

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>AMC 401(K) PROFIT SHARING PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MOON DISTRIBUTORS, INC.</u></p> <p><u>2800 VANCE</u> <u>LITTLE ROCK, AR 72206</u></p>	<p>1c Effective date of plan <u>01/01/2005</u></p> <p>2b Employer Identification Number (EIN) <u>71-0212809</u></p> <p>2c Plan Sponsor's telephone number <u>501-375-0868</u></p> <p>2d Business code (see instructions) <u>812990</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2025	ANDREW HASTINGS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	419
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	355
	6a(2)	324
	6b	3
	6c	69
	6d	396
	6e	0
	6f	396
	6g(1)	325
	6g(2)	328
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1813378
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	16072540

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GROUP PENSION FUNDING

b Balance at the end of the previous year **7b** 1964292

c Additions: (1) Contributions deposited during the year	7c(1)	105969
	7c(2)	0
	7c(3)	25713
	7c(4)	389977
	7c(5)	14386

▶ LOAN REPAYMENTS

(6) Total additions **7c(6)** 536045

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2500337

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	672820
(2) Administration charge made by carrier.....	7e(2)	3771
(3) Transferred to separate account	7e(3)	0
(4) Other (specify below).....	7e(4)	10368

▶ LOAN DISBURSEMENTS

(5) Total deductions **7e(5)** 686959

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1813378

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan AMC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MOON DISTRIBUTORS, INC.	D Employer Identification Number (EIN) 71-0212809	

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

VOYA RETIREMENT INS AND ANNUITY CO

71-0294708

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

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

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

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

VOYA RETIREMENT ADVISORS, LLC

02-0488491

(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?
26	SERVICE PROVIDER	36635	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VOYA RETIREMENT INS & ANN CO

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	8385	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MORNINGSTAR

36-3297908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	8385	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VOYA RETIREMENT INS AND ANN CO	27	8385

(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.
VOYA RETIREMENT INS AND ANN CO 71-0294708	INVESTMENT ADVISORY PLAN

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORNINGSTAR	27	8385

(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.
VOYA RETIREMENT INS AND ANN CO 71-0294708	INVESTMENT ADVISORY PLAN

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AMC 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MOON DISTRIBUTORS, INC.</u>	D Employer Identification Number (EIN) <u>71-0212809</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT D</u>		
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>		
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16072540</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MOON DISTRIBUTORS, INC.	D Employer Identification Number (EIN) 71-0212809

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	23105	0
(2) Participant contributions	1b(2)	44304	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	376596	356121
(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)	13950735	16072540
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1964292	1813378
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	16359032	18242039
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	16359032	18242039

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)	529907	
(B) Participants.....	2a(1)(B)	929503	
(C) Others (including rollovers).....	2a(1)(C)	23380	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1482790
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)	27787	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		27787
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		1979247
(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)		25713
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3515537

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1591414	
(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)		1591414
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		1333
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	11400	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	26408	
(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)	1975	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		39783
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1632530

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1883007
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **H CJ CPAS & ADVISORS, PLLC**

(2) EIN: **71-0650689**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AMC 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MOON DISTRIBUTORS, INC.</u>	D Employer Identification Number (EIN) <u>71-0212809</u>	

Part I	Distributions
---------------	----------------------

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 71-0294708

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

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

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704091A.

AMC 401(K) PROFIT SHARING PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

DECEMBER 31, 2024 AND 2023

with

INDEPENDENT AUDITOR'S REPORT



CPAs & Advisors PLLC

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
AMC 401(k) Profit Sharing Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of AMC 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of AMC 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of AMC 401(k) Profit Sharing Plan 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 ERISA Section 103(a)(3)(C) audit opinion.

