Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
DEFINED BENEFIT RETIREMENT INCOME PLAN FOR CERTAIN EMPLOYEES OF AMERICAN MULTI-CINEMA, INC.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1975

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)
AMERICAN MULTI-CINEMA, INC.

11500 ASH STREET
LEAWOOD, KS 66211

2b Employer Identification Number (EIN)
43-0908577

2c Plan Sponsor's telephone number
913-213-2000

2d Business code (see instructions)
512100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	CARLA CHAVARRIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	1244
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	262
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	244
b	Retired or separated participants receiving benefits	**6b**	288
c	Other retired or separated participants entitled to future benefits	**6c**	615
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1147
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	53
f	Total. Add lines **6d** and **6e**.	**6f**	1200
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
DEFINED BENEFIT RETIREMENT INCOME PLAN FOR CERTAIN EMPLOYEES OF AMERICAN MULTI-CINEMA, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AMERICAN MULTI-CINEMA, INC.

D Employer Identification Number (EIN)
43-0908577

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	53228158
b Actuarial value	**2b**	52827523

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	314	21581344	21581344
b For terminated vested participants	676	34424656	34424656
c For active participants	262	8817240	8817240
d Total	1252	64823240	64823240

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

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

5 Effective interest rate	**5**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1060000
c Target normal cost	**6c**	1060000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/18/2026
Date

MATTHEW C. BURLEY, A.S.A., E.A.
Type or print name of actuary

26-05956
Most recent enrollment number

TRANSAMERICA
Firm name

508-903-6015
Telephone number (including area code)

6400 C STREET SW
CEDAR RAPIDS, IA 52499
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	614213
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	614213
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 4.79 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.14 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	81.49 %
15	Adjusted funding target attainment percentage	15	81.49 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.48 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/10/2025	466703				
07/10/2025	466703				
10/14/2025	466703				
01/14/2026	466703				
09/15/2026	489311				
			Totals ► 18(b)	2356123	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2251932

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1060000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	11995717	1191932
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2251932

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	2251932
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2251932
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
DEFINED BENEFIT RETIREMENT INCOME PLAN FOR CERTAIN EMPLOYEES OF AMERICAN MULTI-CINEMA, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN MULTI-CINEMA, INC.

D Employer Identification Number (EIN)
43-0908577

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).. . . . . [X] 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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

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

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

ALAN D BILLER & ASSOCIATES

94-2854958

(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 50	INVESTMENT ADVISOR	343500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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?
11 12 15 28 38 50 59 61 62 63 64	RECORD KEEPER	181636	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

JPMORGAN

13-4043930

(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 50	INVESTMENT ADVISOR	32458	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2025

This Form is Open to Public Inspection.

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

A Name of plan
DEFINED BENEFIT RETIREMENT INCOME PLAN FOR CERTAIN EMPLOYEES OF AMERICAN MULTI-CINEMA, INC.

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMERICAN MULTI-CINEMA, INC.

D Employer Identification Number (EIN)
43-0908577

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN STRATEGIC PROPERTY FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

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)
13-6038770-001	C	3217540

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)

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)

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)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
DEFINED BENEFIT RETIREMENT INCOME PLAN FOR CERTAIN EMPLOYEES OF AMERICAN MULTI-CINEMA, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN MULTI-CINEMA, INC.

D Employer Identification Number (EIN)
43-0908577

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	681905	956014
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	3766333	3217540
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	48701207	51071228
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	53149445	55244782
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	53149445	55244782

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)	2356123	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2356123
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(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)	1941180	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1941180
(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)		251317
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3792337
c Other income	2c		736
d Total income. Add all **income** amounts in column (b) and enter total	2d		8341693
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4959366	
(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)		4959366
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	124886	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	375958	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	56750	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	729396	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1286990
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6246356
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2095337
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] 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: FORVIS MAZARS, LLP **(2)** EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 590878.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
DEFINED BENEFIT RETIREMENT INCOME PLAN FOR CERTAIN EMPLOYEES OF AMERICAN MULTI-CINEMA, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN MULTI-CINEMA, INC.

D Employer Identification Number (EIN)
43-0908577

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): 13-3689044

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 | 30

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 25.6 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 68.5 %
High-Yield Debt: _____% Real Assets: 5.9 % 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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.

EIN 43-0908577 PN 001

Independent Auditor's Report and Financial Statements

December 31, 2025 and 2024

Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.

December 31, 2025 and 2024

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Independent Auditor's Report

Investment Committee and Plan Administrator
Defined Benefit Retirement Income Plan
for Certain Employees of American Multi-Cinema, Inc.
Leawood, Kansas

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

We have performed audits of the financial statements of Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc. ("the 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 (modified cash basis) as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the statement of accumulated plan benefits as of January 1, 2025 and the related statement of changes in accumulated plan benefits for the year 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 the 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 December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.

- The information in the accompanying financial statements 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 (GAAS). 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 the 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.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Management is also responsible 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 the Plan's ability to continue as a going concern within one year after the date that these 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 GAAS 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 GAAS, 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 the 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 the 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 modified cash basis of accounting.

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 the modified cash basis of accounting.

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 (modified cash basis) listed in the table of contents 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 (modified cash basis), other than that agreed to or derived from the certified investment information, have 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 GAAS. For information included in the supplemental schedules (modified cash basis) 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 (modified cash basis), we evaluated whether the supplemental schedules (modified cash basis), 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 (modified cash basis), other than the information in the supplemental schedules (modified cash basis) 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 (modified cash basis) 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).

Forvis Mazars, LLP

Kansas City, Missouri
October 9, 2026

Federal Employer Identification Number: 44-0160260

Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.

