

<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>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>NBA PENSION PLAN FOR COACHES, ASSISTANT COACHES AND TRAINERS</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>004</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>NATIONAL BASKETBALL ASSOCIATION</u></p> <p><u>100 PLAZA DRIVE</u> <u>SECAUCUS, NJ 07094-3766</u></p>	<p>1c Effective date of plan <u>06/01/1977</u></p> <p>2b Employer Identification Number (EIN) <u>13-5582586</u></p> <p>2c Plan Sponsor's telephone number <u>201-974-6744</u></p> <p>2d Business code (see instructions) <u>711210</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.	03/12/2026	ANTHONY AURIEMMO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/11/2026	NEIL AARON
	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 type="checkbox"/> Same as Plan Sponsor PENSION PLAN COMMITTEE FOR COACHES, ASSISTANT COACHES AND TRAINERS 100 PLAZA DRIVE SECAUCUS, NJ 07094-3766		3b Administrator's EIN 13-2930715	
		3c Administrator's telephone number 201-974-6746	
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		199
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).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)		49
6a(2) Total number of active participants at the end of the plan year	6a(2)		41
b Retired or separated participants receiving benefits.....	6b		32
c Other retired or separated participants entitled to future benefits	6c		108
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d		181
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e		11
f Total. Add lines 6d and 6e	6f		192
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		0

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

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

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

A Name of plan <u>NBA PENSION PLAN FOR COACHES, ASSISTANT COACHES AND TRAINERS</u>	B Three-digit plan number (PN) ► <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NATIONAL BASKETBALL ASSOCIATION</u>	D Employer Identification Number (EIN) <u>13-5582586</u>

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 06 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>86535783</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>86535783</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>75835274</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>75835274</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>95773955</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>0</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>21577060</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>22257811</u>

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

SIGN HERE	
Signature of actuary	Date
<u>AIDA DOMLIJA, FSA, EA, MAAA</u>	<u>01/30/2026</u>
Type or print name of actuary	Most recent enrollment number
<u>SEGAL</u>	<u>23-06955</u>
Firm name	Telephone number (including area code)
<u>66 HUDSON BLVD E, 20TH FLOOR NEW YORK, NY 10001-2192</u>	<u>212-251-5000</u>
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	86346728
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	43	14637596
(2) For terminated vested participants	107	50056607
(3) For active participants:		
(a) Non-vested benefits		174247
(b) Vested benefits		30905505
(c) Total active	49	31079752
(4) Total	199	95773955
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			3(b)	0	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	114.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** Attained age normal
- b** Entry age normal
- c** Accrued benefit (unit credit)
- d** Aggregate
- e** Frozen initial liability
- f** Individual level premium
- g** Individual aggregate
- h** Shortfall
- i** Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.63 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	8M 8M
(2) Females	6c(2)	8F 8F
d Valuation liability interest rate	6d	6.50 % 6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	9.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.9 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	680751
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	9987	997
1	-3717623	-371248

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	680751

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	64417699	10009895
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		694892
e Total charges. Add lines 9a through 9d.....	9e		11385538
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		55415077
g Employer contributions. Total from column (b) of line 3.....	9g		0
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	19703131	3424616
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		3824580
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	48346015	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	396385	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		62664273
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		51278735
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan NBA PENSION PLAN FOR COACHES, ASSISTANT COACHES AND TRAINERS	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL BASKETBALL ASSOCIATION	D Employer Identification Number (EIN) 13-5582586	

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

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

U.S. BANCORP FUND SERVICES

39-1939072

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

SHENKMAN CAPITAL MANAGEMENT, INC. **461 FIFTH AVENUE, 22ND FLOOR**
NEW YORK, NY 10017

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

AMERICAN REALTY ADVISORS

33-0123114

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

U.S. BANCORP ASSET MANAGEMENT, INC.