Little Rock Office

11025 Anderson Drive, Suite 300 | Little Rock, AR 72212
PHONE: (501) 221-1000 | FAX: (501) 221-9236

hcjcpa.com

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 AMC 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of AMC 401(k) Profit Sharing Plan's 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 AMC 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at year end) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

HCT CPAs & Advisors, PLLC

Little Rock, Arkansas
July 19, 2025

FINANCIAL STATEMENTS

AMC 401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<u>Assets</u>		
Investments, at Fair Value:		
Pooled Separate Accounts	\$ 15,801,802	\$ 13,449,453
Participant - Directed Brokerage Account	<u>270,738</u>	<u>501,282</u>
Total Investments, at Fair Value	16,072,540	13,950,735
Investments, at Contract Value:		
Guaranteed Investment Contract	<u>1,813,378</u>	<u>1,964,292</u>
Total Investments	17,885,918	15,915,027
Receivables:		
Participants' Contributions	-	44,304
Employer Contributions	-	23,105
Notes Receivable from Participants	<u>356,121</u>	<u>376,596</u>
Total Receivables	<u>356,121</u>	<u>444,005</u>
Net Assets Available for Benefits	<u>\$ 18,242,039</u>	<u>\$ 16,359,032</u>

See accompanying notes.

AMC 401(K) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Contributions:		
Employer	\$ 529,907	\$ 507,791
Participants'	929,503	923,989
Rollover	23,380	6,467
Total Contributions	1,482,790	1,438,247
Investment Income:		
Net Appreciation in Fair Value of Investments	1,979,247	2,110,140
Interest from Guaranteed Investment Contracts	25,713	26,988
Net Investment Income	2,004,960	2,137,128
Interest Income on Notes Receivable from Participants	27,787	20,514
Deductions from Net Assets Attributed to:		
Benefit Payments to Participants	1,592,747	648,216
Administrative Expenses and Fees	39,783	30,722
Total Deductions	1,632,530	678,938
Change in Net Assets	1,883,007	2,916,951
Net Assets Available for Benefits:		
Beginning of Year	16,359,032	13,442,081
End of Year	\$ 18,242,039	\$ 16,359,032

See accompanying notes.

AMC 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1: Description of Plan

The following description of the AMC 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for more complete information.

General

The Plan, established January 1, 2005, is a defined contribution employee benefit plan sponsored by Moon Distributors, Inc. (“the Employer”) and affiliated employers Central Distributors, Inc., Arkansas Bolt Co., Inc., and Complete Care, Inc. and provides retirement benefits to eligible participants. Eligible employees include all employees of the Employer excluding members of a collective bargaining unit and non-resident aliens. All employees, as defined above, will be eligible to participate in 401(k) employee and employer contributions upon completion of one year of service during which the employee completes at least 1,000 hours of service. An employee will become eligible to participate in the Plan on the first day of the plan year or the first day of the seventh month of the plan year following the date in which the employee completes all applicable requirements. A Plan participant will qualify to receive an allocation of any employer matching contributions by completing at least one hour of service during the Plan year after eligibility requirements have been satisfied. Effective January 1, 2024, the Setting Every Community Up for Retirement Enhancement (SECURE) Act extended eligibility for participant in 401(k) plans to certain long-term part-term (LTPT) employees. LTPT employees must have three consecutive years of eligible service beginning in 2021 in order to make deferral contributions into the Plan. Eligible service is defined as at least 500 hours of service for each 12-month eligibility period. The eligibility service window applies for plan years beginning after December 31, 2020, and excludes service before that. The Plan Sponsor may still require the employee to satisfy any minimum age requirements, and can also decide whether LTPT employees will receive any portion of employer contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute up to 100% of their annual compensation not to exceed the limit set by the Internal Revenue Code, which was \$23,000 and \$22,500 in 2024 and 2023, respectively. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions of up to an additional \$7,500 in 2024 and 2023, respectively. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans as rollover contributions. Compensation is defined as total compensation subject to income tax, excluding bonuses, reimbursements and other expense allowances, and including any salary reduction contributions. The Employer will make employer matching contributions equal to a discretionary percentage that it determines. The Employer matched 100% of each participant’s contributions up to 3% of the participant’s compensation received during the plan years ending December 31, 2024 and 2023, respectively. Contributions are subject to certain limitations set by law.

