

<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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="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) M

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 RETIREMENT MASTER TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>005</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</p> <hr/> <p>2b Employer Identification Number (EIN) <u>13-3667696</u></p> <hr/> <p>2c Plan Sponsor's telephone number <u>203-595-4522</u></p> <hr/> <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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 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:

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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 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 RETIREMENT MASTER TRUST	B Three-digit plan number (PN) ▶	005
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 CAPUTAK

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 AL MARYAH ISLAND
LONDON, UNITED KINGDOM 0 EG

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

MAKAIRA PARTNERS LLC 7817 IVANHOE ACE
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

20-1296326

(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
LAJOLLA, 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

1225 17TH ST
#1660
DENVER, CO 80202

06-1557232

(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 RETIREMENT PLAN 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)

JEFFRIES 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, SINGAPOR 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

22-1478099

(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, UNITE 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 RETIREMENT MASTER TRUST</u>	B Three-digit plan number (PN)	<u>005</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:		
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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	AMPEX CONSOLIDATED RETIREMENT PLAN	
b Name of plan sponsor	AMPEX CORPORATION	c EIN-PN 13-3667696-009

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <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 RETIREMENT MASTER TRUST	B Three-digit plan number (PN) ▶ 005
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
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)	4753868	6425041
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(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)	965802	2571396
(5) Partnership/joint venture interests	1c(5)	62438793	0
(6) Real estate (other than employer real property)	1c(6)	24015887	20219271
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	67414015	80141419

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		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	159588365	109357127

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)	920463	
(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)		920463
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	400103	
(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)		400103
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	114523301	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	129406405	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-14883104
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	8338964	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		5819
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)	2058618	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3146492
j Total expenses. Add all expense amounts in column (b) and enter total	2j		45013483

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-50231238
l Transfers of assets:			
(1) To this plan	2l(1)		159389601
(2) From this plan	2l(2)		159389601

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:

(2) EIN:

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 _____.

AMPEX RETIREMENT MASTER TRUST
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

THIS IS A COMPOSITE REPORT FOR:

HI01 AMPEX RETIREMENT MASTER TRUST
HI08 AMPEX RETIREMENT MASTER TRUST
HI11 SELECT EQUITY GROUP ASSET MGT
HI14 AMPEX RETIREMENT MASTER TRUST
HI16 AMPEX RETIREMENT MASTER TRUST
HI17 AMPEX RETIREMENT MASTER TRUST
HI24 AMPEX RETIREMENT MASTER TRUST
HI25 AMPEX CORPORATION
HI27 AMPEX CORPORATION
HI28 AMPEX RETIREMENT MASTER TRUST
HI30 AMPEX CORPORATION
HI32 AMPEX CORPORATION
HI35 AMPEX CORPORATION
HI36 AMPEX CORPORATION
HI37 AMPEX CORPORATION
HI40 AMPEX CORPORATION
HI41 AMPEX CORPORATION
HI43 AMPEX CORPORATION
HI48 AMPEX RETIREMENT MASTER TRUST
HI49 AMPEX RETIREMENT MASTER TRUST
HI50 AMPEX RETIREMENT MASTER TRUST
HI52 AMPEX RETIREMENT MASTER TRUST
HI53 AMPEX RETIREMENT MASTER TRUST
HI55 AMPEX RETIREMENT MASTER TRUST
HI56 AMPEX RETIREMENT MASTER TRUST
HI57 AMPEX RETIREMENT MASTER TRUST
HI58 AMPEX RETIREMENT MASTER TRUST
HI59 AMPEX RETIREMENT MASTER TRUST
HI61 AMPEX-NEW CANAAN FUNDING
HI62 AMPEX-BRADFORD CASTLE
HI63 AMPEX-LP
HI64 AMPEX-LP
HI65 AMPEX-LP
HI66 AMPEX-LP
HI67 SOUNDVIEW VII
HI68 PRIVATE ADVISORS SECONDARY V
HI69 PRIVATE ADVISORS COINVEST IV
HI70 DB US DATA CENTER HOLDINGS LLC
HI72 AMPEX - MCR HOSPITALITY FUND
HI74 AMPEX-RIVERSTONE AMR PARTNERS
HI75 AMPEX CORPORATION 6537
HI77 AMPEX-CERBERUS GLOBAL NPL FEED
HI78 AMPEX-CLEARVIEW CAP MEZZANINE
HI79 AMPEX-SREP JFK HOTEL PARTNERS
HI80 BRIARWOOD CAPITAL PARTNERS LP
HI81 ECHO STREET GOODCO SELECT, LP
HI82 HIGH GROUND I M FUND LTD. INV
HI83 CLEARVIEW CAPITAL FUND IV, LP
HI84 CONTEXT PARTNERS FUND
HI85 NEW CANAAN FUNDING MEZZANINE 7
HI86 SJC ONSHO DT LND FD IV 5 YR LP
HI87 PA SECONDARY FUND VI, LP
HI88 ARGOSY INVMT PARTNRS SBICVI LP
HI89 PA SMALL CO COINVT FUND IILP
HI9B CLEARVIEW CAPITAL FUND V, L.P
HI9D CLEARVIEW CAP MEZZ FUND LL, LP
HI90 MICCAPTLPARTRS(BRZLSPLOPPORTS)
HI91 PT EQT COINVTOPPTYFUDIICAMANLP
HI92 ARESVTCRDTLSOLTS(OFFSHORE)IILP
HI93 AIP ALTERNATIVELENDING FUND
HI94 ECHOSRET GOODCONEWRLDOFSHRLTD
HI95 THE BRANFORD CASTLE FUND II LP
HI96 PA REAL ASSETS FUND III, LP
HI97 SFW CAP PTR FUND III -A,L.P
HI98 STEPSTONE VC SECON FND V, L.P

AMPEX RETIREMENT MASTER TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 159,588,364.53
 5% OF ASSET VALUE: 7,979,418.23

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS

U.S. GOVERNMENT SECURITIES							

912797MD6	TREASURY BILL	11/24 0.00000		0.010	11/26/2024		
32,769,305.25		0.00		0.00		32,769,305.25	0.00
912797MD6	TREASURY BILL	11/24 0.00000		0.010	11/26/2024		
11,917,699.83		0.00		0.00		11,917,699.83	0.00
912797MD6	TREASURY BILL	11/24 0.00000		0.010	11/26/2024		
	33,000,000.00	0.00	32,770,470.39			33,000,000.00	229,529.61
912797MD6	TREASURY BILL	11/24 0.00000		0.010	11/26/2024		
	12,000,000.00	0.00	11,916,534.69			12,000,000.00	83,465.31
U.S. GOVERNMENT SECURITIES TOTALS							

		0.00	44,687,005.08			89,687,005.08	312,994.92

AMPEX RETIREMENT MASTER TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 159,588,364.53
 5% OF ASSET VALUE: 7,979,418.23

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
CORP. DEBT INSTR. - PREFERRED									
CORP. DEBT INSTR. - PREFERRED TOTALS									
				0.00		0.00		0.00	0.00

AMPEX RETIREMENT MASTER TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 159,588,364.53
 5% OF ASSET VALUE: 7,979,418.23

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET		RATE	MAT DATE	
(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
CORP. DEBT INSTR. - ALL OTHER					
CORP. DEBT INSTR. - ALL OTHER TOTALS					
		0.00	0.00	0.00	0.00

AMPEX RETIREMENT MASTER TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 159,588,364.53
 5% OF ASSET VALUE: 7,979,418.23

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
CORPORATE STOCKS - COMMON									
CORPORATE STOCKS - COMMON TOTALS									
				0.00		0.00		0.00	0.00

AMPEX RETIREMENT MASTER TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 159,588,364.53
 5% OF ASSET VALUE: 7,979,418.23

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
PARTN./JOINT VENTURE INTERESTS									
PARTN./JOINT VENTURE INTERESTS TOTALS									
				0.00		0.00		0.00	0.00

AMPEX RETIREMENT MASTER TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 159,588,364.53
 5% OF ASSET VALUE: 7,979,418.23

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET		RATE	MAT DATE	
(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
COMMON/COLLECTIVE TRUSTS					
COMMON/COLLECTIVE TRUSTS TOTALS					
		0.00	0.00	0.00	0.00

AMPEX RETIREMENT MASTER TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 159,588,364.53
 5% OF ASSET VALUE: 7,979,418.23