41-2003732

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

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

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

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

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

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

(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)

THE SEGAL COMPANY

13-1835864

(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 50	NONE	437445	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)

ROBERTS & HOLLAND

13-1833405

(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 50	NONE	122972	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)

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	53844	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)

LOOMIS SAYLES TRUST COMPANY

20-8080381

(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 51 52	NONE	38657	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

MERCER

12-2834414

(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?
12 15 16 17 38 50	NONE	19000	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)

WELLINGTON MANAGEMENT COMPANY, LLP

280 CONGRESS STREET
BOSTON, MA 02210

(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 52 51	NONE	15430	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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)

U.S BANK

41-2003732

(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?
19 15 50 59 27	NONE	14388	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

RHUMBLINE ADVISERS

265 FRANKLIN STREET
21ST 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?
28 51 52	NONE	5279	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

A Name of plan <u>NBA PENSION PLAN FOR COACHES, ASSISTANT COACHES AND TRAINERS</u>	B Three-digit plan number (PN)	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL BASKETBALL ASSOCIATION</u>	D Employer Identification Number (EIN) <u>13-5582586</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: RHUMBLINE S&P INDEX POOLED TRUST

b Name of sponsor of entity listed in (a): RHUMBLINE ADVISERS CORP.

c EIN-PN <u>04-6752198-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17769967</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON TRUST CTF INTER.OPPORTUN

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN <u>27-3649481-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES MULTISECTOR FULL DISC

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY LLC

c EIN-PN <u>84-6391546-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7053658</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: RHUMBLINE MID CAP INDEX FUND POOLED

b Name of sponsor of entity listed in (a): RHUMBLINE ADVISERS CORP.

c EIN-PN <u>04-3345692-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>996429</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: RHUMBLINE SMALL CAP INDEX FUND POOL

b Name of sponsor of entity listed in (a): RHUMBLINE ADVISERS CORP.

c EIN-PN <u>04-6793528-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>436812</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHRODER COLLECTIVE INVEST. TRUST

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN <u>46-4679164-072</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9115018</u>
---------------------------------------	-------------------------------	--

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025	
A Name of plan NBA PENSION PLAN FOR COACHES, ASSISTANT COACHES AND TRAINERS	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL BASKETBALL ASSOCIATION	D Employer Identification Number (EIN) 13-5582586

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	9879	2332
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4115626	952978
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	5608	0
(B) Common	1c(4)(B)	1999953	0
(5) Partnership/joint venture interests	1c(5)	13294025	13322917
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	14240268	16168676
(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)	16907698	19203208
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	35941704	36908854
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	21022	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	86535783	86558965
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	189055	247623
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	189055	247623
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	86346728	86311342

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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		6800552
d Total income. Add all income amounts in column (b) and enter total.....	2d		6800552

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6124449	
(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)		6124449
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	19000	
(4) IQPA audit fees	2i(4)	-830	
(5) Investment advisory and investment management fees	2i(5)	116307	
(6) Bank or trust company trustee/custodial fees	2i(6)	14388	
(7) Actuarial fees	2i(7)	437445	
(8) Legal fees	2i(8)	122972	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	2207	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		711489
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6835938

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-35386
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **EISNERAMPER LLP**

(2) EIN: **87-1363769**

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		10000000
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.)			
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 567315.

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

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

A Name of plan <u>NBA PENSION PLAN FOR COACHES, ASSISTANT COACHES AND TRAINERS</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL BASKETBALL ASSOCIATION</u>	D Employer Identification Number (EIN) <u>13-5582586</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>41-6271370</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	8

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	0
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	0
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	0

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**NATIONAL BASKETBALL ASSOCIATION
PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

FINANCIAL STATEMENTS

MAY 31, 2025 and 2024
(with supplemental schedules)

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**
May 31, 2025 and 2024

TABLE OF CONTENTS

	<u>Page(s)</u>
INDEPENDENT AUDITORS' REPORT	1 - 3
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits as of May 31, 2025 and 2024	4
Statements of Changes in Net Assets Available for Benefits for the years ended May 31, 2025 and 2024	5
Notes to Financial Statements	6 - 17
SUPPLEMENTAL SCHEDULES	
Schedule H, Line 4(i)--Schedule of Assets (Held at End of Year) as of May 31, 2025	18
Schedule H, Line 4(j)--Schedule of Reportable Transactions for the year ended May 31, 2025	19 - 20