Participant Accounts

Each participant’s account is credited with the participant’s contribution and allocations of the Employer’s contribution and Plan earnings. Participants’ accounts will also be charged with an allocation of the Plan’s administrative expenses. Allocations are based on account balances as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

AMC 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Vesting

Participants are immediately vested in their contributions and any earnings thereon. Vesting in the portion of their account attributable to the Employer's matching contributions is based on each participant's years of service. Participants are 100% vested after five years of service. A participant will also become fully vested upon death, disability or retirement at age 65 or older.

<u>Years of Service</u>	<u>Percentage Vested</u>
Less than 1 year	0%
1	20%
2	40%
3	60%
4	80%
5	100%

Investment Options

Participants may instruct the trustee, through an employee election form, on how to invest their account based on the investment options under the Plan. Participants may change their investment selections at any time. The Plan currently offers 32 pooled separate account funds and a guaranteed investment contract as investment options, or the participant may have a segregated account. If a participant directs the investment of his or her assets in either funds or a segregated account, any income, gains or losses from such investments shall be allocated directly to such account, and the Plan administrator will not be responsible for such investments.

Notes Receivable from Participants

Participants may borrow from their accounts at a minimum of \$1,000 and a maximum equal to the lesser of \$50,000 or 50 percent of the participant's vested account balance. A participant may only have one outstanding note at any time. All notes are required to be repaid within five years of the note's origination unless the note is used for the purchase of a principal residence. The full amount of any note must be secured by the participant's vested account balance. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon death, disability, retirement or upon termination of service due to other reasons, a participant may elect to receive payments of his or her vested account balance, as a lump-sum distribution. The Plan allows in-service withdrawals from the participant's account after age 59 ½. The Plan allows for hardship distributions to be made from participants' accounts.

Forfeitures

The portion of the participant's account to which they are not entitled upon termination of participation is deemed a forfeiture. Forfeitures are first used to pay any administrative expenses incurred in connection with the Plan. If forfeitures still remain, they may be used to reduce future employer contributions. In 2024 and 2023, employer contributions were reduced by \$4,137 and \$7,850, respectively, from forfeited nonvested accounts. At December 31, 2024 and 2023, forfeited accounts totaled \$857 and \$1,267, respectively.

AMC 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting. Under the accrual basis of accounting, revenues and expenses, other than benefit payments, together with the related assets and liabilities are recorded in the accounting period to which they apply, regardless of when the cash transaction occurred.

Administrative Expenses and Fees

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses and fees. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Valuation of Investments and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract 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. The Plan's management determines the valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. See Note 4 for 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 (depreciation) in fair value of investments includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

The Plan has entered into a group annuity contract with Voya Retirement Insurance and Annuity Company which consists of various investments maintained in pooled separate accounts as well as an unallocated investment in a guaranteed investment contract. The contract is considered fully benefit responsive and is included in the financial statements at contract value because it is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts as contract value is the amount participants should receive if they were to initiate permitted transactions under the term of the plan. The contract is credited with earnings on the underlying investments. Earnings on the pooled separate account are considered unrealized and are reflected in the statement of changes in net assets available for benefits as investment income.

Use of Estimates

The preparation of financial statements in accordance 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 and liabilities and changes therein, and disclosure of contingent assets and liabilities. The Plan's most significant estimate relates to the valuation of investments and investment contracts. Actual results could differ from those estimates.

AMC 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2024 or 2023.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated all subsequent events for potential recognition and disclosure through July 19, 2025, the date these financial statements were available to be issued.

Note 3: Plan Termination

Although it has not expressed the intent to do so, the Employer has the right to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in the employer discretionary contributions portion of their account. Employee contributions and their related earnings are always fully vested.