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
REGISTERED INVESTMENT COMPANY							
857492623	STATE STREET INSTITUTIONAL TRE 8,000,000.00	STATE ST INST TR MMKT INV 0.00	8,000,000.00			8,000,000.00	0.00
857492623	STATE STREET INSTITUTIONAL TRE 33,550,157.67	STATE ST INST TR MMKT INV 0.00	0.00			33,550,157.67	0.00
857492623	STATE STREET INSTITUTIONAL TRE 33,013,931.25	STATE ST INST TR MMKT INV 0.00	33,013,931.25			33,013,931.25	0.00
857492623	STATE STREET INSTITUTIONAL TRE 8,000,000.00	STATE ST INST TR MMKT INV 0.00	0.00			8,000,000.00	0.00
857492623	STATE STREET INSTITUTIONAL TRE 32,900,207.00	STATE ST INST TR MMKT INV 0.00	0.00			32,900,207.00	0.00
857492623	STATE STREET INSTITUTIONAL TRE 20,769,305.25	STATE ST INST TR MMKT INV 0.00	20,769,305.25			20,769,305.25	0.00
857492623	STATE STREET INSTITUTIONAL TRE 11,899,907.33	STATE ST INST TR MMKT INV 0.00	11,899,907.33			11,899,907.33	0.00
857492623	STATE STREET INSTITUTIONAL TRE 45,000,000.00	STATE ST INST TR MMKT INV 0.00	0.00			45,000,000.00	0.00
857492623	STATE STREET INSTITUTIONAL TRE 26,257,317.73	STATE ST INST TR MMKT INV 0.00	26,257,317.73			26,257,317.73	0.00
REGISTERED INVESTMENT COMPANY TOTALS							
		0.00	99,940,461.56			219,390,826.23	0.00

AMPEX RETIREMENT MASTER TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 159,588,364.53
 5% OF ASSET VALUE: 7,979,418.23

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE (H) CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH		0.00		0.00	0.00	0.00
CERTIFICATES OF DEPOSIT		0.00		0.00	0.00	0.00
U.S. GOVERNMENT SECURITIES		0.00	44,687,005.08		89,687,005.08	312,994.92
CORP. DEBT INSTR. - PREFERRED		0.00		0.00	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER		0.00		0.00	0.00	0.00
CORPORATE STOCKS - PREFERRED		0.00		0.00	0.00	0.00
CORPORATE STOCKS - COMMON		0.00		0.00	0.00	0.00
PARTN./JOINT VENTURE INTERESTS		0.00		0.00	0.00	0.00
REAL ESTATE-INCOME PRODUCING		0.00		0.00	0.00	0.00
REAL ESTATE-NON INC. PRODUCING		0.00		0.00	0.00	0.00
LOANS SECURED BY MTGES-RESID.		0.00		0.00	0.00	0.00
LOANS SECURED BY MTGES-COM'L		0.00		0.00	0.00	0.00
LOANS TO PARTIC. - MORTGAGES		0.00		0.00	0.00	0.00
LOANS TO PARTICIPANTS - OTHER		0.00		0.00	0.00	0.00
OTHER		0.00		0.00	0.00	0.00
COMMON/COLLECTIVE TRUSTS		0.00		0.00	0.00	0.00
POOLED SEPARATE ACCOUNTS		0.00		0.00	0.00	0.00
103-12 INVESTMENTS		0.00		0.00	0.00	0.00
REGISTERED INVESTMENT COMPANY		0.00	99,940,461.56		219,390,826.23	0.00
INSURANCE CO. GENERAL ACCOUNT		0.00		0.00	0.00	0.00
** ASSET CATEGORY NOT FOUND **		0.00		0.00	0.00	0.00
REPORTABLE TRANSACTION TOTALS		0.00	144,627,466.64		309,077,831.31	312,994.92

RUN DATE: 03/03/25

AMPEX RETIREMENT MASTER TRUST
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

THIS IS A COMPOSITE REPORT FOR:

HI01 AMPEX RETIREMENT MASTER TRUST
HI08 AMPEX RETIREMENT MASTER TRUST
HI11 SELECT EQUITY GROUP ASSET MGT
HI14 AMPEX RETIREMENT MASTER TRUST
HI16 AMPEX RETIREMENT MASTER TRUST
HI17 AMPEX RETIREMENT MASTER TRUST
HI24 AMPEX RETIREMENT MASTER TRUST
HI25 AMPEX CORPORATION
HI27 AMPEX CORPORATION
HI28 AMPEX RETIREMENT MASTER TRUST
HI30 AMPEX CORPORATION
HI32 AMPEX CORPORATION
HI35 AMPEX CORPORATION
HI36 AMPEX CORPORATION
HI37 AMPEX CORPORATION
HI40 AMPEX CORPORATION
HI41 AMPEX CORPORATION
HI43 AMPEX CORPORATION
HI48 AMPEX RETIREMENT MASTER TRUST
HI49 AMPEX RETIREMENT MASTER TRUST
HI50 AMPEX RETIREMENT MASTER TRUST
HI52 AMPEX RETIREMENT MASTER TRUST
HI53 AMPEX RETIREMENT MASTER TRUST
HI55 AMPEX RETIREMENT MASTER TRUST
HI56 AMPEX RETIREMENT MASTER TRUST
HI57 AMPEX RETIREMENT MASTER TRUST
HI58 AMPEX RETIREMENT MASTER TRUST
HI59 AMPEX RETIREMENT MASTER TRUST
HI61 AMPEX-NEW CANAAN FUNDING
HI62 AMPEX-BRADFORD CASTLE
HI63 AMPEX-LP
HI64 AMPEX-LP
HI65 AMPEX-LP
HI66 AMPEX-LP
HI67 SOUNDVIEW VII
HI68 PRIVATE ADVISORS SECONDARY V
HI69 PRIVATE ADVISORS COINVEST IV
HI70 DB US DATA CENTER HOLDINGS LLC
HI72 AMPEX - MCR HOSPITALITY FUND
HI74 AMPEX-RIVERSTONE AMR PARTNERS
HI75 AMPEX CORPORATION 6537
HI77 AMPEX-CERBERUS GLOBAL NPL FEED
HI78 AMPEX-CLEARVIEW CAP MEZZANINE
HI79 AMPEX-SREP JFK HOTEL PARTNERS
HI80 BRIARWOOD CAPITAL PARTNERS LP
HI81 ECHO STREET GOODCO SELECT, LP
HI82 HIGH GROUND I M FUND LTD. INV
HI83 CLEARVIEW CAPITAL FUND IV, LP
HI84 CONTEXT PARTNERS FUND
HI85 NEW CANAAN FUNDING MEZZANINE 7
HI86 SJC ONSHO DT LND FD IV 5 YR LP
HI87 PA SECONDARY FUND VI, LP
HI88 ARGOSY INVMT PARTNRS SBICVI LP
HI89 PA SMALL CO COINVT FUND IILP
HI9B CLEARVIEW CAPITAL FUND V, L.P
HI9D CLEARVIEW CAP MEZZ FUND LL, LP
HI90 MICCAPTLPARTRS(BRZLSPLOPPORTS)
HI91 PT EQT COINVTOPPTYFUDIICAMANLP
HI92 ARESPVTCRDTLSOLTS(OFFSHORE)IILP
HI93 AIP ALTERNATIVELENDING FUND
HI94 ECHOSRET GOODCONEWRLDOFSHRLTD
HI95 THE BRANFORD CASTLE FUND II LP
HI96 PA REAL ASSETS FUND III, LP
HI97 SFW CAP PTR FUND III -A,L.P
HI98 STEPSTONE VC SECON FND V, L.P

AMPEX RETIREMENT MASTER TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 159,588,364.53
 5% OF ASSET VALUE: 7,979,418.23

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET					RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS			
U.S. GOVERNMENT SECURITIES									
912797MD6	TREASURY BILL			11/24 0.00000		0.010	11/26/2024		
2	44,687,005.08	2	45,000,000.00	0.00	44,687,005.08	4	89,687,005.08		312,994.92
U.S. GOVERNMENT SECURITIES TOTALS									
2	44,687,005.08	2	45,000,000.00	0.00	44,687,005.08	4	89,687,005.08		312,994.92

AMPEX RETIREMENT MASTER TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 159,588,364.53
 5% OF ASSET VALUE: 7,979,418.23

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET					RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS			

CORP. DEBT INSTR. - PREFERRED									

CORP. DEBT INSTR. - PREFERRED TOTALS									

0	0.00	0	0.00	0.00	0.00	0	0.00	0.00	0.00

AMPEX RETIREMENT MASTER TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 159,588,364.53
 5% OF ASSET VALUE: 7,979,418.23

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET					RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS			
CORP. DEBT INSTR. - ALL OTHER									

CORP. DEBT INSTR. - ALL OTHER TOTALS									

0	0.00	0	0.00	0.00	0.00	0		0.00	0.00

AMPEX RETIREMENT MASTER TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 159,588,364.53
 5% OF ASSET VALUE: 7,979,418.23

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET					RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS			
CORPORATE STOCKS - COMMON									
CORPORATE STOCKS - COMMON TOTALS									
0	0.00	0	0.00	0.00	0.00	0		0.00	0.00

