

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>AMPEX CONSOLIDATED RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>009</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMPEX CORPORATION</u></p> <p><u>201 TRESSER BLVD</u> <u>SUITE 300</u> <u>STAMFORD, CT 06901</u></p>	<p>1c Effective date of plan <u>05/27/1987</u></p> <p>2b Employer Identification Number (EIN) <u>13-3667696</u></p> <p>2c Plan Sponsor's telephone number <u>203-595-4522</u></p> <p>2d Business code (see instructions) <u>334310</u></p>

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1831
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	0
	6a(2)	0
	6b	947
	6c	128
	6d	1075
	6e	163
	6f	1238
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>AMPEX CONSOLIDATED RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMPEX CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3667696</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>	
2 Assets:				
a Market value	2a	<u>159588365</u>		
b Actuarial value	2b	<u>159588365</u>		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	<u>1667</u>	<u>112734505</u>	<u>112734505</u>	
b For terminated vested participants	<u>165</u>	<u>6130313</u>	<u>6130313</u>	
c For active participants	<u>0</u>	<u>0</u>	<u>0</u>	
d Total	<u>1832</u>	<u>118864818</u>	<u>118864818</u>	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
a Funding target disregarding prescribed at-risk assumptions	4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b			
5 Effective interest rate	5	<u>4.95 %</u>		
6 Target normal cost				
a Present value of current plan year accruals	6a	<u>0</u>		
b Expected plan-related expenses	6b	<u>1755795</u>		
c Target normal cost	6c	<u>1755795</u>		

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

SIGN HERE Signature of actuary <u>JEFFREY A. SCHAPPEL, EA, MAAA, FCA</u> Type or print name of actuary <u>CBIZ BENEFITS & INSURANCE SERVICES</u> Firm name <u>5959 ROCKSIDE WOODS BLVD N</u> <u>SUITE 600</u> <u>CLEVELAND, OH 44131</u> Address of the firm	<u>10/15/2025</u> Date <u>23-07786</u> Most recent enrollment number <u>216-525-1990</u> Telephone number (including area code)
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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	313098
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	313098
10	Interest on line 9 using prior year's actual return of <u>10.94</u> %	0	34253
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.08</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	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		
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	347351

Part III Funding Percentages			
14	Funding target attainment percentage	14	133.96 %
15	Adjusted funding target attainment percentage	15	130.60 %
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	114.22 %
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
Totals ▶			18(b)	0	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 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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		

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1755795	
b Excess assets, if applicable, but not greater than line 31a	31b	1755795	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	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	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
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	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan AMPEX CONSOLIDATED RETIREMENT PLAN	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 AMPEX CORPORATION	D Employer Identification Number (EIN) 13-3667696	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ALTIMETER CAPITAL

26-3539535

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

APOGEM CAPITAL LLC

85-1664787

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

ARGOSY MANAGEMENT LP

23-2943398

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

BRIARWOOD CHASE MANAGEMENT LLC

46-3923905

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

CBF MANAGER

82-3608385

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

CCM GROUP

99-0449028

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

CERBERUS GLOBAL NPL ASSOCIATES, LLC

875 THIRD AVENUE
NEW YORK, NY 10022

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

CLEARVIEW CAPITAL, L. P.

06-1557232

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

CONTEXT CAPITAL MANAGEMENT

33-0972042

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

CORINTHIAN CAPITAL GROUP LLC

20-2479246

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

CZECH ASSET MANAGEMENT

45-3236373

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

HENGISTBURY PARTNERS

34 BROOK STREET
LONDON, UNITED KINGDOM W1J7DF EG

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

HIGH GROUND INVESTMENT MANAGEMENT L 2 BABMAES STREET
LONDON, UNITED KINGDOM SW1Y 6HD EG

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

MAKAIRA PARTNERS LLC 7817 IVANHOE AVE
SUITE 310
LAJOLLA, CA 92037

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

MCR FUND MANAGEMENT LLC

82-1280906

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

MCR INVESTORS LLC

20-5345817

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

MIC CAPITAL PARTNERS (CAYMEN) GP

98-1512268

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

MIC CAPITAL PARTNERS GP

98-1582690

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

MORGAN STANLEY/PECO II

23-3060887

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

NEW CANAAN FUNDING

26-3447470

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

PORTOLAN CAPITAL MANAGEMENT

20-1926326

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

STATE STREET TRUST

04-1867445

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

STEPSTONE LP

4225 EXECUTIVE SQUARE
SUITE 1600
LA JOLLA, CA 92037

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

SUNRIVER MANAGEMENT

36-4817651

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

TCI FUND MANAGEMENT LIMITED

7 CLIFFORD STREET
LONDON, UNITED KINGDOM W1S 2FT GB

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

ULTIMUS LEVERPOINT PRIVATE FUND

3 CORPORATE DR
#100
CLIFTON PARK, NY 12065

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

WALKER & DUNLOP INVESTMENT PARTNERS

7272 WISCONSIN AVENUE
SUITE 1300
BETHSEDA, MD 20814

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

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

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

CBIZ BENEFITS & INSURANCE SERVICES

31-1582098

(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 14	ACTUARY AND TPA	751231	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JEFFERIES LLC

520 MADISON AVENUE
NEW YORK, NY 10022

(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?
16	FINANCIAL ADVISOR	661185	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STATE STREET BANK

04-1867445

(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?
21 13	TRUSTEE	272121	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PATTERSON BELKNAP WEBB & TYLER LLP

1133 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

(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?
29	LEGAL	168373	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE WAGNER LAW GROUP

125 HIGH STREET
OLIVER STREET TOWER, 5TH FLOOR
BOSTON, MA 02110

(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?
29	LAW CONSULTING	79892	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BCG PENSION RISK CONSULTANTS, INC

100 GRANDVIEW ROAD
SUITE 303
BRAINTREE, MA 02184

(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?
22	ANNUITY PLACEMENT	50000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

WELLS CAPITAL

95-3692822

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	40077	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PROSKAUER ROSE LLP

ONE INTERNATIONAL PLACE
BOSTON, MA 02110

13-1840454

(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?
29	LEGAL	29167	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DECHERT (SINGAPORE) PTE LTD

ONE GEORGE STREET #16-03
SINGAPORE, SINGAPORE 049145 SG

(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?
29	LEGAL	25076	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