Statements of Net Assets Available for Benefits
(Modified Cash Basis)
December 31, 2025 and 2024

	2025	2024
Investments, at fair value		
Collective investment trust		
Strategic property	$ 3,217,540	$ 3,766,333
Mutual funds	51,071,228	48,701,207
Total investments	54,288,768	52,467,540
Receivables		
Employer	956,014	681,905
Total receivables	956,014	681,905
Net assets available for benefits	$ 55,244,782	$ 53,149,445

Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.

Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)

Years Ended December 31, 2025 and 2024

	2025	2024
Investment income:		
Net appreciation in fair value of investments	$ 4,044,390	$ 762,503
Interest and dividends	1,941,180	1,534,325
Total investment income	5,985,570	2,296,828
Contributions:		
Employer	2,356,123	1,316,433
Total additions	8,341,693	3,613,261
Deductions:		
Benefits paid to participants	4,959,366	3,049,548
Administrative expenses	1,286,990	1,085,945
Total deductions	6,246,356	4,135,493
Net increase (decrease)	2,095,337	(522,232)
Net assets available for benefits, beginning of year	53,149,445	53,671,677
Net assets available for benefits, end of year	$ 55,244,782	$ 53,149,445

Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.

Statement of Accumulated Plan Benefits

January 1, 2025

	2025
Actuarial present value of accumulated plan benefits *(Note 2)*	
Vested benefits	
Participants currently receiving payments	$ 19,627,007
Other participants	39,482,444
Total vested benefits	59,109,451
Total actuarial present value of accumulated plan benefits	$ 59,109,451

Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.

Statement of Changes in Accumulated Plan Benefits

Year Ended January 1, 2025

	2025
Actuarial present value of accumulated plan benefits, beginning of year	$ 59,346,258
Increase (decrease) during the year attributable to	
Interest	3,875,696
Benefits accumulated and plan experience	(218,937)
Benefits paid	(3,049,548)
Change in assumptions (mortality and interest rate)	(844,018)
Actuarial present value of accumulated plan benefits, end of year	$ 59,109,451

Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.

Notes to Financial Statements (Modified Cash Basis)

December 31, 2025 and 2024

Note 1: Description of the Plan

General

The following description provides only general information. Participants should refer to the plan agreement or *Summary Plan Description* for a more complete description of the Plan's provisions.

Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc. (the "Plan") was established on January 1, 1975 to provide retirement benefits to eligible employees of American Multi-Cinema, Inc. and affiliated companies (the "Employer" or "Sponsor"). The Plan document was last restated effective January 1, 2012.

The Plan is a non-contributory, defined benefit pension plan and is subject to the provisions of the *Employee Retirement Income Security Act of 1974* ("ERISA"). On November 7, 2006, the plan sponsor approved an amendment to freeze the Plan as of December 31, 2006 ("Plan Freeze Date"). As a result of the freeze, there will be no further benefits accrued after December 31, 2006. The Employer will continue to fund existing benefit obligations and there will be no new participants in the future.

Eligible Employees

As of January 1, 1990, the Plan was modified to allow all employees of the Employer to participate in the Plan, provided that such employees are not represented by a collective bargaining unit and are not non-resident aliens. Employees are eligible as of the first January 1 or July 1 that the employee (1) has reached age 21 and (2) has completed one year of eligible service (at least 1,000 hours of service). Employees who were participants in the Plan prior to the January 1, 1990 modification remain eligible to participate in the Plan.

Contributions

All contributions under the Plan are made by the Employer to the custodians. Contributions are made on the basis of annual computations by the custodian's actuary to meet the minimum funding requirements of ERISA. The minimum funding requirements contributions were $2,356,123 and $1,316,433 as of December 31, 2025 and December 31, 2024, respectively.

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

Effective January 1, 1990 through the Plan Freeze Date, employees are entitled to annual pension benefits beginning at normal retirement age (the older of 65, or age on the date five years after entering the Plan) equal to 0.5 percent of a participant's average pay up to his or her Social Security base, plus 1.0 percent of the participant's average annual pay in excess of his or her Social Security base, multiplied by the participant's years of service up to 35 years. Benefits no longer accrue for plan participants subsequent to the Plan Freeze Date. Pension benefits for active participants prior to the January 1, 1990 modification will not be less than those earned prior to modification. For benefits earned prior to January 1, 2005, employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly from retirement. Subsequent to January 1, 2005, employees may receive their benefits as a life annuity only. Special rules exist for early retirement, late retirement and death.

Vesting

Participants in the Plan prior to the Plan Freeze Date are fully vested upon completion of five years of eligible service (at least 1,000 hours of service per year). Participants are also fully vested if they are an employee of the Employer on the date the employee reaches normal retirement age. Participants with fewer than five years of eligible service have no vested interest.

Plan Administration

The Plan is administered by American Multi-Cinema, Inc. ("AMC").

Plan Custodian

The custodian, State Street Bank and Trust Company holds and invests all assets of the Plan in accordance with the provisions of the custodial agreement and is a party-in-interest to the Plan.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Accordingly, investments are recorded at fair value and all other transactions are recorded based upon cash receipts and disbursements. Plan contributions are recorded on an accrual basis.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Although these estimates are based on management's knowledge of current events and actions it may undertake in the future, they may ultimately differ from actual results.

Valuation of Investments and Income Recognition

Investments are valued at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end. Mutual funds have publicly available prices that are quoted daily and the underlying asset information is publicly available.

The Plan's interest in the collective trust is valued based on information reported by the investment advisor using the audited financial statements of the collective trust at year end.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered.

Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees who were eligible for retirement and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based upon their estimated average compensation during years of participation ending on the Plan Freeze Date. Benefits payable under all circumstances noted above are included in the computation of the actuarial present value of accumulated plan benefits to the extent they are deemed attributable to employee service rendered to the Plan Freeze Date. Benefit payments to participants are reported upon distribution.