AMPEX RETIREMENT MASTER TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 159,588,364.53
 5% OF ASSET VALUE: 7,979,418.23

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET					RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS			
PARTN./JOINT VENTURE INTERESTS									

PARTN./JOINT VENTURE INTERESTS TOTALS									

0	0.00	0	0.00	0.00	0.00	0		0.00	0.00

AMPEX RETIREMENT MASTER TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 159,588,364.53
 5% OF ASSET VALUE: 7,979,418.23

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET					RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS			
COMMON/COLLECTIVE TRUSTS									

COMMON/COLLECTIVE TRUSTS TOTALS									

0	0.00	0	0.00	0.00	0.00	0		0.00	0.00

AMPEX RETIREMENT MASTER TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 159,588,364.53
 5% OF ASSET VALUE: 7,979,418.23

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET					RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS			
REGISTERED INVESTMENT COMPANY									
857492623	STATE STREET INSTITUTIONAL TRE		STATE ST INST TR MMKT INV						
169	147,165,620.37	107	130,866,022.49	0.00	130,866,022.49	276	278,031,642.86		0.00
REGISTERED INVESTMENT COMPANY TOTALS									
169	147,165,620.37	107	130,866,022.49	0.00	130,866,022.49	276	278,031,642.86		0.00

AMPEX RETIREMENT MASTER TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 159,588,364.53
 5% OF ASSET VALUE: 7,979,418.23

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE #TOTAL	MAT DATE (H) CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
CERTIFICATES OF DEPOSIT								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
U.S. GOVERNMENT SECURITIES								
2		44,687,005.08	45,000,000.00	0.00	44,687,005.08	4	89,687,005.08	312,994.92
CORP. DEBT INSTR. - PREFERRED								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
CORPORATE STOCKS - PREFERRED								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
CORPORATE STOCKS - COMMON								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
PARTN./JOINT VENTURE INTERESTS								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
REAL ESTATE-INCOME PRODUCING								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
REAL ESTATE-NON INC. PRODUCING								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
LOANS SECURED BY MTGES-RESID.								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
LOANS SECURED BY MTGES-COM'L								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
LOANS TO PARTIC. - MORTGAGES								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
LOANS TO PARTICIPANTS - OTHER								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
OTHER								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
COMMON/COLLECTIVE TRUSTS								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
POOLED SEPARATE ACCOUNTS								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
103-12 INVESTMENTS								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
REGISTERED INVESTMENT COMPANY								
169		147,165,620.37	130,866,022.49	0.00	130,866,022.49	276	278,031,642.86	0.00
INSURANCE CO. GENERAL ACCOUNT								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
** ASSET CATEGORY NOT FOUND **								
0		0.00	0.00	0.00	0.00	0	0.00	0.00
REPORTABLE TRANSACTION TOTALS								
171		191,852,625.45	175,866,022.49	0.00	175,553,027.57	280	367,718,647.94	312,994.92
NON-REPORTABLE TRANSACTION TOTALS								
134		13,286,101.83	69,919,233.88	0.00	49,636,069.40	277	83,205,335.71	20,283,164.48

RUN DATE: 03/03/25

AMPEX RETIREMENT MASTER TRUST
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

PLAN YEAR ENDING: 12/31/24

THIS IS A COMPOSITE REPORT FOR:

HI01 AMPEX RETIREMENT MASTER TRUST
HI08 AMPEX RETIREMENT MASTER TRUST
HI11 SELECT EQUITY GROUP ASSET MGT
HI14 AMPEX RETIREMENT MASTER TRUST
HI16 AMPEX RETIREMENT MASTER TRUST
HI17 AMPEX RETIREMENT MASTER TRUST
HI24 AMPEX RETIREMENT MASTER TRUST
HI25 AMPEX CORPORATION
HI27 AMPEX CORPORATION
HI28 AMPEX RETIREMENT MASTER TRUST
HI30 AMPEX CORPORATION
HI32 AMPEX CORPORATION
HI35 AMPEX CORPORATION
HI36 AMPEX CORPORATION
HI37 AMPEX CORPORATION
HI40 AMPEX CORPORATION
HI41 AMPEX CORPORATION
HI43 AMPEX CORPORATION
HI48 AMPEX RETIREMENT MASTER TRUST
HI49 AMPEX RETIREMENT MASTER TRUST
HI50 AMPEX RETIREMENT MASTER TRUST
HI52 AMPEX RETIREMENT MASTER TRUST
HI53 AMPEX RETIREMENT MASTER TRUST
HI55 AMPEX RETIREMENT MASTER TRUST
HI56 AMPEX RETIREMENT MASTER TRUST
HI57 AMPEX RETIREMENT MASTER TRUST
HI58 AMPEX RETIREMENT MASTER TRUST
HI59 AMPEX RETIREMENT MASTER TRUST
HI61 AMPEX-NEW CANAAN FUNDING
HI62 AMPEX-BRADFORD CASTLE
HI63 AMPEX-LP
HI64 AMPEX-LP
HI65 AMPEX-LP
HI66 AMPEX-LP
HI67 SOUNDVIEW VII
HI68 PRIVATE ADVISORS SECONDARY V
HI69 PRIVATE ADVISORS COINVEST IV
HI70 DB US DATA CENTER HOLDINGS LLC
HI72 AMPEX - MCR HOSPITALITY FUND
HI74 AMPEX-RIVERSTONE AMR PARTNERS
HI75 AMPEX CORPORATION 6537
HI77 AMPEX-CERBERUS GLOBAL NPL FEED
HI78 AMPEX-CLEARVIEW CAP MEZZANINE
HI79 AMPEX-SREP JFK HOTEL PARTNERS
HI80 BRIARWOOD CAPITAL PARTNERS LP
HI81 ECHO STREET GOODCO SELECT, LP
HI82 HIGH GROUND I M FUND LTD. INV
HI83 CLEARVIEW CAPITAL FUND IV, LP
HI84 CONTEXT PARTNERS FUND
HI85 NEW CANAAN FUNDING MEZZANINE 7
HI86 SJC ONSHO DT LND FD IV 5 YR LP
HI87 PA SECONDARY FUND VI, LP
HI88 ARGOSY INVMT PARTNRS SBICVI LP
HI89 PA SMALL CO COINVT FUND IILP
HI9B CLEARVIEW CAPITAL FUND V, L.P
HI9D CLEARVIEW CAP MEZZ FUND LL, LP
HI90 MICCAPTLPARTRS (BRZLSPLOPPORTS)
HI91 PT EQT COINVTOPPTYFUDICAMANLP
HI92 ARESVTCRDTSOLTS (OFFSHORE) IILP
HI93 AIP ALTERNATIVELENDING FUND
HI94 ECHOSRET GOODCONEWWRLDOFSHRLTD
HI95 THE BRANFORD CASTLE FUND II LP
HI96 PA REAL ASSETS FUND III, LP
HI97 SFW CAP PTR FUND III -A,L.P
HI98 STEPSTONE VC SECON FND V, L.P

AMPEX RETIREMENT MASTER TRUST
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF ISSUER	(B) DESCRIPTION OF INVESTMENT SHARES/PAR	(C) COST OF ACQUISITION	RATE	MAT DATE	(D) PROCEEDS OF DISPOSITION
U.S. GOVERNMENT SECURITIES					
U.S. GOVERNMENT SECURITIES TOTALS					
	0.00	0.00			0.00

AMPEX RETIREMENT MASTER TRUST
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF ISSUER	(B) DESCRIPTION OF INVESTMENT SHARES/PAR	(C) COST OF ACQUISITION	RATE	MAT DATE	(D) PROCEEDS OF DISPOSITION

CORP. DEBT INSTR. - PREFERRED					

CORP. DEBT INSTR. - PREFERRED	TOTALS				

	0.00	0.00			0.00

AMPEX RETIREMENT MASTER TRUST
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF ISSUER	(B) DESCRIPTION OF INVESTMENT SHARES/PAR	(C) COST OF ACQUISITION	RATE	MAT DATE	(D) PROCEEDS OF DISPOSITION

CORP. DEBT INSTR. - ALL OTHER					

CORP. DEBT INSTR. - ALL OTHER	TOTALS				

	0.00	0.00			0.00

AMPEX RETIREMENT MASTER TRUST
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

(A) IDENTITY OF ISSUER	(B) DESCRIPTION OF INVESTMENT SHARES/PAR	(C) COST OF ACQUISITION	RATE	MAT DATE	(D) PROCEEDS OF DISPOSITION
CORPORATE STOCKS - COMMON					
CORPORATE STOCKS - COMMON TOTALS					
	0.00	0.00			0.00