KIRKLAND & ELLIS LLP

333 WEST WOLF POINT PLAZA
CHICAGO, IL 60654

36-1326630

(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?
29	LEGAL	15759	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COHNREZNICK LLP

33-4144829

(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?
10	AUDITOR	15000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHULTE ROTH & ZABEL LLP

919 THIRD AVENUE
NEW YORK, NY 10022

13-2633996

(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?
29	LEGAL	14752	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

WINSTON & STRAWN LLP

35 WEST WACKER DRIVE
CHICAGO, IL 60601

36-1975990

(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?
29	LEGAL	13510	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AKIN GUMP STRAUSS HAUER & FELD LLP

ABU DHABI GLOBAL MARKET SQUARE AL SILA TOWER 21ST FLOOR PO BOX 550
ABU DHABI, UNITED ARAB EMIRATES 00000 AE

(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?
29	LEGAL	10075	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ETHAN E. KRA ACTUARIAL SERVICES LLC

22252 HOLLYHOCK TRAIL
BOCA RATON, FL 33433

(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	ACTUARY	9445	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

A Name of plan <u>AMPEX CONSOLIDATED RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>009</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMPEX CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3667696</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AMPEX MASTER TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>AMPEX CORPORATION</u>		
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)	
<u>13-3667696-005</u>	<u>M</u>		<u>109357127</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMPEX CONSOLIDATED RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 009
C Plan sponsor's name as shown on line 2a of Form 5500 AMPEX CORPORATION	D Employer Identification Number (EIN) 13-3667696

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	159588365	109357127
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	159588365	109357127
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	135414	216279
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	135414	216279
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	159452951	109140848

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)		
(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)		0
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)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-5217755
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-5217755

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	41866991	
(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)		41866991
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)	272121	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	15000	
(5) Investment advisory and investment management fees	2i(5)	40077	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	760676	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	2139483	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3227357
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		45094348

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-50312103
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: COHNREZNICK LLP

(2) EIN: 33-4144829

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 557984.

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

A Name of plan <u>AMPEX CONSOLIDATED RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMPEX CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3667696</u>	

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-1867445

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	515
--	---	-----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 2.4 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 35.1 %
 High-Yield Debt: 0.0 % Real Assets: 18.5 % Cash or Cash Equivalents: 5.9 % Other: 38.1 %

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 _____.

<p>Structured Attachment</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Schedule MB, line 8b(1)</p> <p>Schedule of Projection of Expected Benefit Payments</p>	<p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Name of Plan	AMPEX CONSOLIDATED RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-3667696	PN	009

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024		293397	13431623	13725020
2025		365345	12771160	13136505
2026		404871	12088684	12493555
2027		437912	11397992	11835904
2028		462969	10708602	11171571
2029		487551	10027107	10514658
2030		501789	9358083	9859872
2031		498559	8704770	9203329
2032		489631	8069574	8559205
2033		477145	7454311	7931456
2034		463552	6860423	7323975
2035		451305	6289096	6740401
2036		437066	5741389	6178455
2037		422429	5218268	5640697
2038		407325	4720595	5127920
2039		391686	4249151	4640837
2040		375449	3804631	4180080
2041		358567	3387598	3746165
2042		341008	2998446	3339454
2043		322762	2637373	2960135
2044		303846	2304376	2608222
2045		284304	1999272	2283576
2046		264215	1721688	1985903
2047		243686	1471071	1714757
2048		222859	1246706	1469565

Name of Plan	AMPEX CONSOLIDATED RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-3667696	PN	009

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049		201918	1047692	1249610
2050		181088	872921	1054009
2051		160626	721050	881676
2052		140802	590530	731332
2053		121883	479627	601510
2054		104112	386473	490585
2055		87698	309127	396825
2056		72803	245630	318433
2057		59529	194074	253603
2058		47914	152656	200570
2059		37939	119719	157658
2060		29535	93771	123306
2061		22593	73497	96090
2062		16973	57770	74743
2063		12513	45637	58150
2064		9048	36313	45361
2065		6411	29165	35576
2066		4450	23684	28134
2067		3023	19472	22495
2068		2009	16221	18230
2069		1306	13692	14998
2070		830	11708	12538
2071		515	10130	10645
2072		312	8856	9168
2073		185	7810	7995

Independent Auditor's Report and
Financial Statements

**Ampex Consolidated Retirement
Plan**

December 31, 2024 and 2023

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Independent Auditor's Report

To the Plan Administrator
Ampex Consolidated Retirement Plan

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

We have performed audits of the financial statements of Ampex Consolidated Retirement Plan (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)"). The financial statements comprise the statements of net assets available for benefits and statements of accumulated Plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and statements of changes in accumulated Plan benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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 and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Notes 5 and 6 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 accounting principles generally accepted in the United States of America.
- 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.

Responsibilities of Management for the Financial Statements

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

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

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 significant 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 presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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



Hartford, Connecticut
October 13, 2025

FINANCIAL STATEMENTS

**AMPEX CONSOLIDATED
RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets:		
Interest in the Master Trust, at fair value	<u>\$ 109,357,127</u>	<u>\$ 159,588,365</u>
Total assets	109,357,127	159,588,365
Liabilities:		
Accounts payable	<u>216,279</u>	<u>135,414</u>
Total liabilities	<u>216,279</u>	<u>135,414</u>
Net assets available for benefits	<u>\$ 109,140,848</u>	<u>\$ 159,452,951</u>

See accompanying notes.

**AMPEX CONSOLIDATED
RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Interest in dividends and interest of the Master Trust	\$ 1,326,385	\$ 2,202,683
Interest in net realized and unrealized appreciation (depreciation) of the Master Trust	<u>(6,544,140)</u>	<u>16,500,052</u>
Total additions	<u>(5,217,755)</u>	<u>18,702,735</u>
Deductions from net assets attributed to:		
Benefits paid to participants	41,866,991	41,492,107
Purchase of annuity contracts	-	14,206,381
Administrative expenses	<u>3,227,357</u>	<u>1,880,129</u>
Total deductions	<u>45,094,348</u>	<u>57,578,617</u>
Net decrease in net assets	(50,312,103)	(38,875,882)
Transfer from Quantegy-Ampex Retirement Plan	-	195,307,514
Transfer from Ampex Corporation Employees' Retirement Plan	-	3,021,319
Net assets available for benefits:		
Beginning of year	<u>159,452,951</u>	<u>-</u>
End of year	<u>\$ 109,140,848</u>	<u>\$ 159,452,951</u>

See accompanying notes.