Note 4: Fair Value

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

AMC 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

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

	Total	Level 1	Level 2	Level 3
Participant-Directed Brokerage Account	\$ 270,738	\$ 53,216	\$ 217,522	\$ -
Investments Measured at Net Asset Value	<u>15,801,802</u>	<u>-</u>	<u>-</u>	<u>-</u>
Investments at Fair Value	<u>\$ 16,072,540</u>	<u>\$ 53,216</u>	<u>\$ 217,522</u>	<u>\$ -</u>

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

	Total	Level 1	Level 2	Level 3
Participant-Directed Brokerage Account	\$ 501,282	\$ 497,884	\$ 3,398	\$ -
Investments Measured at Net Asset Value	<u>13,449,453</u>	<u>-</u>	<u>-</u>	<u>-</u>
Investments at Fair Value	<u>\$ 13,950,735</u>	<u>\$ 497,884</u>	<u>\$ 3,398</u>	<u>\$ -</u>

Following are the valuation methodologies the Plan uses to measure financial instruments at fair value:

Pooled Separate Accounts (PSAs): Valued at the net asset value (NAV) as reported by the fund managers as of the financial statement date based on recent transaction prices. The PSAs held by the Plan provide for daily redemptions by the Plan at reported NAV with no advance requirement. The Plan is permitted to redeem investment units at NAV on the measurement date.

Participant-Directed Brokerage Account: Accounts consist of common stock, exchange-traded funds, money market funds, and savings and time deposits. The common stock, exchange-traded funds, and savings and time deposits are valued at the closing price reported on the active market on which the individual securities are traded. The money market fund is valued using pricing models maximizing the use of observable inputs for similar securities.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2024 and 2023, are reported in net appreciation in fair value of investments. The Plan's investments (including realized gains and losses on investments bought, sold, and held during the year as well as unrealized appreciation (depreciation) of the investments held at the end of the year) appreciated in value by \$2,004,960 and \$2,137,128 in 2024 and 2023, respectively.

AMC 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Fair Value of Investments in Entities that use NAV:

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively:

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Pooled Separate Accounts	\$15,801,802	N/A	Daily	None

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Pooled Separate Accounts	\$13,449,453	N/A	Daily	None

Note 5: Fully Benefit-Responsive Investment Contracts

The Plan entered into a traditional fully benefit-responsive investment contract with Voya Life Insurance and Annuity Company (“Voya”) totaling \$1,813,378 and \$1,964,292 at December 31, 2024 and 2023, respectively. Voya maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The investment contract issuer is contractually obligated to repay the principal and a specific interest rate that is guaranteed to the Plan.

The contract meets the traditional fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The following represents the disaggregation of contract value between types of investment contracts held by the Plan.

The key difference between a synthetic investment contract and a traditional investment contract is that the Plan owns the underlying assets of the synthetic investment contract. A synthetic investment contract includes a wrapper contract, which is an agreement for a wrap issuer, such as a bank or insurance company, to make payments to the Plan in certain circumstances. The wrapper contract typically includes certain conditions and limitations on the underlying assets owned by the Plan. With traditional investment contracts, the Plan owns only the contract itself. Synthetic and traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuers.

AMC 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

The Plan's ability to receive amounts due is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. Examples of such events include the following:

1. Amendments to the Plan document (including complete or partial Plan termination or merger with another Plan)
2. Changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions
3. Bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan
4. The failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exempt under ERISA
5. Premature termination of the contract

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer

Note 6: Income Tax Status

The IRS has informed the Employer by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has not been amended since receiving the opinion letter, the Plan administrator believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

AMC 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 7: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employee association or relatives of such person.

Voya is the third party administrator and custodian for the Plan. They are by definition a party-in-interest and as a result, all investment transactions were with a party-in-interest. Certain Plan investments are units of pooled separate accounts and guaranteed investment contract managed by Voya. Fees incurred by the Plan for the investment management services to the Plan pursuant to a Master Plan Services Agreement (MSA) between the Employer and Custodian are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Plan paid administrative costs directly to Voya \$39,783 and \$30,722 for their services during 2024 and 2023, respectively. These transactions are exempt from being prohibited transactions under ERISA.

Note 8: Information Prepared and Certified by Custodian

The Plan's investments are held by Voya, the custodian. The amounts set forth in the accompanying financial statements for investments and investment income and the information shown in the supplemental schedules were summarized from information furnished by the custodian. Other than the notes receivable from participants, the Plan administrator received from the custodian certifications that information furnished by the custodian is complete and accurate for the years ending December 31, 2024 and 2023, respectively.