The actuarial present value of accumulated plan benefits is determined by an actuary from the custodian and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. Actuarial assumptions under the *Pension Protection Act of 2006* ("the PPA") became fully effective as of January 1, 2008. These rules are distinct from the actuarial assumptions used for purposes of measuring accumulated plan benefits under ASC Topic 960, *Plan Accounting – Defined Benefit Pension Plans* (Topic 960). Under the PPA, a single discount rate has been replaced with a yield curve approach (with an option to elect three segmented interest rates) used to measure plan liabilities. The PPA prescribes mortality tables to be used by the Plan's actuaries. While the PPA does not change the financial accounting for defined benefit plans, it affects plan funding and the calculation of lump-sum distributions. The significant actuarial assumptions used in the valuation for purposes of Topic 960 as of January 1, 2025 was:

Discount rate	6.7%
Mortality rate	For 2025, Pri-2012 and MP-2021 mortality basis tables
Retirement age	Later of age 65 or five years after entry
Withdrawal	2003 Society of Actuaries Basic Age Table, multiplied by 1.80

Vested benefits of other participants includes $8,274,783 of present employees' accumulated contributions and interest earned at December 31, 2025.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, there would be no material differences.

Tax Status

The Plan obtained a favorable determination letter dated June 30, 2014, in which the Internal Revenue Service stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter; however, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, the Plan continues to qualify to be tax-exempt.

Accounting principles generally accepted in the United States of America 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.

Administrative Expenses

All fees in connection with custodial services for plan assets are paid from the assets of the Plan. All other expenses are paid by the Employer. Administrative and other expenses were $1,286,990 and $1,085,945 for 2025 and 2024, respectively.

Note 3: Plan Termination

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

(A) Benefits attributable to employee contributions, taking into account those paid out before termination.

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

(C) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") up to the applicable limitations discussed below.

(D) Vested benefits not insured by the PBGC.

(E) All nonvested benefits.

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

Note 4: Certification of Plan Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, State Street Bank and Trust Company, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules are complete and accurate:

- Investments as shown in the statements of net assets available for benefits (modified cash basis) as of December 31, 2025 and 2024.
- Investment income (loss) as shown in the statements of changes in net assets available for benefits (modified cash basis) for the years ended December 31, 2025 and 2024.
- Investment information included in the accompanying schedule of assets (held at end of year) (modified cash basis) as of December 31, 2025 and schedule of reportable transactions for the year ended December 31, 2025 (modified cash basis).

The Plan's independent auditors did not perform auditing procedures with respect to this information except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

Note 5: Disclosures About Fair Value of Assets

The Plan measures fair value based on 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 fair value framework establishes 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 inputs used to measure fair value are described below.

Level 1 Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that are accessible to the reporting entity at the measurement date.

Level 2 Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets;
- Quoted for identical or similar assets or liabilities in markets that are not active;
- Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities;
- 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.

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety.

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits (modified cash basis) measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Collective investment trust	$ -	$ 3,217,540	$ -	$ 3,217,540
Mutual funds	51,071,228	-	-	51,071,228
Investments measured at fair value	$ 51,071,228	$ 3,217,540	$ -	$ 54,288,768

	Assets at Fair Value as of December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Collective investment trust	$ -	$ 3,766,333	$ -	$ 3,766,333
Mutual funds	48,701,207	-	-	48,701,207
Investments measured at fair value	$ 48,701,207	$ 3,766,333	$ -	$ 52,467,540

Note 6: 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 employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association or relatives of such persons.

The Plan paid fees for custodians of $181,636 and $117,473 for 2025 and 2024, respectively. The Plan paid $375,958 and $216,165 for investment advisory and other services for 2025 and 2024, respectively. The Plan paid $729,396 and $752,307 for PBGC premiums for 2025 and 2024, respectively.

The Employer pays certain audit and administrative fees on behalf of the Plan.

Note 7: 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 risks 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 the funding of participants' benefits and the amounts reported in the statements of net assets available for benefits (modified cash basis).

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

Note 8: Subsequent Events

Subsequent events have been evaluated through October 9, 2026, which is the date the financial statements were available to be issued.

Supplemental Schedules

Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.

EIN 43-0908577 PN 001

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)

(Modified Cash Basis)

December 31, 2025

Identity of Issuer	Description	Cost	Current Value
Common Collective Trust			
JP Morgan Chase Bank	JP Morgan Strategic Property Fund	$ 3,068,765	$ 3,217,540
Mutual Funds			
American Funds	American Funds EuroPacificGr R6	5,395,316	5,980,372
Vanguard Group	Vanguard Total Stock Market Index I	6,907,567	7,898,535
PIMCO	PIMCO Investment Grade Credit Bond Instl	16,493,130	17,007,983
PIMCO	PIMCO Long Duration Total Return Instl	13,358,589	13,841,762
PIMCO	PIMCO Long-Term Credit Bond Instl	6,194,433	6,342,576
		$51,417,800	$54,288,768

Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.

EIN 43-0908577 PN 001

Schedule H, Line 4j—Schedule of Reportable Transactions

(Modified Cash Basis)

Year Ended December 31, 2025

Identity of Party Involved	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (iii) Series of Transactions:					
PIMCO Long Duration Total Return Instl	$ 2,297,372	$ -	$ -	$ 2,297,372	$ -
	$ -	$ 2,112,794	$ 2,068,026	$ 2,112,794	$ 44,768
American Funds EuroPacificGr R6	$ 1,042,292	$ -	$ -	$ 1,042,292	$ -
	$ -	$ 1,975,672	$ 1,780,490	$ 1,975,672	$ 195,182
Vanguard Total Stock Market Index I	$ 3,872,787	$ -	$ -	$ 3,872,787	$ -
	$ -	$ 7,968,846	$ 7,751,420	$ 7,968,846	$ 217,426
PIMCO Investment Grade Credit Bond Instl	$ 3,878,156	$ -	$ -	$ 3,878,156	$ -
	$ -	$ -	$ -	$ -	$ -

There were no category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2025.

