,725.092 Shares of Mutual Fund	24,089	24,144
	Spdr Bloomberg Enhanced Roll Yield Commodity Strategy K-1	365.000 Shares of Mutual Fund	9,918	10,421
	Spdr Portfolio Developed World Ex-US	1,512.000 Shares of Mutual Fund	57,859	67,148
	Spdr Portfolio Emerging Markets	945.000 Shares of Mutual Fund	38,597	44,235
	Spdr Portfolio S&P 400 Mid Cap	264.000 Shares of Mutual Fund	14,451	15,288
	Spdr Portfolio S&P 600 Small Cap	1,173.000 Shares of Mutual Fund	52,541	54,967
	Spdr S&P 500	137.000 Shares of Mutual Fund	80,331	93,423
	Spdr S&P Intl Small Cap	334.000 Shares of Mutual Fund	11,241	13,647
	Ssga Active Tr Spdr US Sector Rotation	1,151.000 Shares of Mutual Fund	59,003	71,719
	State Street Spdr Portfolio Long Term Treasury	133.000 Shares of Mutual Fund	3,608	3,521
	Total Mutual Funds		875,036	963,972
	Total assets held at year end		$ 916,448	$ 1,010,010

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

COUNTRY SELECT CATFISH
PENSION PLAN FOR HOURLY 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	$16,264	$149,824
01/01/2023	15-year	13	$16,653	$162,399
01/01/2024	15-year	14	$(15,342)	$(157,483)
01/01/2025	15-year	15	$352	$3,784
Total			$17,927	$158,524

Shortfall Amortization Charge (sum of installments, no less than zero): $17,927