Note 9: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the 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 changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 10: Reconciliation of Financial Statements to Form 5500

Certain amounts reported in the Plan's annual Form 5500 for changes in net assets available for benefits are different from the amounts reported in the accompanying financial statements. These differences are due to different presentation of investments and investment income but have no effect on the net assets of the Plan.

SUPPLEMENTAL SCHEDULES

AMC 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 71-0212809 Plan 001

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	Voya Fixed Account	Interest in Guaranteed Interest Contract	**	\$ 1,813,378
*	Voya Government Money Market Fund A	Interest in Pooled Separate Accounts	**	148
	American Funds EuroPacific R6	Interest in Pooled Separate Accounts	**	546,926
	DFA Emerging Markets Portfolio Inst	Interest in Pooled Separate Accounts	**	618,732
	DFA Intl Small Comp Portfolio Inst	Interest in Pooled Separate Accounts	**	1,263
	Vanguard Total Intl Stk Index Fd Adm	Interest in Pooled Separate Accounts	**	1,547,458
	Vanguard Mid-Cap Index Fund Adm	Interest in Pooled Separate Accounts	**	1,056,446
	DFA U.S. Targeted Value Port Inst	Interest in Pooled Separate Accounts	**	855,802
	PIMCO Commodity RIRTN Strat Fund Inst	Interest in Pooled Separate Accounts	**	113,682
	DFA Global Real Estate Sec Port Inst	Interest in Pooled Separate Accounts	**	501,121
	ClrBrg Sm Cap Growth Fund IS	Interest in Pooled Separate Accounts	**	739,820
	MFS Growth Fund R6	Interest in Pooled Separate Accounts	**	2,086,942
	Vanguard 500 Index Fund Adm	Interest in Pooled Separate Accounts	**	2,650,560
	American Funds Washington Mutual	Interest in Pooled Separate Accounts	**	1,397,965
	Vanguard Target Retire 2025 Fund Inv	Interest in Pooled Separate Accounts	**	29,282
	Vanguard Target Retire 2035 Fund Inv	Interest in Pooled Separate Accounts	**	431,820
	Vanguard Target Retire 2045 Fund Inv	Interest in Pooled Separate Accounts	**	702,892
	Vanguard Target Retire Income Fund	Interest in Pooled Separate Accounts	**	10,696
	Vanguard Target Retire 2030 Fund Inv	Interest in Pooled Separate Accounts	**	259,825
	Vanguard Target Retire 2040 Fund Inv	Interest in Pooled Separate Accounts	**	13,935
	Vanguard Target Retire 2050 Fund Inv	Interest in Pooled Separate Accounts	**	222,125
	Vanguard Target Retire 2055 Fund Inv	Interest in Pooled Separate Accounts	**	253,489
	Vanguard Target Retire 2060 Fund Inv	Interest in Pooled Separate Accounts	**	15,348
	Vanguard Target Retire 2065 Fund Inv	Interest in Pooled Separate Accounts	**	32,050
	Vanguard Target Retire 2070 Fund Inv	Interest in Pooled Separate Accounts	**	20,812
	Vanguard LifeStrategy Moderate Growth Fund Inv	Interest in Pooled Separate Accounts	**	406,958
	Vanguard LifeStrategy Growth Fund Inv	Interest in Pooled Separate Accounts	**	30,476
	Vanguard LifeStrategy Conservative Growth Fund Inv	Interest in Pooled Separate Accounts	**	4,953
	Eaton Vance Income Fund of Boston	Interest in Pooled Separate Accounts	**	82,192
	DFA Inflat-Prot Securities Port Inst	Interest in Pooled Separate Accounts	**	369,770
	AB Global Bond Fund Z	Interest in Pooled Separate Accounts	**	85,038
	PIMCO Income Fund Institutional Class	Interest in Pooled Separate Accounts	**	64,996
*	Voya Intermediate Bond Fund R6	Interest in Pooled Separate Accounts	**	648,280
				<u>17,615,180</u>
	Participant - Directed Brokerage Accounts	Other	**	270,738
*	Participant Loans	Interest Rates Ranging from 4.25% to 9.50%	-	<u>356,121</u>
				<u>\$ 18,242,039</u>