Attachment to 2025 Form 5500 Schedule SB,
Line 26a – Schedule of Active Participant Data

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

	Completed Years of Credited Service										
Age	0 to 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 +	Total
0 – 24	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	0	0	0	0	0	0	0	0	0	0
30 – 34	0	0	0	0	0	0	0	0	0	0	0
35 – 39	0	4	0	0	0	0	0	0	0	0	4
40 – 44	0	39	30	0	0	0	0	0	0	0	69
45 – 49	0	12	26	18	0	0	0	0	0	0	56
50 – 54	0	9	15	21	3	0	0	0	0	0	48
55 – 59	0	4	9	9	12	8	0	0	0	0	42
60 – 64	0	5	3	1	4	10	3	0	0	0	26
65 – 69	0	6	1	0	1	2	0	0	0	0	10
70 & Up	0	3	4	0	0	0	0	0	0	0	7
Totals	0	82	88	49	20	20	3	0	0	0	262

Attachment to 2025 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;

2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year. However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

Attachment to 2025 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

C INTEREST RATE METHODS

Target Liability Interest Rates	Segment rates for the September prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv).
PBGC Interest Rates	Based on the standard premium funding target and the PBGC segment interest rates in accordance with ERISA Section 4006.4(b)(2) 1st Segment 4.65% (previously, 5.01%) 2nd Segment 5.28% (previously, 5.13%) 3rd Segment 5.63% (previously, 5.15%) Effective Rate 5.38%
Expected Investment Return/ ASC 960-20 Interest Rate	6.70% (unchanged).

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality	Funding: Generational Mortality Tables in accordance with 1.430(h)(3)-1 for the valuation year, including the 2024 Adjusted Scale MP-2021 per 1.430(h)(3)-1(b)(1)(iv)(A). Accounting (ASC 960-20): PRI-2012 Employee Tables with the Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2021 for all years (unchanged).
Disability Mortality	N/A.
IRC Maximum Benefit and Compensation Limitations	
Benefit Limit	$280,000 for 2025 (previously, $275,000).
Compensation Limit	Not Applicable.

D ACTUARIAL ASSUMPTIONS *(cont'd)*

Lump Sum Basis

Funding: IRS Applicable Mortality Table for 417(e) and target liability interest rates for the valuation year for funding purposes.

Accounting (ASC 960-20): 5.43% interest rate and 417(e) mortality table per IRS Notice 2024-42 projected to decrement based on the 2024 Adjusted Scale MP-2021 (blended 50/50 for males and females) (previously, 4.76% interest rate).

Withdrawal Rates

Sample rates as follows:

Age	Rate
25	33.32%
30	21.94%
35	15.80%
40	12.60%
45	11.18%
50	10.13%
55	5.26%

Retirement Rates

Active participants are assumed to retire according to the following rates:

Age	Rate
55	10%
56-59	5%
60	20%
61-64	15%
65	40%
66-67	20%
68-69	30%
70	100%

Terminated Vested participants are assumed to retire according to the following rates:

Age	Rate
65	75%
66-67	20%
68-69	30%
70	100%

Attachment to 2025 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

D ACTUARIAL ASSUMPTIONS *(cont'd)*

Disability Rates	N/A.
Marital Assumption	75% of the employees are assumed to be married. Wives are assumed to be the 3 years younger than their husbands.
Plan Expenses	$1,060,000 (Previously $1,140,000. Equal to prior year's administrative expenses and this year's current PBGC premium).
Form of Payment	Age not over 75: 100% of active plan participants are assumed to elect a lump sum upon retirement. For terminated vested participants, 50% are assumed to elect a single life annuity and the remaining 50% are assumed to elect a lump sum distribution (unchanged). Age over 75: for terminated vested participants, assumed to be missing participants per the PBGC plan termination definition, and valued accordingly, with an assumed single life annuity with retroactive payments back to NRD, with interest accumulated at 3.0% (previously, same as age not over 75). Any active plan participants over age 75 are valued in the same manner as the terminated vested participants.

ATTACHMENT TO THE 2025 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Plan Sponsor: American Multi-Cinema, Inc.

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.

Plan Year: January 1, 2025 to December 31, 2025
EIN: 43-0908577 Plan No. 001

Item 4i- Schedule of Assets Held at End of Year
Page 18 of the attached auditor's report of the Plan for the plan year ending December 31, 2025 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions
Page 19 of the attached auditor's report of the Plan for the plan year ending December 31, 2025 provides the schedule of reportable transactions.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
DEFINED BENEFIT RETIREMENT INCOME PLAN FOR CERTAIN EMPLOYEES OF AMERICAN MULTI-CINEMA, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AMERICAN MULTI-CINEMA, INC.

D Employer Identification Number (EIN)
43-0908577

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	53228158
b Actuarial value	**2b**	52827523

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	314	21581344	21581344
b For terminated vested participants	676	34424656	34424656
c For active participants	262	8817240	8817240
d Total	1252	64823240	64823240

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

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

5 Effective interest rate	**5**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1060000
c Target normal cost	**6c**	1060000

Statement by Enrolled Actuary

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

SIGN HERE

Matthew C Burley — Signature of actuary

9/18/2026 — Date

Matthew C. Burley, A.S.A., E.A. — Type or print name of actuary

26-05956 — Most recent enrollment number

Transamerica — Firm name

(508) 903-6015 — Telephone number (including area code)

6400 C Street SW
Cedar Rapids, IA 52499
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	614213
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	614213
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 4.79 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.14 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	81.49 %
15	Adjusted funding target attainment percentage	15	81.49 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.48 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04-10-2025	466703				
07-10-2025	466703				
10-14-2025	466703				
01-14-2026	466703				
09-15-2026	489311				
			Totals ► 18(b)	2356123	18(c) 0