**AMPEX CONSOLIDATED
RETIREMENT PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Participants currently receiving payments	\$ 61,607,792	\$ 94,397,827
Terminated vested participants	<u>3,959,879</u>	<u>5,004,849</u>
Total actuarial present value of accumulated Plan benefits	<u>\$ 65,567,671</u>	<u>\$ 99,402,676</u>

See accompanying notes.

**AMPEX CONSOLIDATED
RETIREMENT PLAN
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated Plan benefits, beginning of year	<u>\$ 99,402,676</u>	<u>\$ 142,363,045</u>
Increase (decrease) during the year attributable to:		
Benefits paid	(41,866,991)	(41,492,107)
Purchase of annuity contracts	-	(14,206,381)
Increase for interest due to the decrease in the discount period	7,163,968	9,161,104
Increase due to actuarial gains / losses	<u>868,018</u>	<u>3,577,015</u>
Net decrease	<u>(33,835,005)</u>	<u>(42,960,369)</u>
Actuarial present value of accumulated Plan benefits, end of year	<u>\$ 65,567,671</u>	<u>\$ 99,402,676</u>

See accompanying notes.

**AMPEX CONSOLIDATED
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

NOTE 1 - DESCRIPTION OF THE PLAN

Ampex Corporation ("Ampex" or the "Company") established The Ampex Consolidated Retirement Plan (the "Plan") effective January 1, 2023 in order to minimize administrative complexity and associated expense by consolidating two existing plans, the Quantegy-Ampex Retirement Plan (the "Quantegy Plan") and the Ampex Corporation Employees' Retirement Plan (the "Ampex Plan"). Ampex was the parent company of Ampex Media Corporation ("Media") until 1995 when Quantegy, Inc. ("Quantegy") purchased the assets of Media and assumed a contractual obligation to Ampex to fund pension contributions due pursuant to the Quantegy Plan. However, Ampex remained the Plan sponsor under the Quantegy Plan and is responsible to make pension contributions should they not be made by Quantegy. On January 10, 2005, Quantegy filed for reorganization under Chapter 11 of the Bankruptcy Code. Quantegy was liquidated effective October 29, 2008.

The Plan is a qualified noncontributory defined benefit plan covering substantially all employees of Quantegy who were employees of Media prior to May 1, 1995 and all former employees of the Company who were employees of the Company prior to February 1, 1995 (Note 4). The Plan participates in the Ampex Retirement Master Trust (the "Master Trust"), sponsored by the Company. The Plan retains the sole interest in the Master Trust. Continuance of the Plan is subject to the discretion of the Company's Board of Directors.

In 1994, the Company, the Pension Benefit Guaranty Corporation (the "PBGC") and certain affiliates, including Hillside Capital Incorporated ("Hillside"), who were members of a "group under common control" as deemed by the PBGC for purposes of the Employee Retirement Income Security Act of 1974 ("ERISA"), entered into a Joint Settlement Agreement (the "Agreement") in connection with the 1994 reorganization of the Company's former parent, NH Holding Incorporated ("NHI"). The Agreement related to the pension plans of the Company (the Quantegy Plan and the Ampex Plan consolidated effective January 1, 2023), which were substantially underfunded. Under the terms of the Agreement, Hillside is held jointly and severally liable together with the Company to the PBGC to the extent the Company is unable to fund the required contributions under the Plan. Pursuant to the Agreement, Hillside is obligated to advance pension contributions for the Plan in the event the Company is unable, after making all commercially reasonable efforts to obtain the funds from sources other than Hillside, to make the required contributions necessary in order to satisfy the minimum funding standard. Failure by Hillside to advance funds as may be required would enable the PBGC to terminate the Plan and seek recovery of termination benefits from Hillside.

Hillside is legally obligated to comply with the terms of the Agreement and has represented that they have sufficient assets to fund pension contributions scheduled in future years.

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Administration - The Company has appointed an Investment Committee (the "Committee") to administer and manage the operations of the Plan. The Company has contracted with State Street Bank & Trust Company ("State Street") to manage the Master Trust and act as the Master Trust and the Plan's trustee and custodian. Asset management, audit, actuary, recordkeeping and other administrative costs are paid for by the Plan. Services provided to the Plan by Ampex, such as office expenses, certain legal expenses, and administrative support, are paid for by Ampex.

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Some of the principal provisions of the Plan are as follows:

Effective Date

Ampex Plan: June 1, 1990. Last amended effective January 1, 2013.

Quantegy Plan: June 1, 1990. Last amended effective January 1, 2013.

Plan: January 1, 2023. Last amended effective August 20, 2024.

Eligibility to Participate

Ampex Plan: The first of the month beginning on or immediately after completion of one year of Eligibility Service. Employees who were members of the Signal Companies, Inc. Retirement Plan on May 26, 1987 became members of the Ampex Plan on May 27, 1987. Effective February 1, 1995, no employees were permitted to become new participants in the Ampex Plan if they were not active participants before February 1, 1995. This date is referred to as the “frozen eligibility date”. Effective January 1, 2013, all inactive participants of the Ampex Plan were spun-off into the Quantegy Plan. Effective October 28, 2014, the remaining active participants became terminated vested participants as a result of the sale of ADSC to Delta.

Quantegy Plan: The first of the month beginning on or immediately after completion of one year of Eligibility Service. Employees who were members of the Signal Companies, Inc. Retirement Plan on May 26, 1987 became members of the Quantegy Plan on May 27, 1987. Effective May 1, 1995, no employees were permitted to become new participants in the Plan if they were not active participants before May 1, 1995. This date is referred to as the “Quantegy frozen eligibility date”. Effective January 1, 2013, the inactive members of the Ampex Plan as of that date were spun-off and merged into the Quantegy Plan. For the transferred Ampex Plan participants, effective February 1, 1995, no Ampex employees were permitted to become new participants in the Quantegy Plan if they were not active participants before February 1, 1995. This date is referred to as the “Ampex frozen eligibility date”.

Eligibility for Benefits

Normal Retirement:	Age 65.
Early Retirement:	Age 55 and five years of Benefit Service (as defined).
Disability Retirement:	After ten years of Benefit Service.
Vesting:	Five years of Vesting Service.