* Indicates a Party-in-Interest to the Plan

** Column (d) is not Applicable for Participant-Directed Investments

AMC 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 71-0212809 Plan 001

DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	Voya Fixed Account	Interest in Guaranteed Interest Contract	**	\$ 1,964,292
*	Voya Government Money Market Fund A	Interest in Pooled Separate Accounts	**	570
	American Funds EuroPacific R6	Interest in Pooled Separate Accounts	**	580,461
	DFA Emerging Markets Portfolio Inst	Interest in Pooled Separate Accounts	**	524,529
	DFA Intl Small Comp Portfolio Inst	Interest in Pooled Separate Accounts	**	28,989
	Vanguard Total Intl Stk Index Fd Adm	Interest in Pooled Separate Accounts	**	1,192,432
	Vanguard Mid-Cap Index Fund Adm	Interest in Pooled Separate Accounts	**	863,891
	DFA U.S. Targeted Value Port Inst	Interest in Pooled Separate Accounts	**	849,700
	PIMCO Commodity RIRTN Strat Fund Inst	Interest in Pooled Separate Accounts	**	125,093
	DFA Global Real Estate Sec Port Inst	Interest in Pooled Separate Accounts	**	425,210
	ClrBrg Sm Cap Growth Fund IS	Interest in Pooled Separate Accounts	**	661,037
	MFS Growth Fund R6	Interest in Pooled Separate Accounts	**	1,621,765
	Vanguard 500 Index Fund Adm	Interest in Pooled Separate Accounts	**	2,262,289
	American Funds Washington Mutual	Interest in Pooled Separate Accounts	**	1,273,158
	Vanguard Target Retire 2025 Fund Inv	Interest in Pooled Separate Accounts	**	31,023
	Vanguard Target Retire 2035 Fund Inv	Interest in Pooled Separate Accounts	**	344,900
	Vanguard Target Retire 2045 Fund Inv	Interest in Pooled Separate Accounts	**	553,221
	Vanguard Target Retire Income Fund	Interest in Pooled Separate Accounts	**	9,927
	Vanguard Target Retire 2020 Fund Inv	Interest in Pooled Separate Accounts	**	25,064
	Vanguard Target Retire 2030 Fund Inv	Interest in Pooled Separate Accounts	**	205,552
	Vanguard Target Retire 2040 Fund Inv	Interest in Pooled Separate Accounts	**	7,640
	Vanguard Target Retire 2050 Fund Inv	Interest in Pooled Separate Accounts	**	176,282
	Vanguard Target Retire 2055 Fund Inv	Interest in Pooled Separate Accounts	**	222,237
	Vanguard Target Retire 2060 Fund Inv	Interest in Pooled Separate Accounts	**	17,838
	Vanguard Target Retire 2065 Fund Inv	Interest in Pooled Separate Accounts	**	36,070
	Vanguard Target Retire 2070 Fund Inv	Interest in Pooled Separate Accounts	**	12,467
	Vanguard LifeStrategy Moderate Growth Fund Inv	Interest in Pooled Separate Accounts	**	362,233
	Vanguard LifeStrategy Growth Fund Inv	Interest in Pooled Separate Accounts	**	3,501
	Vanguard LifeStrategy Conservative Growth Fund Inv	Interest in Pooled Separate Accounts	**	4,635
	Eaton Vance Income Fund of Boston	Interest in Pooled Separate Accounts	**	72,168
	DFA Inflat-Prot Securities Port Inst	Interest in Pooled Separate Accounts	**	292,378
	AB Global Bond Fund Z	Interest in Pooled Separate Accounts	**	44,073
	PIMCO Income Fund Institutional Class	Interest in Pooled Separate Accounts	**	38,385
*	Voya Intermediate Bond Fund R6	Interest in Pooled Separate Accounts	**	580,735
				15,413,745
	Participant - Directed Brokerage Accounts	Other	**	501,282
*	Participant Loans	Interest Rates Ranging from 4.25% to 9.50%	-	376,596
				\$ 16,291,623