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

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	2251932

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1060000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	11995717	1191932
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2251932

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	2251932
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2251932

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Attachment to 2025 Form 5500 Schedule SB,
Line 22 – Description of Weighted Average Retirement Age

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2) * (3)	(5) Weighted Age (1) * (4)
55	88.57	0.10	8.86	487.15
56	87.54	0.05	4.38	245.12
57	91.98	0.05	4.60	262.14
58	92.16	0.05	4.61	267.27
59	96.31	0.05	4.82	284.12
60	97.22	0.20	19.44	1166.64
61	82.47	0.15	12.37	754.61
62	79.82	0.15	11.97	742.29
63	71.54	0.15	10.73	676.10
64	62.52	0.15	9.38	600.22
65	58.87	0.40	23.55	1530.75
66	38.05	0.20	7.61	502.28
67	32.25	0.20	6.45	432.12
68	25.62	0.30	7.69	522.63
69	18.78	0.30	5.63	388.72
70	14.02	1	14.02	981.62
71	1	1	1	71
72	2	1	2	144
73	1	1	1	73
74	0	1	0	0
75	0	1	0	0
76	1	1	1	76
77	1	1	1	77

Average age at retirement 63.44

Rounded for Schedule SB item 22 **63**

Attachment to 2025 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

For 2025, the expense load is equal to $1,060,000 (previously, $1,140,000. Equal to prior year's administrative expenses and this year's PBGC premium).

Attachment to 2025 Form 5500 Schedule SB,
Line 26a – Schedule of Active Participant Data

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

	Completed Years of Credited Service										
Age	0 to 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 +	Total
0 – 24	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	0	0	0	0	0	0	0	0	0	0
30 – 34	0	0	0	0	0	0	0	0	0	0	0
35 – 39	0	4	0	0	0	0	0	0	0	0	4
40 – 44	0	39	30	0	0	0	0	0	0	0	69
45 – 49	0	12	26	18	0	0	0	0	0	0	56
50 – 54	0	9	15	21	3	0	0	0	0	0	48
55 – 59	0	4	9	9	12	8	0	0	0	0	42
60 – 64	0	5	3	1	4	10	3	0	0	0	26
65 – 69	0	6	1	0	1	2	0	0	0	0	10
70 & Up	0	3	4	0	0	0	0	0	0	0	7
Totals	0	82	88	49	20	20	3	0	0	0	262

Attachment to 2025 Form 5500 Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

Funding Projected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2025	1,307,891	4,399,622	2,039,370	7,746,883
2026	937,114	2,494,439	2,002,204	5,433,757
2027	966,499	2,183,657	1,956,218	5,106,374
2028	1,025,551	2,601,854	1,913,761	5,541,166
2029	990,023	2,900,726	1,868,905	5,759,654
2030	954,994	2,613,475	1,820,690	5,389,159
2031	724,163	2,682,825	1,769,131	5,176,119
2032	668,598	2,755,715	1,711,767	5,136,080
2033	663,131	2,327,045	1,651,589	4,641,765
2034	555,051	2,221,246	1,588,006	4,364,303
2035	463,732	2,077,720	1,519,150	4,060,602
2036	375,661	2,113,947	1,448,317	3,937,925
2037	266,504	2,036,454	1,374,066	3,677,024
2038	268,502	2,064,435	1,296,877	3,629,814
2039	252,119	1,885,403	1,215,873	3,353,395
2040	210,629	1,837,314	1,134,347	3,182,290
2041	171,330	1,652,421	1,052,382	2,876,133
2042	137,495	1,595,329	970,477	2,703,301
2043	116,886	1,563,113	889,392	2,569,391
2044	126,221	1,529,336	809,835	2,465,392
2045	108,372	1,379,179	732,455	2,220,006
2046	97,082	1,307,604	657,842	2,062,528
2047	92,533	1,213,542	586,508	1,892,583
2048	82,182	1,160,654	518,910	1,761,746
2049	78,726	1,083,690	455,441	1,617,857
2050	73,584	1,007,837	396,422	1,477,843
2051	68,464	933,536	342,091	1,344,091
2052	65,855	860,575	292,590	1,219,020
2053	62,950	792,771	247,990	1,103,711
2054	60,238	722,771	208,279	991,288
2055	58,053	655,820	173,361	887,234
2056	55,943	589,782	143,049	788,774
2057	53,811	526,957	117,077	697,845
2058	51,600	467,210	95,121	613,931
2059	49,271	411,025	76,806	537,102
2060	46,827	358,770	61,733	467,330
2061	44,274	310,694	49,487	404,455
2062	41,620	266,923	39,657	348,200
2063	38,876	227,479	31,858	298,213
2064	36,056	192,289	25,735	254,080
2065	33,182	161,202	20,974	215,358
2066	30,277	134,006	17,303	181,586
2067	27,373	110,441	14,489	152,303
2068	24,503	90,215	12,337	127,055
2069	21,702	73,023	10,691	105,416
2070	19,006	58,553	9,424	86,983
2071	16,449	46,494	8,436	71,379
2072	14,059	36,544	7,651	58,254
2073	11,862	28,419	7,008	47,289
2074	9,874	21,855	6,464	38,193

Attachment to 2025 Form 5500 Schedule SB,
Line 32 – Schedule of Amortization Bases

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

Amortization Schedule

(a) Year	(b) Type	(c) Present Value	(d) Years Left		(e) Payment
2023	Shortfall	8,301,500	13		853,192
2024	Shortfall	(1,294,171)	14		(126,380)
2025	Shortfall	4,988,388	15		(126,380)
Total		$11,995,717		$	1,191,932

Attachment to 2025 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;

2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year. However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

Attachment to 2025 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

C INTEREST RATE METHODS

Target Liability Interest Rates	Segment rates for the September prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv).
PBGC Interest Rates	Based on the standard premium funding target and the PBGC segment interest rates in accordance with ERISA Section 4006.4(b)(2) 1st Segment 4.65% (previously, 5.01%) 2nd Segment 5.28% (previously, 5.13%) 3rd Segment 5.63% (previously, 5.15%) Effective Rate 5.38%
Expected Investment Return/ ASC 960-20 Interest Rate	6.70% (unchanged).