Automatic Pre-Retirement

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Spouse's Pension: A benefit is provided to the surviving spouse of a member who dies after becoming vested.

Amount of Benefit

Normal Retirement: The annual Normal Retirement Benefit is the sum of the following:

- (a) 1.1% of average final five-year compensation up to Social Security covered compensation times Benefit Service, and
- (b) 1.4% of average final five-year compensation in excess of Social Security covered compensation times Benefit Service.

Bonuses earned after January 1, 1988 will not be included. However, there will be a minimum benefit of the above formula based on salary excluding all bonuses plus 1.5% of the five-year average of bonuses paid from 1983 through 1987, inclusive, times Benefit Service at December 31, 1987.

Ampex Plan: Effective February 1, 1994, the Ampex Plan ceased benefit accruals due to a Plan Freeze as described in Note 4.

Quantegy Plan: Effective May 1, 1994, the Quantegy Plan ceased benefit accruals due to a Plan Freeze as described in Note 4. For the transferred Ampex Plan participants, the Plan ceased benefit accruals due to a Plan Freeze as described in Note 4 on February 1, 1994.

The Normal Retirement Benefit is no less than 1.25% of Average Final Base Pay times Benefit Service.

For a participant who held an account in the Ampex Corporation Employees' Profit Sharing and Retirement Trust, currently known as the Ampex Corporation Savings Plan, as of April 30, 1974, the participant's annual retirement pension is offset by the value of such account projected to December 31, 1983, at an annual interest rate of 6%, divided by the annuity factor of 10.8378.

Early Retirement: The Early Retirement Benefit is equal to the Normal Retirement Benefit reduced by 1/3 of 1% for each of the first 60 months the retirement age precedes age 60.

Disability Retirement: Same as Early Retirement but with the reduction on minimum (nonintegrated) benefits limited to 50%.

Vesting: Normal Retirement deferred to age 65; the benefit is actuarially reduced for payment before age 65.

Spouse's Pension: For employees eligible for Early Retirement, one-half of the straight-life annuity the participant would have received had the participant retired

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immediately preceding the participant's death. If not survived by a spouse, the participant's dependents will share the benefit equally until age 21.

For vested participants not eligible for Early Retirement, a benefit deferred to the participant's earliest retirement age, or at any time between 55 and 65, of one-half of the straight-life early retirement benefit which would have been payable to the participant.

Normal Form of Payment:

With Spouse - 50% joint and survivor annuity actuarially equivalent to the straight-life annuity. Automatic unless rejected in writing.

Without Spouse - Straight-life annuity.

Optional Forms of Payment: 75% or 100% joint and survivor annuity, actuarially equivalent to the straight-life annuity.

An optional lump sum window was opened from September through October of 2023 to allow terminated vested and in-pay participants with a lump sum of less than \$35,000 to elect a lump sum payout of their remaining plan benefits.

An optional lump sum window was opened from August 20, 2024 through December 1, 2024 to allow retired participants to elect a lump sum payout of their remaining plan benefits.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following summarizes the more significant accounting policies of the Plan:

Basis of accounting - The financial statements of the Plan are prepared on the accrual method of accounting.

Investment valuation and income recognition - The Plan's interest in the Master Trust (100%) is stated at the fair value of the underlying investments in the Master Trust. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the trustee and based on their knowledge of the industries for which the Plan invests. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. The Plan's interest in earnings of the Master Trust (100%) is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's interest in the Master Trust's gains and losses on investments bought or sold, as well as held during the year.

Contributions - Employer contributions are accrued annually and approved by the Company's Board of Directors in accordance with the actuarial valuation.

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The Company has been unable to fund required pension payments and has relied on Hillside under the Agreement described in Note 1. Should the Plan be terminated, the terms discussed in Note 8 would be applicable. The financial statements do not include any adjustments that might result from the outcome of this uncertainty.

Payment of benefits – Benefit payments to participants are recorded when paid.

Use of estimates – The preparation of the Plan’s financial statements in conformity with accounting principles generally accepted in the United States of America (“GAAP”) requires the Plan administrator to make significant estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; the actuarial present value of accumulated Plan benefits as of the benefit information date and changes therein; and, when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Risks and uncertainties – Contributions to the Plan 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 could be material to the financial statements.

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

Concentration of credit risk – The Plan’s investment assets are held in the Master Trust by one trustee, State Street. Financial instruments which may subject the Plan to concentrations of credit risk consist of the investments in the Master Trust, which comprise debt, equity, and other investments as presented in Note 5.

Actuarial present value of accumulated Plan benefits – Accumulated Plan benefits are those future periodic payments that are attributable under the Plan’s provisions to the service employees have rendered as of the valuation date. Accumulated Plan benefits include benefits expected to be paid to retired employees, terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered prior to the frozen eligibility date (Note 4).

The actuarial present value of accumulated Plan benefits was determined by CBIZ Retirement Plan Services, the Plan’s independent actuary, and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest), and the probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the actuarial valuations as of December 31, 2024 and 2023 are as follows:

Actuarial Assumptions and Methods

Mortality:	For 2024: Mortality tables for healthy participants is based on the Pri-2012 Total Dataset Amount-Weighted Mortality Tables projected
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generationally using Scale MP-2021. For disabled participants, mortality is based on the Pri-2012 Total Dataset Amount-Weighted Disabled Retiree Mortality Tables projected generationally using Scale MP-2021.

For 2023: Mortality tables for healthy participants is based on the Pri-2012 Total Dataset Amount-Weighted Mortality Tables projected generationally using Scale MP-2021. For disabled participants, mortality is based on the Pri-2012 Total Dataset Amount-Weighted Disabled Retiree Mortality Tables projected generationally using Scale MP-2021.

Discount Rate: The discount rate was 8% for both 2024 and 2023.

Liability Measurement Method: Traditional Unit Credit method.

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 and 2024. Had the valuations been performed as of December 31, 2024 and 2023, there would be no material differences.

Pension legislation, enacted in 2012 and 2021, allows an election by plan sponsors to adopt changes in the valuation discount rates which would lower plan liabilities and required contributions. The Company applied these stabilization rates/funding relief for the valuations as of December 31, 2024 and 2023, as applicable.