* Indicates a Party-in-Interest to the Plan

** Column (d) is not Applicable for Participant-Directed Investments

AMC 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 71-0212809 Plan 001

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	Voya Fixed Account	Interest in Guaranteed Interest Contract	**	\$ 1,813,378
*	Voya Government Money Market Fund A	Interest in Pooled Separate Accounts	**	148
	American Funds EuroPacific R6	Interest in Pooled Separate Accounts	**	546,926
	DFA Emerging Markets Portfolio Inst	Interest in Pooled Separate Accounts	**	618,732
	DFA Intl Small Comp Portfolio Inst	Interest in Pooled Separate Accounts	**	1,263
	Vanguard Total Intl Stk Index Fd Adm	Interest in Pooled Separate Accounts	**	1,547,458
	Vanguard Mid-Cap Index Fund Adm	Interest in Pooled Separate Accounts	**	1,056,446
	DFA U.S. Targeted Value Port Inst	Interest in Pooled Separate Accounts	**	855,802
	PIMCO Commodity RIRTN Strat Fund Inst	Interest in Pooled Separate Accounts	**	113,682
	DFA Global Real Estate Sec Port Inst	Interest in Pooled Separate Accounts	**	501,121
	ClrBrg Sm Cap Growth Fund IS	Interest in Pooled Separate Accounts	**	739,820
	MFS Growth Fund R6	Interest in Pooled Separate Accounts	**	2,086,942
	Vanguard 500 Index Fund Adm	Interest in Pooled Separate Accounts	**	2,650,560
	American Funds Washington Mutual	Interest in Pooled Separate Accounts	**	1,397,965
	Vanguard Target Retire 2025 Fund Inv	Interest in Pooled Separate Accounts	**	29,282
	Vanguard Target Retire 2035 Fund Inv	Interest in Pooled Separate Accounts	**	431,820
	Vanguard Target Retire 2045 Fund Inv	Interest in Pooled Separate Accounts	**	702,892
	Vanguard Target Retire Income Fund	Interest in Pooled Separate Accounts	**	10,696
	Vanguard Target Retire 2030 Fund Inv	Interest in Pooled Separate Accounts	**	259,825
	Vanguard Target Retire 2040 Fund Inv	Interest in Pooled Separate Accounts	**	13,935
	Vanguard Target Retire 2050 Fund Inv	Interest in Pooled Separate Accounts	**	222,125
	Vanguard Target Retire 2055 Fund Inv	Interest in Pooled Separate Accounts	**	253,489
	Vanguard Target Retire 2060 Fund Inv	Interest in Pooled Separate Accounts	**	15,348
	Vanguard Target Retire 2065 Fund Inv	Interest in Pooled Separate Accounts	**	32,050
	Vanguard Target Retire 2070 Fund Inv	Interest in Pooled Separate Accounts	**	20,812
	Vanguard LifeStrategy Moderate Growth Fund Inv	Interest in Pooled Separate Accounts	**	406,958
	Vanguard LifeStrategy Growth Fund Inv	Interest in Pooled Separate Accounts	**	30,476
	Vanguard LifeStrategy Conservative Growth Fund Inv	Interest in Pooled Separate Accounts	**	4,953
	Eaton Vance Income Fund of Boston	Interest in Pooled Separate Accounts	**	82,192
	DFA Inflat-Prot Securities Port Inst	Interest in Pooled Separate Accounts	**	369,770
	AB Global Bond Fund Z	Interest in Pooled Separate Accounts	**	85,038
	PIMCO Income Fund Institutional Class	Interest in Pooled Separate Accounts	**	64,996
*	Voya Intermediate Bond Fund R6	Interest in Pooled Separate Accounts	**	648,280
				<u>17,615,180</u>
	Participant - Directed Brokerage Accounts	Other	**	270,738
*	Participant Loans	Interest Rates Ranging from 4.25% to 9.50%	-	<u>356,121</u>
				<u>\$ 18,242,039</u>