AMPEX RETIREMENT MASTER TRUST
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF ISSUER	(B) DESCRIPTION OF INVESTMENT SHARES/PAR	(C) COST OF ACQUISITION	RATE	MAT DATE	(D) PROCEEDS OF DISPOSITION
PARTN./JOINT VENTURE INTERESTS					
PARTN./JOINT VENTURE INTERESTS TOTALS					
	0.00	0.00			0.00

AMPEX RETIREMENT MASTER TRUST
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF ISSUER	(B) DESCRIPTION OF INVESTMENT SHARES/PAR	(C) COST OF ACQUISITION	RATE	MAT DATE	(D) PROCEEDS OF DISPOSITION
COMMON/COLLECTIVE TRUSTS					
COMMON/COLLECTIVE TRUSTS TOTALS					
	0.00		0.00		0.00

AMPEX RETIREMENT MASTER TRUST
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF ISSUER	(B) DESCRIPTION OF INVESTMENT SHARES/PAR	(C) COST OF ACQUISITION	RATE	MAT DATE	(D) PROCEEDS OF DISPOSITION
REGISTERED INVESTMENT COMPANY					
REGISTERED INVESTMENT COMPANY	TOTALS	0.00	0.00		0.00

AMPEX RETIREMENT MASTER TRUST
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (ACQUIRED AND DISPOSED OF WITHIN YEAR)

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF ISSUER	(B) DESCRIPTION OF INVESTMENT SHARES/PAR	(C) COST OF ACQUISITION	RATE	MAT DATE	(D) PROCEEDS OF DISPOSITION

INTEREST BEARING CASH		0.00			0.00
CERTIFICATES OF DEPOSIT		0.00			0.00
U.S. GOVERNMENT SECURITIES		0.00			0.00
CORP. DEBT INSTR. - PREFERRED		0.00			0.00
CORP. DEBT INSTR. - ALL OTHER		0.00			0.00
CORPORATE STOCKS - PREFERRED		0.00			0.00
CORPORATE STOCKS - COMMON		0.00			0.00
PARTN./JOINT VENTURE INTERESTS		0.00			0.00
REAL ESTATE-INCOME PRODUCING		0.00			0.00
REAL ESTATE-NON INC. PRODUCING		0.00			0.00
LOANS SECURED BY MTGES-RESID.		0.00			0.00
LOANS SECURED BY MTGES-COM'L		0.00			0.00
LOANS TO PARTIC. - MORTGAGES		0.00			0.00
LOANS TO PARTICIPANTS - OTHER		0.00			0.00
OTHER		0.00			0.00
COMMON/COLLECTIVE TRUSTS		0.00			0.00
POOLED SEPARATE ACCOUNTS		0.00			0.00
103-12 INVESTMENTS		0.00			0.00
REGISTERED INVESTMENT COMPANY		0.00			0.00
INSURANCE CO. GENERAL ACCOUNT		0.00			0.00
** ASSET CATEGORY NOT FOUND **		0.00			0.00
REPORTABLE TRANSACTION TOTALS		0.00			0.00

RUN DATE: 03/03/25		0.00			0.00

AMPEX RETIREMENT MASTER TRUST
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

PAGE: 1
PLAN YEAR ENDING: 12/31/24

THIS IS A COMPOSITE REPORT FOR:

HI01 AMPEX RETIREMENT MASTER TRUST
HI08 AMPEX RETIREMENT MASTER TRUST
HI11 SELECT EQUITY GROUP ASSET MGT
HI14 AMPEX RETIREMENT MASTER TRUST
HI16 AMPEX RETIREMENT MASTER TRUST
HI17 AMPEX RETIREMENT MASTER TRUST
HI24 AMPEX RETIREMENT MASTER TRUST
HI25 AMPEX CORPORATION
HI27 AMPEX CORPORATION
HI28 AMPEX RETIREMENT MASTER TRUST
HI30 AMPEX CORPORATION
HI32 AMPEX CORPORATION
HI35 AMPEX CORPORATION
HI36 AMPEX CORPORATION
HI37 AMPEX CORPORATION
HI40 AMPEX CORPORATION
HI41 AMPEX CORPORATION
HI43 AMPEX CORPORATION
HI48 AMPEX RETIREMENT MASTER TRUST
HI49 AMPEX RETIREMENT MASTER TRUST
HI50 AMPEX RETIREMENT MASTER TRUST
HI52 AMPEX RETIREMENT MASTER TRUST
HI53 AMPEX RETIREMENT MASTER TRUST
HI55 AMPEX RETIREMENT MASTER TRUST
HI56 AMPEX RETIREMENT MASTER TRUST
HI57 AMPEX RETIREMENT MASTER TRUST
HI58 AMPEX RETIREMENT MASTER TRUST
HI59 AMPEX RETIREMENT MASTER TRUST
HI61 AMPEX-NEW CANAAN FUNDING
HI62 AMPEX-BRADFORD CASTLE
HI63 AMPEX-LP
HI64 AMPEX-LP
HI65 AMPEX-LP
HI66 AMPEX-LP
HI67 SOUNDVIEW VII
HI68 PRIVATE ADVISORS SECONDARY V
HI69 PRIVATE ADVISORS COINVEST IV
HI70 DB US DATA CENTER HOLDINGS LLC
HI72 AMPEX - MCR HOSPITALITY FUND
HI74 AMPEX-RIVERSTONE AMR PARTNERS
HI75 AMPEX CORPORATION 6537
HI77 AMPEX-CERBERUS GLOBAL NPL FEED
HI78 AMPEX-CLEARVIEW CAP MEZZANINE
HI79 AMPEX-SREP JFK HOTEL PARTNERS
HI80 BRIARWOOD CAPITAL PARTNERS LP
HI81 ECHO STREET GOODCO SELECT, LP
HI82 HIGH GROUND I M FUND LTD. INV
HI83 CLEARVIEW CAPITAL FUND IV, LP
HI84 CONTEXT PARTNERS FUND
HI85 NEW CANAAN FUNDING MEZZANINE 7

AMPEX RETIREMENT MASTER TRUST
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(E) CURRENT VALUE
			(D) COST		
HI86		SJC ONSHO DT LND FD IV 5 YR LP			
HI87		PA SECONDARY FUND VI, LP			
HI88		ARGOSY INVMT PARTNRS SBICVI LP			
HI89		PA SMALL CO COINVT FUND IILP			
HI9B		CLEARVIEW CAPITAL FUND V, L.P			
HI9D		CLEARVIEW CAP MEZZ FUND LL, LP			
HI90		MICCAPTLPARTRS(BRZLSPLOPPORTS)			
HI91		PT EQT COINVTOPPTYFUDIICAMANLP			
HI92		ARESPVTCRDT SOLTS(OFFSHORE)IILP			
HI93		AIP ALTERNATIVELENDING FUND			
HI94		ECHOSRET GOODCONEWRLDOPSHRLTD			
HI95		THE BRANFORD CASTLE FUND II LP			
HI96		PA REAL ASSETS FUND III, LP			
HI97		SFW CAP PTR FUND III -A,L.P			
HI98		STEPSTONE VC SECON FND V, L.P			

HIZC

AMPEX RETIREMENT MASTER TRUST
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

PAGE: 3
PLAN YEAR ENDING: 12/31/24

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
INTEREST BEARING CASH						
		SS INST TREAS PLUS MM FUND TPL	1.000	12/31/2050		
		SS INST TREAS PLUS MM FUND TP			0.03	0.03
HI14	930SJLII0				0.03	0.03
					0.03	0.03

AMPEX RETIREMENT MASTER TRUST
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
U.S. GOVERNMENT SECURITIES						
	US TREASURY N/B	02/50 2	2.000	02/15/2050		
		15,000.00		17,868.36		8,710.05
HI08	912810SL3	15,000.00		17,868.36		8,710.05
	US TREASURY N/B	08/54 4.25	4.250	08/15/2054		
		157,000.00		154,007.19		143,372.40
HI08	912810UC0	157,000.00		154,007.19		143,372.40
		-----		-----		-----
		172,000.00		171,875.55		152,082.45