The effect of Plan amendments on accumulated benefits is recognized during the year in which such amendments become effective. The Plan was amended August 20, 2023 to provide an optional lump sum window from September through October of 2023 to allow terminated vested and in-pay participants with a lump sum of less than \$35,000 to elect a lump sum payout of their remaining benefits. The Plan was further amended August 20, 2024 to provide an optional lump sum window from August 20, 2024 through December 1, 2024 to allow retired participants to elect a lump sum payout of their remaining plan benefits.

Subsequent events – The Plan has evaluated subsequent events through October 13, 2025, which is the date the financial statements were available to be issued.

NOTE 3 – FAIR VALUE MEASUREMENTS

The fair value measurements standard establishes a framework for measuring fair value. That framework provides a 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification (“ASC”) 820, *Fair Value Measurement*, are described below:

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

Level 2 – Inputs to the valuation methodology include:

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- Quoted market prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- 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 asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets held in the Master Trust measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

- Short-term investment funds: Valued using the market approach at the net asset value ("NAV") of shares held by the Master Trust at year-end. It is not probable that the funds will be sold at amounts that differ materially from the NAV of shares held.
- Common stock: Public company common stock is valued using the closing price reported on the active market on which the individual securities are traded.
- U.S. government securities: Valued at fair value as determined by recent bid prices.
- Corporate debt and preferred stock: Corporate debt in public companies is valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar debt, those corporate debt investments are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks (Level 2). Fair value for corporate debt and preferred stock invested in private companies will generally approximate cost unless the borrowers' enterprise value, overall financial condition (such as deterioration of financial performance, missed payments, or falling out of compliance with covenants) or other factors such as divergence of the stated interest rate versus the market, lead to a determination of a different value. For corporate debt investments that accrue payment-in-kind ("PIK") interest, the interest will be added to the face value for valuation purposes as long as the other indicators determine there is appropriate value in the underlying company to recover the debt plus the PIK.
- Hedge funds: Units held in hedge funds are valued using the NAV practical expedient as reported by the hedge fund managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the hedge fund, minus its liabilities, and then divided by the number of units outstanding. The NAV practical expedient of a hedge fund is calculated based on a compilation of primarily observable market information.

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- Limited partnerships/joint ventures/limited liability companies: Valued, as a practical expedient, utilizing the NAVs provided by the underlying private investment companies when the NAV of the investments are calculated (or adjusted by the Master Trust if necessary) in a manner consistent with GAAP. The Master Trust applies the practical expedient to its investments in private investment companies on an investment-by-investment basis, and consistently with the Master Trust's entire position in a particular investment, unless it is probable that the Master Trust will sell a portion of an investment at an amount different from the NAV.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets (Note 5) at fair value as of December 31, 2024 and 2023:

	2024			
	Level 1	Level 2	Level 3	Total
Short-term investment funds	\$ 23,451,664	\$ -	\$ -	\$ 23,451,664
Common stock	2,545,663	-	-	2,545,663
Government debt	152,082	-	-	152,082
Corporate debt and preferred stock	-	20,807,193	-	20,807,193
Total investments in the fair value hierarchy	<u>\$ 26,149,409</u>	<u>\$ 20,807,193</u>	<u>\$ -</u>	<u>46,956,602</u>
Investments measured at NAV ⁽¹⁾				<u>62,028,543</u>
Total investments at fair value				<u>\$ 108,985,145</u>
	2023			
	Level 1	Level 2	Level 3	Total
Short-term investment funds	\$ 4,827,676	\$ -	\$ -	\$ 4,827,676
Common stock	937,515	-	-	937,515
Government debt	85,936	-	-	85,936
Corporate debt and preferred stock	-	13,785,735	-	13,785,735
Total investments in the fair value hierarchy	<u>\$ 5,851,127</u>	<u>\$ 13,785,735</u>	<u>\$ -</u>	<u>19,636,862</u>
Investments measured at NAV ⁽¹⁾				<u>134,214,861</u>
Total investments at fair value				<u>\$ 153,851,723</u>

⁽¹⁾ In accordance with Subtopic 820-10, certain investments that were measured at NAV practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the disclosure of net assets of the Master Trust.

There were no transfers into or out of Level 3 of the fair value hierarchy for the years ended December 31, 2024 and 2023. There were no purchases of Level 3 investments during the years ended December 31, 2024 and 2023.

There were no Level 3 financial instruments as of December 31, 2024 and 2023.

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Plan management determines the Plan's valuation policies and procedures and reviews changes in fair value measurements as provided by the Plan's investment managers for reasonableness. No significant changes in fair value measurements occurred in 2024 or 2023.

The following sets forth additional disclosures for the fair value measurement of investments over 5% of the net assets of the Master Trust in entities that calculate NAV per share (or its equivalent) as of December 31, 2024 or 2023:

- The Children's Investment Fund's objective is to seek to achieve absolute returns with limited capital losses by primarily taking long and short positions in equity securities and debt (and their derivatives) globally. Shares will be redeemed at a per share price based on the NAV per share of the applicable series (after payment of any incentive fee with respect to the redeemed shares) on the first business day of any month, or any other day a redemption is permitted for all classes of shares. The Series F shares are subject to a 12-month lock-up prior to redemption. There are no unfunded commitments as of December 31, 2024.
- SREP JFK Hotel Partners LLC's objective is to (1) acquire an interest in a New York limited liability company and (2) continue to own, hold and deal with a membership interest in JFK Hotel Partners, LLC. No member has the right to withdraw or return capital except as expressly permitted in the operating agreement. There are unfunded commitments as of December 31, 2024.

As of December 31, 2024, the Master Trust's total outstanding commitments to additional investments valued at NAV is approximately \$1.7 million.

NOTE 4 - PLAN FREEZE

Effective May 1, 1994, the Company amended the Quantegy Plan so that benefit service and compensation credit no longer accrue. Effective May 1, 1995, the "Quantegy frozen eligibility date", no employees of the Company were permitted to become new participants in the Quantegy Plan if they were not active participants in the Quantegy Plan before May 1, 1995.

Effective February 1, 1994, the Company amended the Ampex Plan so that benefit service and compensation credit no longer accrue. Effective February 1, 1995, the "Ampex frozen eligibility date", no employees of the Company were permitted to become new participants in the Ampex Plan if they were not active participants in the Ampex Plan before February 1, 1995.