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality	Funding: Generational Mortality Tables in accordance with 1.430(h)(3)-1 for the valuation year, including the 2024 Adjusted Scale MP-2021 per 1.430(h)(3)-1(b)(1)(iv)(A). Accounting (ASC 960-20): PRI-2012 Employee Tables with the Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2021 for all years (unchanged).
Disability Mortality	N/A.
IRC Maximum Benefit and Compensation Limitations	
Benefit Limit	$280,000 for 2025 (previously, $275,000).
Compensation Limit	Not Applicable.

D ACTUARIAL ASSUMPTIONS *(cont'd)*

Lump Sum Basis

Funding: IRS Applicable Mortality Table for 417(e) and target liability interest rates for the valuation year for funding purposes.

Accounting (ASC 960-20): 5.43% interest rate and 417(e) mortality table per IRS Notice 2024-42 projected to decrement based on the 2024 Adjusted Scale MP-2021 (blended 50/50 for males and females) (previously, 4.76% interest rate).

Withdrawal Rates

Sample rates as follows:

Age	Rate
25	33.32%
30	21.94%
35	15.80%
40	12.60%
45	11.18%
50	10.13%
55	5.26%

Retirement Rates

Active participants are assumed to retire according to the following rates:

Age	Rate
55	10%
56-59	5%
60	20%
61-64	15%
65	40%
66-67	20%
68-69	30%
70	100%

Terminated Vested participants are assumed to retire according to the following rates:

Age	Rate
65	75%
66-67	20%
68-69	30%
70	100%

Attachment to 2025 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

D ACTUARIAL ASSUMPTIONS *(cont'd)*

Disability Rates	N/A.
Marital Assumption	75% of the employees are assumed to be married. Wives are assumed to be the 3 years younger than their husbands.
Plan Expenses	$1,060,000 (Previously $1,140,000. Equal to prior year's administrative expenses and this year's current PBGC premium).
Form of Payment	Age not over 75: 100% of active plan participants are assumed to elect a lump sum upon retirement. For terminated vested participants, 50% are assumed to elect a single life annuity and the remaining 50% are assumed to elect a lump sum distribution (unchanged). Age over 75: for terminated vested participants, assumed to be missing participants per the PBGC plan termination definition, and valued accordingly, with an assumed single life annuity with retroactive payments back to NRD, with interest accumulated at 3.0% (previously, same as age not over 75). Any active plan participants over age 75 are valued in the same manner as the terminated vested participants.

Attachment to 2025 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

Plan Status	Frozen
Effective Date	Jan. 1, 1975; Jan. 1, 2012 restatement adopted Dec. 31, 2012
EIN/PN	43-0908577/001
Plan Year	The twelve-month period ending December 31.
Eligibility	After attainment of age 21, Participants enter the plan on January 1 or July 1, coincident with or next following date of hire, once 1,000 hours of service are completed in the first employment year or subsequent plan year. Effective December 31, 2006, no new Participants will enter the Plan.
Credited Service	Prior to January 1, 1992 one year of service for each 12-month period that the employee is credited with at least 1,000 hours of service. For the service period starting in 1992, based on the month of your hire or rehire and ending December 31, 1992, a percentage of a Year of Benefit Service, rounded up to the next 5% of a year is credited if at least 1 Hour of Service is worked during that period. For former Participants of GC Companies, Inc. who joined the Plan on April 1, 2002, Benefit Service for 2002 will be credited as follows: If 1,000 or more Hours of Service for the service period ending December 31, 2002 (including the period from January 1, 2002 through March 31, 2002 with GC Companies, Inc.), 0.75 of a Year of Benefit Service will be credited for that period. Credited Service is frozen effective December 31, 2006.
Vesting Service	Vesting Service is granted for each of the total number of calendar years after attaining age 18 where an employee is credited with at least 1,000 hours of service. Prior to 1992, Vesting Service was based on the 12-month period starting on the Date of Hire or Rehire and each anniversary of hire or rehire. In 1992, if at least one hour of service was earned, Vesting Service was granted for that year. A Participant becomes fully vested after 5 years of vesting service.

Attachment to 2025 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

Final Average Earnings	The average annual earnings for the 5 out of the last 10 consecutive calendar years during the Participant's credited service which produces the highest average. Earnings after December 31, 2006 will be disregarded.
Normal Retirement Age	Later of Age 65, or fifth anniversary of date of participation.
Normal Retirement Benefit	Equal to the sum of the following: (1) 0.5% of average monthly earnings not in excess of the Participant's Integration Level for each year of credited service (2) 1.0% of average monthly earnings in excess of the Participant's Integration Level for each year of credited service Credited service in (1) and (2) is limited to 35 years. Benefits are frozen effective December 31, 2006.
Normal Form of Payment	Single Life Annuity if single; 100% Joint & Survivor if married.
Early Retirement	Early Retirement is available for any Participant who has attained age 55 with 15 years of service. Benefit equal to accrued benefit as of Early Retirement Date, reduced by 1/15th for each of the first 60 months and 1/30th for each of the next 60 months which the Participant's Early Retirement date precedes their Normal Retirement Date.