AMPEX RETIREMENT MASTER TRUST
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
CORP. DEBT INSTR. - PREFERRED					
	ABBVIE INC	SR UNSECURED 11/49 4.25	4.250	11/21/2049	
		165,000.00		164,278.95	134,151.60
HI08	00287YCB3	165,000.00		164,278.95	134,151.60
	AIR CANADA 2015 2AA PTT	PASS THRU CE 144A 06/29 3.75	3.750	06/15/2029	
		219,524.11		233,830.51	210,476.62
HI08	009088AA3	219,524.11		233,830.51	210,476.62
	AON NORTH AMERICA INC	COMPANY GUAR 03/54 5.75	5.750	03/01/2054	
		90,000.00		92,727.90	87,759.00
HI08	03740MAF7	90,000.00		92,727.90	87,759.00
	APPALACHIAN POWER CO	SR UNSECURED 04/31 2.7	2.700	04/01/2031	
		250,000.00		243,725.00	215,800.00
HI08	037735CZ8	250,000.00		243,725.00	215,800.00
	APPLE INC	SR UNSECURED 09/49 2.95	2.950	09/11/2049	
		200,000.00		191,338.00	133,288.00
HI08	037833DQ0	200,000.00		191,338.00	133,288.00
	ASTRAZENECA PLC	SR UNSECURED 08/50 2.125	2.125	08/06/2050	
		90,000.00		54,343.80	48,960.90
HI08	046353AX6	90,000.00		54,343.80	48,960.90
	ATHENE HOLDING LTD	SR UNSECURED 01/31 3.5	3.500	01/15/2031	
		250,000.00		246,337.50	225,347.50
HI08	04686JAC5	250,000.00		246,337.50	225,347.50
	BMW US CAPITAL LLC	COMPANY GUAR 144A 08/29 4.65	4.650	08/13/2029	
		100,000.00		99,841.00	98,154.00
HI08	05565ECR4	100,000.00		99,841.00	98,154.00
	BAKER HUGHES LLC/CO OBL	SR UNSECURED 12/27 3.337	3.337	12/15/2027	
		225,000.00		214,965.00	217,019.25
HI08	05723KAE0	225,000.00		214,965.00	217,019.25
	BANCO SANTANDER SA	03/28 VAR	1.000	03/14/2028	
		400,000.00		400,000.00	403,508.00
HI08	05964HBA2	400,000.00		400,000.00	403,508.00
	BANK OF AMERICA CORP	SR UNSECURED 01/35 VAR	1.000	01/23/2035	
		120,000.00		123,460.80	120,130.80
HI08	06051GMA4	120,000.00		123,460.80	120,130.80

AMPEX RETIREMENT MASTER TRUST
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
	BERKSHIRE HATHAWAY ENERG	SR UNSECURED 05/31 1.65	1.650	05/15/2031		
		200,000.00		161,638.00		162,484.00
HI08	084659BD2	200,000.00		161,638.00		162,484.00
	BERKSHIRE HATHAWAY FIN	COMPANY GUAR 10/50 2.85	2.850	10/15/2050		
		200,000.00		135,264.00		125,504.00
HI08	084664CV1	200,000.00		135,264.00		125,504.00
	BLACKSTONE HOLDINGS FINA	COMPANY GUAR 144A 01/32 2	2.000	01/30/2032		
		150,000.00		111,360.00		120,655.50
HI08	09261BAD2	150,000.00		111,360.00		120,655.50
	BP CAP MARKETS AMERICA	COMPANY GUAR 06/51 2.939	2.939	06/04/2051		
		315,000.00		211,040.55		195,016.50
HI08	10373QBP4	315,000.00		211,040.55		195,016.50
	BRISTOL MYERS SQUIBB CO	SR UNSECURED 11/50 2.55	2.550	11/13/2050		
		130,000.00		81,095.30		75,244.00
HI08	110122DS4	130,000.00		81,095.30		75,244.00
	BRISTOL MYERS SQUIBB CO	SR UNSECURED 02/54 5.55	5.550	02/22/2054		
		115,000.00		119,521.80		111,559.20
HI08	110122EK0	115,000.00		119,521.80		111,559.20
	BRISTOL MYERS SQUIBB CO	SR UNSECURED 02/64 5.65	5.650	02/22/2064		
		65,000.00		67,574.00		62,554.70
HI08	110122EL8	65,000.00		67,574.00		62,554.70
	CBOE GLOBAL MARKETS INC	SR UNSECURED 01/27 3.65	3.650	01/12/2027		
		150,000.00		156,385.50		147,259.50
HI08	12503MAA6	150,000.00		156,385.50		147,259.50
	CIGNA GROUP/THE	COMPANY GUAR 02/42 5.375	5.375	02/15/2042		
		150,000.00		173,478.51		138,205.50
HI08	125523BH2	150,000.00		173,478.51		138,205.50
	CHEVRON CORP	SR UNSECURED 05/26 2.954	2.954	05/16/2026		
		150,000.00		151,539.00		147,070.50
HI08	166764BL3	150,000.00		151,539.00		147,070.50
	COMCAST CORP	COMPANY GUAR 11/56 2.937	2.937	11/01/2056		
		139,000.00		138,160.44		80,959.16
HI08	20030NDU2	139,000.00		138,160.44		80,959.16
	UBS GROUP AG	SR UNSECURED 144A 11/33 VAR	1.000	11/15/2033		
		250,000.00		304,200.00		301,935.00
HI08	225401BB3	250,000.00		304,200.00		301,935.00

AMPEX RETIREMENT MASTER TRUST
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
	DAIMLER TRUCK FINAN NA	COMPANY GUAR 144A 01/34 5.375	5.375	01/18/2034		
		150,000.00		149,806.50		149,365.50
HI08	233853AW0	150,000.00		149,806.50		149,365.50
	DANSKE BANK A/S	144A 03/30 VAR	1.000	03/01/2030		
		200,000.00		200,472.00		202,754.00
HI08	23636ABH3	200,000.00		200,472.00		202,754.00
	DUKE ENERGY CAROLINAS	1ST MORTGAGE 08/29 2.45	2.450	08/15/2029		
		180,000.00		179,778.60		161,895.60
HI08	26442CAY0	180,000.00		179,778.60		161,895.60
	EXXON MOBIL CORPORATION	SR UNSECURED 08/29 2.44	2.440	08/16/2029		
		125,000.00		128,461.25		114,076.25
HI08	30231GBE1	125,000.00		128,461.25		114,076.25
	HSEC HOLDINGS PLC	SR UNSECURED 11/28 VAR	1.000	11/03/2028		
		200,000.00		213,138.00		211,972.00
HI08	404280DR7	200,000.00		213,138.00		211,972.00
	HOME DEPOT INC	SR UNSECURED 04/50 3.35	3.350	04/15/2050		
		85,000.00		62,758.05		59,257.75
HI08	437076CD2	85,000.00		62,758.05		59,257.75
	INTERCONTINENTALEXCHANGE	COMPANY GUAR 12/25 3.75	3.750	12/01/2025		
		125,000.00		129,560.00		123,987.73
HI08	45866FAD6	125,000.00		129,560.00		123,987.73
	JPMORGAN CHASE + CO	SR UNSECURED 04/32 VAR	1.000	04/22/2032		
		155,000.00		131,692.65		132,960.55
HI08	46647PCC8	155,000.00		131,692.65		132,960.55
	JPMORGAN CHASE + CO	SR UNSECURED 07/35 VAR	1.000	07/22/2035		
		285,000.00		290,965.05		281,941.95
HI08	46647PEK8	285,000.00		290,965.05		281,941.95
	LSEG US FIN CORP	COMPANY GUAR 144A 03/34 5.297	5.297	03/28/2034		
		250,000.00		250,000.00		248,927.50
HI08	50222CAB6	250,000.00		250,000.00		248,927.50
	MERCK + CO INC	SR UNSECURED 12/51 2.75	2.750	12/10/2051		
		105,000.00		68,814.90		63,635.25
HI08	58933YBF1	105,000.00		68,814.90		63,635.25
	METLIFE INC	SR UNSECURED 12/44 4.721	4.721	12/15/2044		
		400,000.00		414,828.00		353,148.00
HI08	59156RBL1	400,000.00		414,828.00		353,148.00

AMPEX RETIREMENT MASTER TRUST
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
	MITSUBISHI UFJ FIN GRP	SR UNSECURED 03/29 3.741	3.741	03/07/2029		
		300,000.00		300,000.00		286,980.00
HI08	606822BH6	300,000.00		300,000.00		286,980.00
	MORGAN STANLEY	SR UNSECURED 07/35 VAR	1.000	07/19/2035		
		225,000.00		228,449.25		221,312.25
HI08	61747YFT7	225,000.00		228,449.25		221,312.25
	NATIONAL RURAL UTIL COOP	SECURED 12/32 4.15	4.150	12/15/2032		
		125,000.00		118,146.25		116,628.75
HI08	637432NZ4	125,000.00		118,146.25		116,628.75
	OGLETHORPE POWER CORP	1ST MORTGAGE 08/50 3.75	3.750	08/01/2050		
		205,000.00		149,315.85		145,837.00
HI08	677050AQ9	205,000.00		149,315.85		145,837.00
	PFIZER INVESTMENT ENTER	COMPANY GUAR 05/33 4.75	4.750	05/19/2033		
		120,000.00		118,186.80		116,601.60
HI08	716973AE2	120,000.00		118,186.80		116,601.60
	QUALCOMM INC	SR UNSECURED 05/27 3.25	3.250	05/20/2027		
		125,000.00		127,131.25		121,576.25
HI08	747525AU7	125,000.00		127,131.25		121,576.25
	REINSURANCE GRP OF AMER	SR UNSECURED 09/33 6	6.000	09/15/2033		
		125,000.00		124,548.75		128,470.00
HI08	759351AR0	125,000.00		124,548.75		128,470.00
	SBA TOWER TRUST	ASSET BACKED 144A 05/51 1.631	1.631	05/15/2051		
		400,000.00		400,000.00		374,951.00
HI08	78403DAT7	400,000.00		400,000.00		374,951.00
	S+P GLOBAL INC	COMPANY GUAR 08/60 2.3	2.300	08/15/2060		
		115,000.00		62,941.80		57,594.30
HI08	78409VAR5	115,000.00		62,941.80		57,594.30
	SIMON PROPERTY GROUP LP	SR UNSECURED 09/49 3.25	3.250	09/13/2049		
		285,000.00		201,677.40		191,431.65
HI08	828807DH7	285,000.00		201,677.40		191,431.65
	UBS GROUP AG	SR UNSECURED 144A 02/33 VAR	1.000	02/11/2033		
		200,000.00		163,836.00		166,970.00
HI08	902613AK4	200,000.00		163,836.00		166,970.00
	UNION ELECTRIC CO	1ST MORTGAGE 03/32 2.15	2.150	03/15/2032		
		250,000.00		194,082.50		204,960.00
HI08	906548CT7	250,000.00		194,082.50		204,960.00