INDEPENDENT AUDITORS' REPORT

To the Pension Committee, Participants and Beneficiaries
National Basketball Association Pension Plan for Coaches, Assistant Coaches and Trainers

Opinion

We have audited the financial statements of the National Basketball Association Pension Plan for Coaches, Assistant Coaches and Trainers (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of May 31, 2025 and 2024, the related statements of changes in net assets available for benefits for each of the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of May 31, 2025 and 2024, and the changes in its net assets available for benefits for each of the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



Other Matter

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets (Held at End of Year) as of May 31, 2025 and Reportable Transactions for the year ended May 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

EisnerAmper LLP

EISNERAMPER LLP
Iselin, New Jersey
February 27, 2026



The accompanying notes are an integral part of these financial statements. **EisnerAmper LLP**

www.eisneramper.com

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**
Statements of Net Assets Available for Benefits

	May 31,	
	2025	2024
ASSETS		
Investments, at fair value		
Cash and cash equivalents	\$ 952,978	\$ 4,069,099
Mutual funds	36,908,854	35,906,822
Investment partnerships	13,322,917	13,294,025
Common and collective trusts	35,371,884	33,255,958
	86,556,633	86,525,904
Contribution receivable from the National Basketball Association member teams	-	-
Dividend and interest receivable	2,332	9,879
	2,332	9,879
Total assets	86,558,965	86,535,783
LIABILITIES		
Accrued expenses	247,623	189,055
Total liabilities	247,623	189,055
Net assets available for benefits	\$ 86,311,342	\$ 86,346,728

The accompanying notes are an integral part of these financial statements.

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**
Statements of Changes in Net Assets Available for Benefits

	Year Ended May 31,	
	2025	2024
ADDITIONS/(DEDUCTIONS):		
Investment income:		
Interest and dividends	\$ 1,573,656	\$ 1,585,479
Net appreciation in fair value of investments	5,226,896	6,885,249
Net investment income	6,800,552	8,470,728
Contributions from the National Basketball Association member teams	-	125,000
Benefits paid to participants	(6,124,449)	(8,687,203)
Administrative expenses	(711,489)	(774,780)
Net (decrease)	(35,386)	(866,255)
Net assets available for benefits at beginning of year	86,346,728	87,212,983
Net assets available for benefits at end of year	\$ 86,311,342	\$ 86,346,728

The accompanying notes are an integral part of these financial statements.

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

Notes to Financial Statements
May 31, 2025 and 2024

NOTE 1 DESCRIPTION OF THE PLAN

The National Basketball Association Pension Plan for Coaches, Assistant Coaches and Trainers (the "Plan") covers all eligible employees of the 29 National Basketball Association (the "NBA") member teams located in the United States. The Plan is a multiemployer collectively bargained defined benefit plan providing retirement benefits, early retirement benefits, and pre-retirement death benefits.

Every eligible employee covered under the Plan who has attained their "Normal Retirement Date" or "Early Retirement Date" as defined under the Plan, is entitled to receive payment of their benefits. Benefits are calculated by multiplying a specified benefit formula factor by an eligible employee's pensionable earnings as defined in the Plan. Effective May 22, 2010, the benefits under the Plan are based upon a Normal Retirement Date of age 62 (i.e., the eligible employee's 62nd birthday). The Plan was amended on May 31, 2011 to provide for the cessation of benefit accruals under the Plan, effective June 1, 2011. The cessation of benefit accruals effective June 1, 2011 means that future compensation and service of eligible employees after May 31, 2011 are not taken into account in determining the amount of an eligible employee's retirement benefits under the Plan. The amendment also provided that any eligible employee who was not a participant in the Plan as of May 31, 2011 shall not become eligible to participate in the Plan.