NOTE 5 - MASTER TRUST AND CERTIFIED INFORMATION

On August 1, 1995, a Master Trust Agreement was entered into in which the Quantegy Plan and the Ampex Plan participated. The Quantegy and Ampex Plans were consolidated effective January 1, 2023 forming the Plan. The Plan has a 100% interest in the Master Trust.

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, State Street, the trustee of the Master Trust, has certified to the completeness and accuracy of:

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- Investments reflected on the following pages on the summary of net assets of the Master Trust as of December 31, 2024 and 2023.
- Net (depreciation) appreciation in fair value of investments, dividends and interest, reflected on the following pages on the summary of changes in net assets of the Master Trust for the years ended December 31, 2024 and 2023.

The following tables present a summary of the net assets of the Master Trust at December 31:

	<u>2024 Master Trust Balances</u>	<u>2024 Plan's Interest in Master Trust</u>
Assets:		
Investments, at fair value:		
Common stock	\$ 2,545,663	\$ 2,545,663
Corporate debt and preferred stock	20,807,193	20,807,193
Short-term investment funds	23,451,664	23,451,664
Government debt	152,082	152,082
Hedge funds	28,804,648	28,804,648
Limited partnerships/joint ventures/limited liability companies	33,223,895	33,223,895
	<u>108,985,145</u>	<u>108,985,145</u>
Receivables:		
Receivable for investments sold	-	-
Accrued income receivable	371,982	371,982
Total receivables	<u>371,982</u>	<u>371,982</u>
Total assets	<u>109,357,127</u>	<u>109,357,127</u>
Total net assets of the Master Trust	<u>\$ 109,357,127</u>	<u>\$ 109,357,127</u>

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	<u>2023 Master Trust Balances</u>	<u>2023 Plan's Interest in Master Trust</u>
Assets:		
Investments, at fair value:		
Common stock	\$ 937,515	\$ 937,515
Corporate debt and preferred stock	13,785,735	13,785,735
Short-term investment funds	4,827,676	4,827,676
Government debt	85,936	85,936
Hedge funds	29,502,511	29,502,511
Limited partnerships/joint ventures/limited liability companies	104,712,350	104,712,350
	<u>153,851,723</u>	<u>153,851,723</u>
Receivables:		
Receivable for investments sold	5,500,000	5,500,000
Accrued income receivable	236,642	236,642
Total receivables	<u>5,736,642</u>	<u>5,736,642</u>
Total assets	<u>159,588,365</u>	<u>159,588,365</u>
Total net assets of the Master Trust	<u>\$ 159,588,365</u>	<u>\$ 159,588,365</u>

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The following table presents a summary of the changes in net assets of the Master Trust for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Dividends and interest of the Master Trust	\$ 1,326,385	\$ 2,202,683
Net realized and unrealized appreciation (depreciation) of the Master Trust	<u>(6,544,140)</u>	<u>16,500,052</u>
Total additions	<u>(5,217,755)</u>	<u>18,702,735</u>
Deductions from net assets attributed to:		
Benefits paid to participants	41,866,991	41,492,107
Purchase of annuity contracts	-	14,206,381
Administrative expenses	<u>3,146,492</u>	<u>1,880,129</u>
Total deductions	<u>45,013,483</u>	<u>57,578,617</u>
Net decrease in net assets	(50,231,238)	(38,875,882)
Net assets available for benefits:		
Beginning of year	<u>159,588,365</u>	<u>198,464,247</u>
End of year	<u>\$ 109,357,127</u>	<u>\$ 159,588,365</u>

NOTE 6 - PLAN CERTIFIED INFORMATION

The following information in the financial statements was certified to be complete and accurate by the trustee of the Plan's assets, within the meaning of 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, as of and for the years ended December 31, 2024 and 2023:

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	<u>2024</u>	<u>2023</u>
Investments, at fair value:		
Plan interest in the Master Trust	<u>\$ 109,357,127</u>	<u>\$ 159,588,365</u>
Plan interest in dividends and interest of the Master Trust	<u>\$ 1,326,385</u>	<u>\$ 2,202,683</u>
Plan interest in net realized and unrealized appreciation (depreciation) of the Master Trust	<u>\$ (6,544,140)</u>	<u>\$ 16,500,052</u>

NOTE 7 – FUNDING POLICY

It is the policy of the Company to fund pension costs as accrued. Annual contributions are determined by the Plan’s independent actuary to meet the requirements of the Funding Standard Account prescribed by ERISA and the Internal Revenue Code (the "Code"). Company contributions met the minimum amounts as well as the specified timing requirements required by ERISA and the Code for the years ended December 31, 2024 and 2023.

NOTE 8 – PLAN TERMINATION OR MODIFICATION

The Company intends to continue the Plan indefinitely for the benefit of its employees; however, it has the right under the Plan to discontinue its contributions at any time and to terminate or modify the Plan.

In the event of termination of the Plan, funds will be distributed to the extent available, in the following order:

- Payment of appropriate administrative and liquidation expenses.
- To participants who have retired or who are eligible to retire.
- To participants who are vested in the amount insured by the PBGC.
- To participants who are vested in those amounts in excess of the benefits insured by the PBGC and provided for above.
- To all other participants.

Any additional assets, after the payment of the items above, as well as any additional liabilities or obligations of the Plan, will be returned to the Company.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal 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.

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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 9 - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated April 11, 2012, that the Quantegy Plan and related trust were designed in accordance with applicable sections of the Code. The IRS has determined and informed the Company by a letter dated May 23, 2012, that the Ampex Plan and related trust were designed in accordance with the applicable sections of the Code. Although the Quantegy Plan and Ampex Plan have been consolidated and amended since receiving the determination letters, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

In accordance with guidance on accounting for uncertainty in income taxes (ASC 740-10), management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 10 - PARTY IN INTEREST TRANSACTIONS

Certain Master Trust investments are in shares of investment funds managed by the trustee. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA. Direct fees of \$322,860 and \$356,995 were paid to the trustee for the years ended December 31, 2024 and 2023, respectively, and are included in administrative expenses on the statements of changes in net assets available for benefits.

NOTE 11 - SUBSEQUENT EVENT

On April 8, 2025, the Company entered into a commitment agreement with an insurance company for the issuance of a group annuity contract in the amount of \$35,474,000.