AMPEX RETIREMENT MASTER TRUST
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
		UNION PACIFIC CORP	SR UNSECURED 02/50 3.25		3.250 02/05/2050	
			200,000.00		199,922.00	136,432.00
HI08	907818FK9	200,000.00			199,922.00	136,432.00
		UNITED AIR 2018 1 AA PTT	PASS THRU CE 09/31 3.5		3.500 09/01/2031	
			319,492.42		332,236.98	298,347.93
HI08	909318AA5	319,492.42			332,236.98	298,347.93
		UNITED PARCEL SERVICE	SR UNSECURED 09/29 2.5		2.500 09/01/2029	
			250,000.00		254,720.00	226,845.00
HI08	911312BU9	250,000.00			254,720.00	226,845.00
		US BANCORP	SR UNSECURED 02/29 VAR		1.000 02/01/2029	
			260,000.00		254,345.00	257,366.20
HI08	91159HJK7	260,000.00			254,345.00	257,366.20
		UNITEDHEALTH GROUP INC	SR UNSECURED 05/50 2.9		2.900 05/15/2050	
			125,000.00		121,476.25	77,493.75
HI08	91324PDZ2	125,000.00			121,476.25	77,493.75
		UNITEDHEALTH GROUP INC	SR UNSECURED 02/53 5.875		5.875 02/15/2053	
			130,000.00		141,050.00	130,345.80
HI08	91324PES7	130,000.00			141,050.00	130,345.80
		WASTE MANAGEMENT INC	COMPANY GUAR 02/33 4.625		4.625 02/15/2033	
			125,000.00		121,335.00	121,741.25
HI08	94106LBU2	125,000.00			121,335.00	121,741.25
		WISCONSIN POWER + LIGHT	SR UNSECURED 09/32 3.95		3.950 09/01/2032	
			125,000.00		115,502.50	115,468.75
HI08	976826BQ9	125,000.00			115,502.50	115,468.75
		10,393,016.53			9,825,284.14	9,164,318.79

AMPEX RETIREMENT MASTER TRUST
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
CORP. DEBT INSTR. - ALL OTHER					
	AT+T INC	SR UNSECURED 09/55 3.55	3.550	09/15/2055	
		295,000.00		273,943.65	198,414.05
HI08	00206RLJ9	295,000.00		273,943.65	198,414.05
	APTIV SWISS HOLDINGS LTD	COMPANY GUAR 05/52 4.15	4.150	05/01/2052	
		45,000.00		34,146.45	32,007.60
HI08	00217GAC7	45,000.00		34,146.45	32,007.60
	AERCAP IRELAND CAP/GLOBA	COMPANY GUAR 01/32 3.3	3.300	01/30/2032	
		190,000.00		162,957.30	165,550.80
HI08	00774MAX3	190,000.00		162,957.30	165,550.80
	AIRCASTLE LTD	COMPANY GUAR 144A 02/29 5.95	5.950	02/15/2029	
		170,000.00		169,423.70	173,537.70
HI08	00928QAY7	170,000.00		169,423.70	173,537.70
	AMERICAN TOWER CORP	SR UNSECURED 09/31 2.3	2.300	09/15/2031	
		175,000.00		140,582.75	145,500.25
HI08	03027XBS8	175,000.00		140,582.75	145,500.25
	AMGEN INC	SR UNSECURED 09/53 2.77	2.770	09/01/2053	
		225,000.00		223,278.75	130,709.25
HI08	031162CY4	225,000.00		223,278.75	130,709.25
	ARTHUR J GALLAGHER + CO	SR UNSECURED 03/33 5.5	5.500	03/02/2033	
		125,000.00		124,771.25	125,935.00
HI08	04316JAD1	125,000.00		124,771.25	125,935.00
	AVOLON HOLDINGS FNDG LTD	COMPANY GUAR 144A 05/28 6.375	6.375	05/04/2028	
		125,000.00		123,693.75	128,480.00
HI08	05401AAS0	125,000.00		123,693.75	128,480.00
	BAT CAPITAL CORP	COMPANY GUAR 08/47 4.54	4.540	08/15/2047	
		200,000.00		153,202.00	157,726.00
HI08	05526DBF1	200,000.00		153,202.00	157,726.00
	BARCLAYS PLC	SR UNSECURED 09/29 VAR	1.000	09/13/2029	
		200,000.00		207,992.00	208,018.00
HI08	06738ECK9	200,000.00		207,992.00	208,018.00
	BELROSE FUNDING TRUST	SR UNSECURED 144A 08/30 2.33	2.330	08/15/2030	
		215,000.00		215,000.00	181,148.25
HI08	080807AA8	215,000.00		215,000.00	181,148.25

AMPEX RETIREMENT MASTER TRUST
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
HI08	11134LAR0	BROADCOM CRP / CAYMN FI COMPANY GUAR 01/28 3.5 175,000.00 175,000.00	3.500	01/15/2028	156,066.75 156,066.75	168,493.50 168,493.50
HI08	11135FCD1	BROADCOM INC SR UNSECURED 10/34 4.8 100,000.00 100,000.00	4.800	10/15/2034	99,793.00 99,793.00	96,499.00 96,499.00
HI08	14040HBW4	CAPITAL ONE FINANCIAL CO SR UNSECURED 01/28 3.8 150,000.00 150,000.00	3.800	01/31/2028	144,303.00 144,303.00	144,784.50 144,784.50
HI08	161175BL7	CHARTER COMM OPT LLC/CAP SR SECURED 05/47 5.375 150,000.00 150,000.00	5.375	05/01/2047	149,952.00 149,952.00	123,115.50 123,115.50
HI08	172967ML2	CITIGROUP INC SR UNSECURED 01/31 VAR 90,000.00 90,000.00	1.000	01/29/2031	78,264.90 78,264.90	79,627.50 79,627.50
HI08	172967MY4	CITIGROUP INC SR UNSECURED 05/32 VAR 195,000.00 195,000.00	1.000	05/01/2032	163,195.50 163,195.50	165,048.00 165,048.00
HI08	24703TAD8	DELL INT LLC / EMC CORP SR UNSECURED 06/26 6.02 143,000.00 143,000.00	6.020	06/15/2026	151,181.03 151,181.03	145,050.62 145,050.62
HI08	25470DAR0	DISCOVERY COMMUNICATIONS COMPANY GUAR 03/28 3.95 150,000.00 150,000.00	3.950	03/20/2028	149,464.50 149,464.50	142,017.00 142,017.00
HI08	260543CE1	DOW CHEMICAL CO/THE SR UNSECURED 11/41 5.25 125,000.00 125,000.00	5.250	11/15/2041	122,133.75 122,133.75	115,958.75 115,958.75
HI08	29278NAR4	ENERGY TRANSFER LP SR UNSECURED 05/50 5 180,000.00 180,000.00	5.000	05/15/2050	158,587.20 158,587.20	152,704.80 152,704.80
HI08	29279FAA7	ENERGY TRANSFER LP SR UNSECURED 04/49 6.25 150,000.00 150,000.00	6.250	04/15/2049	161,713.50 161,713.50	150,126.00 150,126.00
HI08	294429AS4	EQUIFAX INC SR UNSECURED 05/30 3.1 150,000.00 150,000.00	3.100	05/15/2030	149,724.00 149,724.00	136,075.50 136,075.50