Each member team currently contributes such amounts as are determined by the actuary for the Plan to be necessary to provide assets sufficient to meet the benefits expected to be paid to its eligible participants. For the years ended May 31, 2025 and 2024, the Plan met the minimum funding requirements of the Internal Revenue Code (the "Code") and the Employee Retirement Income Security Act of 1974 ("ERISA").

Although it has not expressed any intention to do so, the NBA has the right, subject to the provisions set forth in the Code, ERISA and the collective bargaining agreements applicable to the Plan, to discontinue its contributions at any time and terminate the Plan. Should the Plan terminate at some future time, whether a particular participant's accumulated plan benefits will be paid depends on the net assets available under the Plan at that time for payment and, if applicable, the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (the "PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC's benefit guarantee, while other benefits may not be provided for at all. The maximum benefit that the PBGC guarantees is set by law. Under the multiemployer program, the PBGC guarantee equals a participant's years of service multiplied by (1) 100% of the first \$11 of the monthly benefit accrual rate and (2) 75% of the next \$33. The PBGC's maximum guarantee limit is \$35.75 per month times a participant's years of service.

All active participants in the Plan have either attained age 60 or have been credited with sufficient years of vested service to be 100% vested in their accrued benefit. Although certain terminated vested participants are not fully vested in their accrued benefit, the actuarial valuation reflects a non-vested liability of \$0 based on the actuarial assumption that those terminated vested participants will remain terminated and not resume active status.

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

Notes to Financial Statements
May 31, 2025 and 2024

NOTE 1 DESCRIPTION OF THE PLAN (continued)

Eligible employees vested in their accrued benefit under the Plan based on years of service as follows: (1) For each eligible employee who ceased being employed by all member teams prior to June 1, 1997 and has not been rehired on or after that date by any member team, such eligible employee vested based on years of service as follows; after 3 years of service 30%, and then each year thereafter an additional 10% until the employee reached 10 years of service and were 100% vested. (2) For each employee who was employed by a member team after May 31, 1997 their vesting in their accrued benefit was calculated as follows:

<u>Years of Service</u>	<u>Vested Interest</u>
3	30%
4	40%
5	60%
6	80%
7 or more	100%

(3) Each eligible employee was vested 100% if he/she was an eligible employee of a team on or after attaining the age of 60 years old.

Additional information about the Plan, including the Plan's benefit provisions, is contained in the Plan document.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The Plan accounts for the change in the difference between the fair value and the cost of investments as unrealized appreciation (depreciation) in the aggregate fair value of investments. For investments in fixed income, mutual funds and common stock, realized gain (loss) in the aggregate fair value of investments is the difference between the proceeds received and the average cost of the investments sold. For investments in common or collective trusts and investment partnerships, realized gain (loss) in the aggregate fair value of investments is calculated based on the policy set by the respective investment manager.

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

Notes to Financial Statements
May 31, 2025 and 2024

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees through the benefit cessation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on aggregate compensation and credited service as defined in the Plan. Benefits payable under all circumstances – normal retirement, early retirement, death and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the benefit cessation date.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits during the reporting period and when applicable, disclosures of contingent assets and liabilities at the date of the financial statements and the actuarial present value of accumulated plan benefits as of the beginning of the Plan year and changes therein. Actual results could differ from those estimates.

Administrative Expenses

Certain administrative expenses are paid by the Plan, as provided by the Plan document. Any administrative expenses not paid by the Plan are excluded from the Plan's financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3 CASH AND CASH EQUIVALENTS

The Plan maintains accounts with financial institutions. In the event of a financial institution's insolvency, recovery of assets may be limited to account insurance or other protection afforded to such accounts.

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

Notes to Financial Statements
May 31, 2025 and 2024

NOTE 4 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, credit and liquidity risks, and economic conditions including delinquencies or defaults and market perception.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements. Volatility in the financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at May 31, 2025 and 2024 may not necessarily be indicative of amounts that could be realized in a current market exchange.