SUMMARY OF ASSUMPTIONS

Funding Discount Rates IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25- Year Corridor
Segment 1:	3.62%	4.75%
Segment 2:	4.46%	4.87%
Segment 3:	4.52%	5.59%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA-21') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

The interest rates used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Effective Interest Rate The Effective Interest Rate (EIR) for the current Plan Year is 4.95%. For the prior Plan Year, the EIR was 5.08%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would equal the Funding Target determined using the Plan Sponsor's above elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

PBGC Variable Premium Discount Rates The segment rates used to calculate the PBGC Variable Rate Premiums with the Standard Premium Funding Target and/or Alternative Premium Funding Target are as follows:

	Standard
Segment 1:	5.01%
Segment 2:	5.13%
Segment 3:	5.15%

The Standard Premium Funding Target rates are based on rates for the month prior to the valuation.

The interest rate and mortality assumptions used to value the Target Liability for determining PBGC premiums are prescribed by law.

ASC 960 Discount Rate	<p>The discount rate used last year and this year was 8.00%.</p> <p>The selection of ASC 960 rates is the Plan Sponsor's view of the long-term rate of return on assets. This rate was selected by the Plan Sponsor.</p>
Funding Expected Return on Assets	<p>Not applicable for funding calculation purposes. A smoothing method is not used to calculate the Actuarial Value of Assets; therefore, the Expected Return on Assets is not used.</p>
Funding Administrative Expenses	<p>\$1,755,795 estimated to be paid from the trust in the current Plan Year and included in the Normal Cost.</p> <p>Expenses paid from the plan trust are estimated to be the actual expenses paid from the trust in the prior year.</p>
Salary Scale	<p>None.</p>
Funding Mortality	<p>§430(h) Generational Mortality Tables for the Current Plan Year.</p> <p>Disability Mortality is assumed to be the same as that used for Healthy Retirees.</p> <p>The mortality assumptions used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.</p>
Accounting Mortality	<p>For healthy participants, the Pri-2012 Total Dataset Amount-Weighted Mortality Tables projected generationally using Scale MP-2021. For disabled participants, the Pri-2012 Total Dataset Amount-Weighted Disabled Retiree Mortality Tables projected generationally using Scale MP-2021.</p>
Withdrawal Rates	<p>None. There are no active participants for which this assumption would apply.</p>
Disability Incidence	<p>None. There are no active participants for which this assumption would apply.</p>
Retirement Rates	<p>None. There are no active participants for whom this assumption would apply.</p>

Spousal Assumptions	<p>90% of males and 90% of females are assumed to be married.</p> <p>Females are assumed to be 3 years younger than males.</p> <p>Because the employer does not have enough data to do a fully credible experience analysis with respect to spousal information, the current assumption has been selected based on the actuary's experience with plans of a similar size, plan design, participant composition, as well as discussions with the Plan Sponsor.</p>
Benefit Commencement Date	<p>Terminated Vested participants are assumed to retire at age 65.</p>
Form of Payment	<p>All benefits are assumed to be paid in the Normal Form defined under the terms of the Plan. The valuation of participants in pay status is based on the actual form of payment elected by the participant, as provided in the census data.</p>
Changes in non-required Funding assumptions since the prior valuation	<p>None.</p>
Changes in prescribed assumptions since prior valuation	<p>The discount rates for funding were updated from the 2023 ARPA rates, 4.75%/5.00%/5.74%, to the 2024 ARPA rates, 4.75%/4.87%/5.59%.</p> <p>The mortality rates were updated from the IRS 2023 Static Mortality Tables to the IRS 2024 Generational Mortality Tables</p>
Changes in ASC 960 assumptions since the prior valuation	<p>None.</p>

SUMMARY OF METHODS

Minimum Funding Cost Method

The actuarial cost method used to determine the liabilities for minimum funding calculations is the Traditional Unit Credit method. The objective under this method is to fund each participant's benefits under the plan as they accrue. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for each participant. The individual accrued liability for a participant is the present value of the accrued benefit as of the valuation date taking into account service and/or pay as of the valuation date. The individual normal cost for a participant is the present value of the benefit expected to accrue in the plan year being valued.

If a plan is frozen, there is no normal cost attributable to benefit accruals.

Maximum Deductible Contribution Method

The actuarial cost method used to determine the liabilities for maximum deductible calculations is the Projected Unit Credit method. The objective under this method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation increases. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for all participant. The individual accrued liability for a participant is the sum of 1) the present value of the accrued benefit earned as of the valuation date taking into account service and/or pay as of the valuation date; plus 2) the present value of the accrued benefit expected to be earned because of any expected future compensation increases.

The individual normal cost for a participant is the sum of the present value of the benefit expected to accrue in the plan year being valued taking into account any expected future compensation increases.

Asset Method

We used financial data submitted by the company as of the valuation date without further audit. This information was not verified by a plan's actuary. We have reviewed the information for internal consistency, and we have no reason to doubt its substantial accuracy.

Funding Actuarial Value of Assets

For funding purposes, the Actuarial Value of Assets is equal to the Market Value of Assets.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

Changes in methods since the prior valuation None.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Ampex Consolidated Retirement Plan	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMPEX CORPORATION	D Employer Identification Number (EIN) 13-3667696	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	159,588,365	
b Actuarial value	2b	159,588,365	
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	1,667	112,734,505	112,734,505
b For terminated vested participants	165	6,130,313	6,130,313
c For active participants	0	0	0
d Total	1,832	118,864,818	118,864,818
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	4.95%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	1,755,795	
c Target normal cost	6c	1,755,795	

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	Jeffrey A. Schapel Signature of actuary JEFFREY A. SCHAPEL, EA, MAAA, FCA Type or print name of actuary CBIZ BENEFITS & INSURANCE SERVICES Firm name 5959 Rockside Woods Blvd N Suite 600 Cleveland OH 44131 Address of the firm	10/15/2025 Date 2307786 Most recent enrollment number 216-525-1990 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 1,755,795
b Excess assets, if applicable, but not greater than line 31a				31b 1,755,795
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment			0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	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 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
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 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE SB ATTACHMENT
Line 22 - Weighted Average Retirement Age

Plan Name: Ampex Corporation Employees' Retirement Plan

EIN/PN: 13-3667696/007

Valuation Date: January 1, 2024

Each participant is assumed to retire at his/her normal retirement age of 65.