Attachment to 2025 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

Pre-Retirement Survivor Benefit	The surviving spouse or designated beneficiary becomes eligible upon the death of a Participant or former Participant who completed of 5 or more years of Vesting Service. For a married Participant, the surviving spouse will receive the benefit that would have been paid if the Participant or former Participant had retired on the day prior to their death and had elected a 100% Joint & Survivor option. For an un-married Participant, the designated beneficiary will receive the benefit that would have been paid if the Participant or former Participant had retired on the day prior to their death and had elected a 50% Joint & Survivor option.
Late Retirement	Normal retirement actuarially increased to deferred retirement date.
Minimum Benefit	Greater of the following: (1) The Accrued Benefit as of the last day of the last plan year beginning before January 1, 1994, frozen in accordance with Section 1.401 (a)(4)-13 of the regulations, or (2) The Accrued Benefit determined under the benefit formula applicable for the Plan Year beginning on or after January 1, 1994, as applied to the Participant's total years of Benefit Service under the Plan.
Integration Level	Equal to the greater of the following: (1) $833.33, or (2) 1/24 of the Covered Compensation for the Plan Year of any person who attains Social Security Retirement Age during the Plan Year.

Attachment to 2025 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

Optional Form of Payment	Single Life Annuity 5 Year Certain & Continuous 10 Year Certain & Continuous 15 Year Certain & Continuous 50% Joint & Survivor Annuity 66 2/3% Joint & Survivor Annuity 75% Joint & Survivor Annuity 100% Joint & Survivor Annuity Lump Sum
Plan Actuarial Equivalence	Interest Rate: 7.5%. Mortality Table: 1983 Group Annuity Mortality table. For Lump-Sums: Interest Rate: PPA Segment rates for 2nd month prior to the plan year of determination (November). Mortality Table: 417(e) Applicable Mortality Table.
Benefits Not Included in the Valuation	None, to our knowledge.
Summary of Plan Changes	None since the prior year valuation.
Summary of Significant Events	None, to our knowledge.

Attachment to 2025 Form 5500 Schedule SB,
Line 22 – Description of Weighted Average Retirement Age

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2) * (3)	(5) Weighted Age (1) * (4)
55	88.57	0.10	8.86	487.15
56	87.54	0.05	4.38	245.12
57	91.98	0.05	4.60	262.14
58	92.16	0.05	4.61	267.27
59	96.31	0.05	4.82	284.12
60	97.22	0.20	19.44	1166.64
61	82.47	0.15	12.37	754.61
62	79.82	0.15	11.97	742.29
63	71.54	0.15	10.73	676.10
64	62.52	0.15	9.38	600.22
65	58.87	0.40	23.55	1530.75
66	38.05	0.20	7.61	502.28
67	32.25	0.20	6.45	432.12
68	25.62	0.30	7.69	522.63
69	18.78	0.30	5.63	388.72
70	14.02	1	14.02	981.62
71	1	1	1	71
72	2	1	2	144
73	1	1	1	73
74	0	1	0	0
75	0	1	0	0
76	1	1	1	76
77	1	1	1	77

Average age at retirement 63.44

Rounded for Schedule SB item 22 **63**

Attachment to 2025 Form 5500 Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

Funding Projected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2025	1,307,891	4,399,622	2,039,370	7,746,883
2026	937,114	2,494,439	2,002,204	5,433,757
2027	966,499	2,183,657	1,956,218	5,106,374
2028	1,025,551	2,601,854	1,913,761	5,541,166
2029	990,023	2,900,726	1,868,905	5,759,654
2030	954,994	2,613,475	1,820,690	5,389,159
2031	724,163	2,682,825	1,769,131	5,176,119
2032	668,598	2,755,715	1,711,767	5,136,080
2033	663,131	2,327,045	1,651,589	4,641,765
2034	555,051	2,221,246	1,588,006	4,364,303
2035	463,732	2,077,720	1,519,150	4,060,602
2036	375,661	2,113,947	1,448,317	3,937,925
2037	266,504	2,036,454	1,374,066	3,677,024
2038	268,502	2,064,435	1,296,877	3,629,814
2039	252,119	1,885,403	1,215,873	3,353,395
2040	210,629	1,837,314	1,134,347	3,182,290
2041	171,330	1,652,421	1,052,382	2,876,133
2042	137,495	1,595,329	970,477	2,703,301
2043	116,886	1,563,113	889,392	2,569,391
2044	126,221	1,529,336	809,835	2,465,392
2045	108,372	1,379,179	732,455	2,220,006
2046	97,082	1,307,604	657,842	2,062,528
2047	92,533	1,213,542	586,508	1,892,583
2048	82,182	1,160,654	518,910	1,761,746
2049	78,726	1,083,690	455,441	1,617,857
2050	73,584	1,007,837	396,422	1,477,843
2051	68,464	933,536	342,091	1,344,091
2052	65,855	860,575	292,590	1,219,020
2053	62,950	792,771	247,990	1,103,711
2054	60,238	722,771	208,279	991,288
2055	58,053	655,820	173,361	887,234
2056	55,943	589,782	143,049	788,774
2057	53,811	526,957	117,077	697,845
2058	51,600	467,210	95,121	613,931
2059	49,271	411,025	76,806	537,102
2060	46,827	358,770	61,733	467,330
2061	44,274	310,694	49,487	404,455
2062	41,620	266,923	39,657	348,200
2063	38,876	227,479	31,858	298,213
2064	36,056	192,289	25,735	254,080
2065	33,182	161,202	20,974	215,358
2066	30,277	134,006	17,303	181,586
2067	27,373	110,441	14,489	152,303
2068	24,503	90,215	12,337	127,055
2069	21,702	73,023	10,691	105,416
2070	19,006	58,553	9,424	86,983
2071	16,449	46,494	8,436	71,379
2072	14,059	36,544	7,651	58,254
2073	11,862	28,419	7,008	47,289
2074	9,874	21,855	6,464	38,193