NOTE 5 ACCUMULATED PLAN BENEFITS

Currently, an actuary from The Segal Company estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial cost method used is the unit credit cost method.

The Pension Protection Act of 2006 (the "PPA") added requirements to categorize multiemployer underfunded pension plans and imposes certain restrictions on plans placed within a particular category.

The categorization is based on three criteria: the Plan's projected contributions sufficiency, projected cash flow sufficiency and funded status. The Plan's actuaries have determined that Plan contributions and cash flow for the Plan is projected to meet PPA specified levels. As of June 1, 2024 and 2023, the Plan was in the "green zone" (funded status above 80%).

In connection with this categorization, the PPA requires that the Plan's actuaries certify to the Internal Revenue Service ("IRS") and the Plan sponsor regarding the Plan's status and that participants be notified of this status. This certification was provided on August 20, 2024 and August 29, 2023 for the respective years and Plan participants were timely notified.

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

Notes to Financial Statements
May 31, 2025 and 2024

NOTE 5 ACCUMULATED PLAN BENEFITS (continued)

The accumulated Plan benefit information as of the beginning of each Plan year is as follows:

	May 31,	
	2024	2023
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Active participants	\$ 23,674,982	\$ 27,669,578
Other participants	52,160,292	52,664,467
	75,835,274	80,334,045
Non-vested benefits	-	-
	\$ 75,835,274	\$ 80,334,045

Changes in the actuarial present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits as of May 31, 2023	\$ 80,334,045
Increase (decrease) during the year attributed to:	
Increase due to interest	4,939,379
Benefits paid	(8,687,203)
Changes in actuarial assumptions (due to mortality table)	9,987
Net experience (gain)/loss	(760,934)
Net decrease	(4,498,771)
Actuarial present value of accumulated plan benefits as of May 31, 2024	\$ 75,835,274

The computations of the actuarial present value of accumulated plan benefits were made as of June 1, 2024 and 2023. Had the valuations been performed as of May 31, 2024 and 2023, respectively, there would be no material differences.

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

Notes to Financial Statements
May 31, 2025 and 2024

NOTE 5 ACCUMULATED PLAN BENEFITS (continued)

Significant assumptions underlying the actuarial computations for May 31, 2024 and 2023 are as follows:

Assumed rate of return	6.5%
Mortality rates for pre-retirement and post-retirement annuity elections	<p>May 31, 2024: PRI-2012 Healthy Employee/Annuitant/Survivor Tables with generational projection using the 2024 SSA Intermediate-Cost Projections scale.</p> <p>May 31, 2023: PRI-2012 Healthy Employee/Annuitant/Survivor Tables with generational projection using the 2023 SSA Intermediate-Cost Projections scale.</p>
Mortality rates post-retirement (for lump sum elections)	<p>May 31, 2024: 10% PRI-2012 Healthy Employee/Annuitant/Survivor Tables with generational projection using the 2024 SSA Intermediate-Cost Projections scale. 90% 2024 Lump Sum applicable mortality.</p> <p>May 31, 2023: 10% PRI-2012 Healthy Employee/Annuitant/Survivor Tables with generational projection using the 2023 SSA Intermediate-Cost Projections scale. 90% 2023 Lump Sum applicable mortality.</p>
Retirement	100% at normal retirement age (age 62).
Benefit elections	Participants are expected to elect lump sum payments at a rate of 90% and annuity payments at a rate of 10%.

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

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

Notes to Financial Statements
May 31, 2025 and 2024

NOTE 6 INVESTMENTS

The Financial Accounting Standards Board's ("FASB") Accounting Standards Codification ("ASC") 820, Fair Value Measurement and Disclosures, emphasizes that fair value is a market based measurement, not an entity specific measurement. Therefore, a fair value measurement should be determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering market participant assumptions in fair value measurements, ASC 820 establishes a fair value hierarchy, which prioritizes the inputs used in measuring fair values. The hierarchy gives the highest priority to Level 1 measurements and the lowest priority to Level 3 measurements. The three levels of fair value hierarchy under ASC 820 are described as follows:

- Level 1: Observable inputs such as quoted prices in active markets.