* Indicates a Party-in-Interest to the Plan

** Column (d) is not Applicable for Participant-Directed Investments

AMC 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 71-0212809 Plan 001

DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	Voya Fixed Account	Interest in Guaranteed Interest Contract	**	\$ 1,964,292
*	Voya Government Money Market Fund A	Interest in Pooled Separate Accounts	**	570
	American Funds EuroPacific R6	Interest in Pooled Separate Accounts	**	580,461
	DFA Emerging Markets Portfolio Inst	Interest in Pooled Separate Accounts	**	524,529
	DFA Intl Small Comp Portfolio Inst	Interest in Pooled Separate Accounts	**	28,989
	Vanguard Total Intl Stk Index Fd Adm	Interest in Pooled Separate Accounts	**	1,192,432
	Vanguard Mid-Cap Index Fund Adm	Interest in Pooled Separate Accounts	**	863,891
	DFA U.S. Targeted Value Port Inst	Interest in Pooled Separate Accounts	**	849,700
	PIMCO Commodity RIRTN Strat Fund Inst	Interest in Pooled Separate Accounts	**	125,093
	DFA Global Real Estate Sec Port Inst	Interest in Pooled Separate Accounts	**	425,210
	ClrBrg Sm Cap Growth Fund IS	Interest in Pooled Separate Accounts	**	661,037
	MFS Growth Fund R6	Interest in Pooled Separate Accounts	**	1,621,765
	Vanguard 500 Index Fund Adm	Interest in Pooled Separate Accounts	**	2,262,289
	American Funds Washington Mutual	Interest in Pooled Separate Accounts	**	1,273,158
	Vanguard Target Retire 2025 Fund Inv	Interest in Pooled Separate Accounts	**	31,023
	Vanguard Target Retire 2035 Fund Inv	Interest in Pooled Separate Accounts	**	344,900
	Vanguard Target Retire 2045 Fund Inv	Interest in Pooled Separate Accounts	**	553,221
	Vanguard Target Retire Income Fund	Interest in Pooled Separate Accounts	**	9,927
	Vanguard Target Retire 2020 Fund Inv	Interest in Pooled Separate Accounts	**	25,064
	Vanguard Target Retire 2030 Fund Inv	Interest in Pooled Separate Accounts	**	205,552
	Vanguard Target Retire 2040 Fund Inv	Interest in Pooled Separate Accounts	**	7,640
	Vanguard Target Retire 2050 Fund Inv	Interest in Pooled Separate Accounts	**	176,282
	Vanguard Target Retire 2055 Fund Inv	Interest in Pooled Separate Accounts	**	222,237
	Vanguard Target Retire 2060 Fund Inv	Interest in Pooled Separate Accounts	**	17,838
	Vanguard Target Retire 2065 Fund Inv	Interest in Pooled Separate Accounts	**	36,070
	Vanguard Target Retire 2070 Fund Inv	Interest in Pooled Separate Accounts	**	12,467
	Vanguard LifeStrategy Moderate Growth Fund Inv	Interest in Pooled Separate Accounts	**	362,233
	Vanguard LifeStrategy Growth Fund Inv	Interest in Pooled Separate Accounts	**	3,501
	Vanguard LifeStrategy Conservative Growth Fund Inv	Interest in Pooled Separate Accounts	**	4,635
	Eaton Vance Income Fund of Boston	Interest in Pooled Separate Accounts	**	72,168
	DFA Inflat-Prot Securities Port Inst	Interest in Pooled Separate Accounts	**	292,378
	AB Global Bond Fund Z	Interest in Pooled Separate Accounts	**	44,073
	PIMCO Income Fund Institutional Class	Interest in Pooled Separate Accounts	**	38,385
*	Voya Intermediate Bond Fund R6	Interest in Pooled Separate Accounts	**	580,735
				15,413,745
	Participant - Directed Brokerage Accounts	Other	**	501,282
*	Participant Loans	Interest Rates Ranging from 4.25% to 9.50%	-	376,596
				\$ 16,291,623

* Indicates a Party-in-Interest to the Plan

** Column (d) is not Applicable for Participant-Directed Investments