Attachment to 2025 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

Plan Status	Frozen
Effective Date	Jan. 1, 1975; Jan. 1, 2012 restatement adopted Dec. 31, 2012
EIN/PN	43-0908577/001
Plan Year	The twelve-month period ending December 31.
Eligibility	After attainment of age 21, Participants enter the plan on January 1 or July 1, coincident with or next following date of hire, once 1,000 hours of service are completed in the first employment year or subsequent plan year. Effective December 31, 2006, no new Participants will enter the Plan.
Credited Service	Prior to January 1, 1992 one year of service for each 12-month period that the employee is credited with at least 1,000 hours of service. For the service period starting in 1992, based on the month of your hire or rehire and ending December 31, 1992, a percentage of a Year of Benefit Service, rounded up to the next 5% of a year is credited if at least 1 Hour of Service is worked during that period. For former Participants of GC Companies, Inc. who joined the Plan on April 1, 2002, Benefit Service for 2002 will be credited as follows: If 1,000 or more Hours of Service for the service period ending December 31, 2002 (including the period from January 1, 2002 through March 31, 2002 with GC Companies, Inc.), 0.75 of a Year of Benefit Service will be credited for that period. Credited Service is frozen effective December 31, 2006.
Vesting Service	Vesting Service is granted for each of the total number of calendar years after attaining age 18 where an employee is credited with at least 1,000 hours of service. Prior to 1992, Vesting Service was based on the 12-month period starting on the Date of Hire or Rehire and each anniversary of hire or rehire. In 1992, if at least one hour of service was earned, Vesting Service was granted for that year. A Participant becomes fully vested after 5 years of vesting service.

Attachment to 2025 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

Final Average Earnings	The average annual earnings for the 5 out of the last 10 consecutive calendar years during the Participant's credited service which produces the highest average. Earnings after December 31, 2006 will be disregarded.
Normal Retirement Age	Later of Age 65, or fifth anniversary of date of participation.
Normal Retirement Benefit	Equal to the sum of the following: (1) 0.5% of average monthly earnings not in excess of the Participant's Integration Level for each year of credited service (2) 1.0% of average monthly earnings in excess of the Participant's Integration Level for each year of credited service Credited service in (1) and (2) is limited to 35 years. Benefits are frozen effective December 31, 2006.
Normal Form of Payment	Single Life Annuity if single; 100% Joint & Survivor if married.
Early Retirement	Early Retirement is available for any Participant who has attained age 55 with 15 years of service. Benefit equal to accrued benefit as of Early Retirement Date, reduced by 1/15th for each of the first 60 months and 1/30th for each of the next 60 months which the Participant's Early Retirement date precedes their Normal Retirement Date.

Attachment to 2025 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

Pre-Retirement Survivor Benefit	The surviving spouse or designated beneficiary becomes eligible upon the death of a Participant or former Participant who completed of 5 or more years of Vesting Service. For a married Participant, the surviving spouse will receive the benefit that would have been paid if the Participant or former Participant had retired on the day prior to their death and had elected a 100% Joint & Survivor option. For an un-married Participant, the designated beneficiary will receive the benefit that would have been paid if the Participant or former Participant had retired on the day prior to their death and had elected a 50% Joint & Survivor option.
Late Retirement	Normal retirement actuarially increased to deferred retirement date.
Minimum Benefit	Greater of the following: (1) The Accrued Benefit as of the last day of the last plan year beginning before January 1, 1994, frozen in accordance with Section 1.401 (a)(4)-13 of the regulations, or (2) The Accrued Benefit determined under the benefit formula applicable for the Plan Year beginning on or after January 1, 1994, as applied to the Participant's total years of Benefit Service under the Plan.
Integration Level	Equal to the greater of the following: (1) $833.33, or (2) 1/24 of the Covered Compensation for the Plan Year of any person who attains Social Security Retirement Age during the Plan Year.

Attachment to 2025 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

Optional Form of Payment	Single Life Annuity 5 Year Certain & Continuous 10 Year Certain & Continuous 15 Year Certain & Continuous 50% Joint & Survivor Annuity 66 2/3% Joint & Survivor Annuity 75% Joint & Survivor Annuity 100% Joint & Survivor Annuity Lump Sum
Plan Actuarial Equivalence	Interest Rate: 7.5%. Mortality Table: 1983 Group Annuity Mortality table. For Lump-Sums: Interest Rate: PPA Segment rates for 2nd month prior to the plan year of determination (November). Mortality Table: 417(e) Applicable Mortality Table.
Benefits Not Included in the Valuation	None, to our knowledge.
Summary of Plan Changes	None since the prior year valuation.
Summary of Significant Events	None, to our knowledge.

ATTACHMENT TO THE 2025 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Plan Sponsor: American Multi-Cinema, Inc.

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.

Plan Year: January 1, 2025 to December 31, 2025
EIN: 43-0908577 Plan No. 001

Item 4i- Schedule of Assets Held at End of Year
Page 18 of the attached auditor's report of the Plan for the plan year ending December 31, 2025 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions
Page 19 of the attached auditor's report of the Plan for the plan year ending December 31, 2025 provides the schedule of reportable transactions.

Attachment to 2025 Form 5500 Schedule SB,
Line 32 – Schedule of Amortization Bases

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

Amortization Schedule

(a) Year	(b) Type	(c) Present Value	(d) Years Left		(e) Payment
2023	Shortfall	8,301,500	13		853,192
2024	Shortfall	(1,294,171)	14		(126,380)
2025	Shortfall	4,988,388	15		(126,380)
Total		$11,995,717		$	1,191,932

Attachment to 2025 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions

Plan Name: Defined Benefit Retirement Income Plan for Certain Employees of American Multi-Cinema, Inc.
EIN/PN: 43-0908577/001

For 2025, the expense load is equal to $1,060,000 (previously, $1,140,000. Equal to prior year's administrative expenses and this year's PBGC premium).