AMPEX RETIREMENT MASTER TRUST
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
	FISERV INC	SR UNSECURED 03/28 5.45	5.450	03/02/2028	
		125,000.00		124,837.50	126,970.00
HI08	337738BD9	125,000.00		124,837.50	126,970.00
	GENERAL MOTORS CO	SR UNSECURED 10/25 6.125	6.125	10/01/2025	
		78,000.00		77,921.22	78,600.60
HI08	37045VAV2	78,000.00		77,921.22	78,600.60
	GENERAL MOTORS FINL CO	COMPANY GUAR 01/25 4	4.000	01/15/2025	
		150,000.00		152,772.00	149,937.00
HI08	37045XAS5	150,000.00		152,772.00	149,937.00
	GLENCORE FUNDING LLC	COMPANY GUAR 144A 04/27 5.338	5.338	04/04/2027	
		350,000.00		350,000.00	352,999.50
HI08	378272BR8	350,000.00		350,000.00	352,999.50
	GLENCORE FUNDING LLC	COMPANY GUAR 144A 04/34 5.634	5.634	04/04/2034	
		300,000.00		300,000.00	298,668.00
HI08	378272BU1	300,000.00		300,000.00	298,668.00
	GOLDMAN SACHS GROUP INC	SR UNSECURED 07/35 VAR	1.000	07/23/2035	
		135,000.00		136,923.75	132,479.55
HI08	38141GB37	135,000.00		136,923.75	132,479.55
	HCA INC	COMPANY GUAR 03/32 3.625	3.625	03/15/2032	
		90,000.00		79,707.60	79,323.30
HI08	404119CK3	90,000.00		79,707.60	79,323.30
	HP ENTERPRISE CO	SR UNSECURED 10/34 5	5.000	10/15/2034	
		310,000.00		307,141.80	297,962.70
HI08	42824CBV0	310,000.00		307,141.80	297,962.70
	INTEL CORP	SR UNSECURED 02/33 5.2	5.200	02/10/2033	
		105,000.00		106,394.40	101,517.15
HI08	458140CG3	105,000.00		106,394.40	101,517.15
	INTL FLAVOR + FRAGRANCES	SR UNSECURED 144A 11/30 2.3	2.300	11/01/2030	
		250,000.00		208,322.50	212,292.50
HI08	459506AQ4	250,000.00		208,322.50	212,292.50
	INTERNATIONAL PAPER CO	SR UNSECURED 11/41 6	6.000	11/15/2041	
		150,000.00		152,712.00	153,421.50
HI08	460146CH4	150,000.00		152,712.00	153,421.50
	INTERPUBLIC GROUP COS	SR UNSECURED 06/33 5.375	5.375	06/15/2033	
		125,000.00		123,437.50	123,905.00
HI08	460690BU3	125,000.00		123,437.50	123,905.00

AMPEX RETIREMENT MASTER TRUST
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
	JABIL INC	SR UNSECURED 01/30 3.6	3.600	01/15/2030		
		100,000.00			99,833.00	92,291.00
HI08	466313AJ2	100,000.00			99,833.00	92,291.00
	JABIL INC	SR UNSECURED 05/27 4.25	4.250	05/15/2027		
		125,000.00			124,477.50	123,268.75
HI08	466313AM5	125,000.00			124,477.50	123,268.75
	LAS VEGAS SANDS CORP	SR UNSECURED 08/26 3.5	3.500	08/18/2026		
		200,000.00			211,880.00	194,810.00
HI08	517834AE7	200,000.00			211,880.00	194,810.00
	MACQUARIE GROUP LTD	SR UNSECURED 144A 06/32 VAR	1.000	06/23/2032		
		200,000.00			190,188.00	169,494.00
HI08	55607PAG0	200,000.00			190,188.00	169,494.00
	WARNERMEDIA HOLDINGS INC	COMPANY GUAR 03/52 5.141	5.141	03/15/2052		
		275,000.00			228,525.00	204,325.00
HI08	55903VBE2	275,000.00			228,525.00	204,325.00
	MARVELL TECHNOLOGY INC	SR UNSECURED 09/33 5.95	5.950	09/15/2033		
		45,000.00			46,696.50	46,719.90
HI08	573874AQ7	45,000.00			46,696.50	46,719.90
	MEXICO CITY ARPT TRUST	SR SECURED 144A 04/28 3.875	3.875	04/30/2028		
		200,000.00			198,786.00	187,250.00
HI08	59284MAC8	200,000.00			198,786.00	187,250.00
	MOTOROLA SOLUTIONS INC	SR UNSECURED 04/34 5.4	5.400	04/15/2034		
		275,000.00			274,692.00	275,110.00
HI08	620076BZ1	275,000.00			274,692.00	275,110.00
	NXP BV/NXP FDG/NXP USA	COMPANY GUAR 02/42 3.125	3.125	02/15/2042		
		300,000.00			297,033.00	208,848.00
HI08	62954HAL2	300,000.00			297,033.00	208,848.00
	NETAPP INC	SR UNSECURED 06/30 2.7	2.700	06/22/2030		
		150,000.00			130,404.00	132,334.50
HI08	64110DAK0	150,000.00			130,404.00	132,334.50
	OMEGA HLTHCARE INVESTORS	COMPANY GUAR 01/28 4.75	4.750	01/15/2028		
		300,000.00			296,934.00	295,938.00
HI08	681936BK5	300,000.00			296,934.00	295,938.00
	ONEOK INC	COMPANY GUAR 09/33 6.05	6.050	09/01/2033		
		400,000.00			398,776.00	411,612.00
HI08	682680BL6	400,000.00			398,776.00	411,612.00

AMPEX RETIREMENT MASTER TRUST
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
	ORACLE CORP	SR UNSECURED 03/51 3.95	3.950	03/25/2051		
		175,000.00		194,243.00		129,624.25
HI08	68389XCA1	175,000.00		194,243.00		129,624.25
	PEACHTREE FUNDING TRUST	COMPANY GUAR 144A 02/25 3.976	3.976	02/15/2025		
		200,000.00		208,586.00		199,574.00
HI08	70466WAA7	200,000.00		208,586.00		199,574.00
	PENSKE TRUCK LEASING/PTL	SR UNSECURED 144A 06/30 6.2	6.200	06/15/2030		
		115,000.00		119,851.85		120,674.10
HI08	709599BV5	115,000.00		119,851.85		120,674.10
	PROSUS NV	SR UNSECURED 144A 01/27 3.257	3.257	01/19/2027		
		500,000.00		500,000.00		478,060.00
HI08	74365PAG3	500,000.00		500,000.00		478,060.00
	SCENTRE GROUP TRUST 2	COMPANY GUAR 144A 09/80 VAR	1.000	09/24/2080		
		500,000.00		526,250.00		487,980.00
HI08	76025LAB0	500,000.00		526,250.00		487,980.00
	REPUBLIC SERVICES INC	SR UNSECURED 04/34 5	5.000	04/01/2034		
		85,000.00		84,369.30		82,909.00
HI08	760759BC3	85,000.00		84,369.30		82,909.00
	ROGERS COMMUNICATIONS IN	COMPANY GUAR 02/34 5.3	5.300	02/15/2034		
		115,000.00		114,091.50		112,085.90
HI08	775109DF5	115,000.00		114,091.50		112,085.90
	ROYALTY PHARMA PLC	COMPANY GUAR 09/27 1.75	1.750	09/02/2027		
		115,000.00		102,281.00		105,932.25
HI08	78081BAJ2	115,000.00		102,281.00		105,932.25
	SABRA HEALTH CARE LP	COMPANY GUAR 12/31 3.2	3.200	12/01/2031		
		175,000.00		167,273.75		150,143.00
HI08	78574MAA1	175,000.00		167,273.75		150,143.00
	CHARLES SCHWAB CORP	JR SUBORDINA 12/99 VAR	1.000	12/31/2099		
		400,000.00		435,000.00		397,868.00
HI08	808513BD6	400,000.00		435,000.00		397,868.00
	T MOBILE USA INC	COMPANY GUAR 04/27 3.75	3.750	04/15/2027		
		125,000.00		124,946.25		122,120.00
HI08	87264ABD6	125,000.00		124,946.25		122,120.00
	TRUIST FINANCIAL CORP	JR SUBORDINA 12/99 VAR	1.000	12/31/2099		
		500,000.00		541,000.00		495,570.00
HI08	89832QAE9	500,000.00		541,000.00		495,570.00