SCHEDULE SB ATTACHMENT

Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Name: Ampex Corporation Employees' Retirement Plan

EIN/PN: 13-3667696/007

Valuation Date: January 1, 2024

(A)	(B)	(C)	(D)	(E)
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2024	0	293,397	13,431,623	13,725,020
2025	0	365,345	12,771,160	13,136,505
2026	0	404,871	12,088,684	12,493,555
2027	0	437,912	11,397,992	11,835,904
2028	0	462,969	10,708,602	11,171,571
2029	0	487,551	10,027,107	10,514,658
2030	0	501,789	9,358,083	9,859,872
2031	0	498,559	8,704,770	9,203,329
2032	0	489,631	8,069,574	8,559,205
2033	0	477,145	7,454,311	7,931,456
2034	0	463,552	6,860,423	7,323,975
2035	0	451,305	6,289,096	6,740,401
2036	0	437,066	5,741,389	6,178,455
2037	0	422,429	5,218,268	5,640,696
2038	0	407,325	4,720,595	5,127,920
2039	0	391,686	4,249,151	4,640,837
2040	0	375,449	3,804,631	4,180,081
2041	0	358,567	3,387,598	3,746,165
2042	0	341,008	2,998,446	3,339,454
2043	0	322,762	2,637,373	2,960,135
2044	0	303,846	2,304,376	2,608,222
2045	0	284,304	1,999,272	2,283,576
2046	0	264,215	1,721,688	1,985,903
2047	0	243,686	1,471,071	1,714,757
2048	0	222,859	1,246,706	1,469,565
2049	0	201,918	1,047,692	1,249,610
2050	0	181,088	872,921	1,054,009
2051	0	160,626	721,050	881,676
2052	0	140,802	590,530	731,332
2053	0	121,883	479,627	601,509
2054	0	104,112	386,473	490,584
2055	0	87,698	309,127	396,825
2056	0	72,803	245,630	318,434
2057	0	59,529	194,074	253,604

SCHEDULE SB ATTACHMENT

Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Name: Ampex Corporation Employees' Retirement Plan

EIN/PN: 13-3667696/007

Valuation Date: January 1, 2024

2058	0	47,914	152,656	200,570
2059	0	37,939	119,719	157,657
2060	0	29,535	93,771	123,306
2061	0	22,593	73,497	96,090
2062	0	16,973	57,770	74,743
2063	0	12,513	45,637	58,150
2064	0	9,048	36,313	45,361
2065	0	6,411	29,165	35,576
2066	0	4,450	23,684	28,134
2067	0	3,023	19,472	22,495
2068	0	2,009	16,221	18,230
2069	0	1,306	13,692	14,998
2070	0	830	11,708	12,538
2071	0	515	10,130	10,645
2072	0	312	8,856	9,169
2073	0	185	7,810	7,995

SUMMARY OF PRINCIPAL PLAN PROVISIONS

The following is a summary of what we understand to be the most relevant plan provisions for purposes of actuarial valuations. This summary should not be used for purposes of determining plan benefits.

Plan Sponsor	Ampex Corporation
Plan Name	Ampex Consolidated Retirement Plan
Plan Effective Date	May 27, 1987 as amended through January 1, 2012. Effective January 1, 2023, all members from the Ampex Corporation Employees' Retirement Plan were consolidated with all the members of the Quantegy-Ampex Retirement Plan into this new consolidated retirement plan.
Plan Year	January 1 – December 31
Eligibility Requirements	Entry into the Plan was frozen effective May 1, 1994.
Vesting	100% vesting upon earning 5 Years of Vesting Service.
Normal Benefit Formula	Accrued Benefits were frozen as of May 1, 1994 for Quantegy-Ampex Retirement Plan participants. Accrued Benefits were frozen as of February 1, 1994 for Ampex Corporation Employees' Retirement Plan participants.
Average Compensation	Average Compensation was frozen as of May 1, 1994 for Quantegy-Ampex Retirement Plan participants. Average Compensation was frozen as of February 1, 1994 for Ampex Corporation Employees' Retirement Plan participants.
Credited Service	Credited Service was frozen as of May 1, 1994 for Quantegy-Ampex Retirement Plan participants. Credited Service was frozen as of February 1, 1994 for Ampex Corporation Employee's Retirement Plan participants.
Vesting Service	Years of service since becoming an employee.
Normal Retirement Age	Upon attainment of 65.

Early Retirement	<p><u>Eligibility:</u> Upon attainment of age 55 and completion of 5 Years of Service.</p> <p><u>Benefit:</u> The accrued benefit reduced by 1/3% for each month benefit commencement date precedes age 60.</p>
Disability Retirement	<p><u>Eligibility:</u> A participant who has completed 10 Years of Vesting Service and who has incurred a disability prior to his Normal Retirement Age while an employee.</p> <p><u>Benefit:</u> The accrued benefit reduced by 1/3% for each month benefit commencement date precedes age 60 (not more than 60 months) and by a monthly Actuarial Equivalent factor for each month the benefit commencement date precedes age 55. This benefit shall not be less than 50% of the applicable benefit payable under Normal or Early Retirement.</p>
Pre-Retirement Death	<p><u>Eligibility:</u> Upon earning 5 Years of Service.</p> <p><u>Benefit:</u> The spouse is eligible for 50% of the straight-life annuity the participant would have received had he/she retired immediately before his/her death.</p>
Normal Form of Payment	Unless otherwise elected, the benefit payable to a married participant is an actuarially equivalent 50% Joint and Survivor benefit. For unmarried participants, the Normal Form is a Single Life Annuity.
Optional Forms	Benefits may be elected from: <ul style="list-style-type: none">• 50%, 75% and 100% Joint and Survivor• Single Life Annuity
Optional Form Conversion Factors	<p>Optional forms of benefit are calculated as actuarially equivalent to the Single Life Annuity using the following assumptions:</p> <p>Annuities-</p> <ul style="list-style-type: none">• Interest – 7.50%• Mortality – 1984 Unisex Pension Mortality Table. <p>After January 1, 2023, the following assumptions will also be compared to determine the greater benefit:</p> <ul style="list-style-type: none">• Interest – 417(e) for 1st month prior to the plan year• Mortality – 417(e) Applicable for plan year

Changes in Plan Benefits None
recognized since the last
valuation