AMPEX RETIREMENT MASTER TRUST
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
	RTX CORP	SR UNSECURED 11/28 4.125	4.125	11/16/2028		
		150,000.00			163,855.50	145,998.00
HI08	913017CY3	150,000.00			163,855.50	145,998.00
	UNUM GROUP	SR UNSECURED 12/49 4.5	4.500	12/15/2049		
		50,000.00			47,405.49	39,656.00
HI08	91529YAP1	50,000.00			47,405.49	39,656.00
	VERIZON COMMUNICATIONS	SR UNSECURED 08/46 4.862	4.862	08/21/2046		
		125,000.00			120,588.75	111,520.00
HI08	92343VCK8	125,000.00			120,588.75	111,520.00
	VERIZON COMMUNICATIONS	SR UNSECURED 03/51 3.55	3.550	03/22/2051		
		320,000.00			237,993.60	226,128.00
HI08	92343VGB4	320,000.00			237,993.60	226,128.00
	VICI PROPERTIES LP	SR UNSECURED 02/28 4.75	4.750	02/15/2028		
		400,000.00			399,728.00	396,636.00
HI08	925650AB9	400,000.00			399,728.00	396,636.00
	VORNADO REALTY LP	SR UNSECURED 06/26 2.15	2.150	06/01/2026		
		130,000.00			129,821.90	123,789.90
HI08	929043AK3	130,000.00			129,821.90	123,789.90
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		12,641,000.00			12,349,051.89	11,642,873.92

AMPEX RETIREMENT MASTER TRUST
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
CORPORATE STOCKS - COMMON					
	ACME BOOT CO	COMMON STOCK			
HI08	004622106	320.000 320.000		960.00 960.00	0.00 0.00
	GRAND PALAIS	WTS			
HI08	386990998	29,966.437 29,966.437		25.52 25.52	0.00 0.00
	SOUNDVIEW REAL EST PARTNERS V	LLC			
HI50	922TWA906	95,207.270 95,207.270		95,207.27 95,207.27	2,993,310.57 2,993,310.57
	SELECT QUOTE	CONVERTABLE PREF EQ SECURITES			
HI58	924MNT908	684,318.000 684,318.000		254,663.62 254,663.62	2,545,662.96 2,545,662.96
	SREP CAPITAL PARTNERS I	LLC			
HI50	979GYB902	17,139.377 17,139.377		17,139.39 17,139.39	270,739.65 270,739.65
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		826,951.084		367,995.80	5,809,713.18

AMPEX RETIREMENT MASTER TRUST
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE (D) COST	MAT DATE	(E) CURRENT VALUE
PARTN./JOINT VENTURE INTERESTS					
HI28	ACI00W9V7	SOUNDVIEW REAL ESTATE PRTN IV LIMITED PARTNERSHIP 1,403,334.490 1,403,334.490	1,403,334.49		1,822,687.32 1,822,687.32
HI16	ACI01UJZ0	INTEGRADORA DE SERVICIOS PETRO LIMITED PARTNERSHIP 1,251,876.280 1,251,876.280	1,251,876.28		0.00 0.00
HI17	ACI02J0X9	HENGISTBURY FUND LIMITED INV A LIMITED PARTNERSHIP 12,011.357 12,011.357	1,319,581.96		3,361,549.92 3,361,549.92
HI56	ACI08KSM4	SOUNDVIEW REAL ESTATE PRTN VI LLC 1,476,263.170 1,476,263.170	1,476,263.17		2,800,748.77 2,800,748.77
HI57	ACI08XQ63	ALTIMETER PARTNERS FUND LP LIMITED PARTNERSHIP 351,131.263 351,131.263	351,131.26		1,887,296.83 1,887,296.83
HI43	83699H922	SOUNDVIEW REAL ESTATE PARTNERS III LLC 4,229,772.090 4,229,772.090	4,229,772.09		1,934,342.45 1,934,342.45
HI67	927YAY902	SOUNDVIEW REAL ESTATE PARTNERS LIMITED PARTNERSHIP 1,972,365.830 1,972,365.830	1,972,365.83		3,373,289.94 3,373,289.94
HI70	930RSV909	DB US DATA CENTER HOLDINGS LLC 827.688 827.688	827.69		334,737.00 334,737.00
HI67	931FLY905	SREP CAPITAL PARTNERS III LLC 2,029,055.400 2,029,055.400	2,029,055.40		803,635.80 803,635.80
HI74	932BKT905	RIVERSTONE AMR PARTNERS LP 769,702.000 769,702.000	769,702.00		0.00 0.00
HI84	942JUH000	CONTEXT PARTNERS OFF OFF U SER001JAN2021 2,976.425 2,976.425	2,500,000.00		4,725,657.00 4,725,657.00

AMPEX RETIREMENT MASTER TRUST
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE (D) COST	MAT DATE	(E) CURRENT VALUE
		SUNRIVER LONG FUND LTD			
HI64	944GGAI17	2,840.937	2,840,936.63		3,156,866.00
		2,840.937	2,840,936.63		3,156,866.00
		MORGAN STANLEY PRIVATE WEAL			
HI36	944NUDII0	1.000	3.16		318.53
		1.000	3.16		318.53
		SREP JFK HOTEL PARTNERS LLC			
HI79	963JAE904	2,882,260.110	2,882,260.11		6,220,516.83
		2,882,260.110	2,882,260.11		6,220,516.83
		BRAIRWOOD CAPITAL PARTNERS LP			
HI80	963VCX903	2,500,000.000	2,500,000.00		4,582,680.00
		2,500,000.000	2,500,000.00		4,582,680.00
		HIGH GROUND INVESTMENT MANAGEMENT FUND LTD			
HI82	965QPB906	1,000,000.000	1,000,000.00		1,295,078.00
		1,000,000.000	1,000,000.00		1,295,078.00
		PORTOLAN SELECT FUND LP SERIES B (012)			
HI25	967KQDII3	1,950.300	1,309,746.96		4,606,307.70
		1,950.300	1,309,746.96		4,606,307.70
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		19,886,368.340	27,836,857.03		40,905,712.09

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AMPEX RETIREMENT MASTER TRUST
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

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(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE (D) COST	MAT DATE	(E) CURRENT VALUE
COMMON/COLLECTIVE TRUSTS					
		THE CHILDREN S INVESTMENT FUND CLASS F1 AUGUST 2013			
		19,333.452	3,159,472.73		14,429,715.23
HI32	ACI06WJT5	19,333.452	3,159,472.73		14,429,715.23
		MAKAIRA OFFSHORE INVESTORS, LT MAKAIRA			
		809.691	892,692.66		3,429,383.77
HI27	658043914	809.691	892,692.66		3,429,383.77
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		20,143.143	4,052,165.39		17,859,099.00

AMPEX RETIREMENT MASTER TRUST
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE (D) COST	MAT DATE	(E) CURRENT VALUE
REGISTERED INVESTMENT COMPANY					
		STATE STREET INSTITUTIONAL TRE STATE ST INST TR MMKT INV			
		21,070,780.320	21,070,780.32		21,070,780.32
HI01	857492623	4,074,414.420	4,074,414.42		4,074,414.42
HI08	857492623	16,996,365.900	16,996,365.90		16,996,365.90
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		21,070,780.320	21,070,780.32		21,070,780.32

AMPEX RETIREMENT MASTER TRUST
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

ASSET CATEGORY	UNITS	COST	CURRENT VALUE
INTEREST BEARING CASH	0.030	0.03	0.03
CERTIFICATES OF DEPOSIT	0.000	0.00	0.00
U.S. GOVERNMENT SECURITIES	172,000.000	171,875.55	152,082.45
CORP. DEBT INSTR. - PREFERRED	10,393,016.530	9,825,284.14	9,164,318.79
CORP. DEBT INSTR. - ALL OTHER	12,641,000.000	12,349,051.89	11,642,873.92
CORPORATE STOCKS - PREFERRED	0.000	0.00	0.00
CORPORATE STOCKS - COMMON	826,951.084	367,995.80	5,809,713.18
PARTN./JOINT VENTURE INTERESTS	19,886,368.340	27,836,857.03	40,905,712.09
REAL ESTATE-INCOME PRODUCING	0.000	0.00	0.00
REAL ESTATE-NON INC. PRODUCING	0.000	0.00	0.00
LOANS SECURED BY MTGES-RESID.	0.000	0.00	0.00
LOANS SECURED BY MTGES-COM'L	0.000	0.00	0.00
LOANS TO PARTIC. - MORTGAGES	0.000	0.00	0.00
LOANS TO PARTICIPANTS - OTHER	0.000	0.00	0.00
OTHER	0.000	0.00	0.00
COMMON/COLLECTIVE TRUSTS	20,143.143	4,052,165.39	17,859,099.00
POOLED SEPARATE ACCOUNTS	0.000	0.00	0.00
103-12 INVESTMENTS	0.000	0.00	0.00
REGISTERED INVESTMENT COMPANY	21,070,780.320	21,070,780.32	21,070,780.32
INSURANCE CO. GENERAL ACCOUNT	0.000	0.00	0.00
** ASSET CATEGORY NOT FOUND **	0.000	0.00	0.00
GRAND TOTALS	65,010,259.447	75,674,010.15	106,604,579.78