- Level 2: Inputs, other than quoted prices in active markets that are observable either directly or indirectly. Level 2 assets and liabilities include debt securities with quoted market prices that are traded less frequently than exchange-traded instruments. This category generally includes U.S. Government agency-backed debt securities and corporate-debt securities.

- Level 3: Unobservable inputs in which there is little or no market data. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which determination of fair value required significant management judgment or estimation. This category generally includes certain private debt and equity instruments.

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

Following is a description of the valuation methodologies used for investment assets measured at fair value. There have been no changes in the methodologies used at May 31, 2025 and 2024.

Common stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds – Valued at the daily closing price as reported by the fund. The mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish its daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

Notes to Financial Statements
May 31, 2025 and 2024

NOTE 6 INVESTMENTS (continued)

U.S. government and agency securities – U.S. government securities are valued at the closing price reported on the active market on which the individual securities are traded. Agency securities are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds – Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded.

Common and collective trust funds – Common trust funds are comprised of shares or units in commingled funds that are not publicly traded. The underlying assets in these funds are primarily publicly traded equity securities, fixed income securities, and commodity-related securities and are valued at their NAV that is calculated by the investment manager or sponsor of the fund. Collective trust funds are valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The Plan has no unfunded commitments to the common trust funds as of May 31, 2025 and May 31, 2024, respectively. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities. Redemption terms and fair value as of May 31, 2025 and May 31, 2024 are described below:

	Allspring Emerging Large/Mid Cap Fund	Wellington CTF International Opportunities Portfolio	Schroder International Alpha Trust	Loomis Sayles Multisector Full Discretion Trust
Investment:				
Fair value as of May 31, 2025	\$ -	\$ -	\$ 9,115,018	\$ 7,053,658
Fair value as of May 31, 2024	\$ 2,107,992	\$ 7,769,965	\$ -	\$ 6,470,303
Redemption terms	Last day of month and every Wednesday, with 10 days' notice	Daily with notice submitted by 4pm EST on same day as Trade Date	Daily If in excess of 20% with 5 days' notice	Daily, with 3 Days' notice

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

Notes to Financial Statements
May 31, 2025 and 2024

NOTE 6 INVESTMENTS (continued)

	RhumbLine S&P Mid Cap 400 Pooled Index Fund	RhumbLine S&P 500 Pooled Index Fund	RhumbLine S&P Small Cap 600 Pooled Index Fund
Investment:			
Fair value as of May 31, 2025	\$ 996,429	\$ 17,769,967	\$ 436,812
Fair value as of May 31, 2024	\$ 937,691	\$ 15,557,857	\$ 412,150
Redemption terms	Daily, with 24 hours' notice	Daily, with 24 hours' notice	Daily, with 24 hours' notice

Investment partnerships – Valued at the NAV of the partner's capital in the investment partnership. The NAV, as provided by the investment partnership, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities. The Plan has no unfunded commitments to the investment partnerships as of May 31, 2025 and May 31, 2024, respectively. Redemptions terms and fair value as of May 31, 2025 and May 31, 2024 are described below:

	ARA Core Property Fund, L.P.	Primus High Yield Bond Fund, L.P.
Investment:		
Fair value as of May 31, 2025	\$ 6,106,138	\$ 7,216,779
Fair value as of May 31, 2024	\$ 6,589,491	\$ 6,704,534
Redemption terms	Quarterly, with 10 days' notice	Monthly, with 10 days' notice

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

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

Notes to Financial Statements
May 31, 2025 and 2024

NOTE 6 INVESTMENTS (continued)

The following tables summarize the Plan's investments measured at fair value on a recurring basis as of May 31, 2025 and 2024:

May 31, 2025	Quoted Prices in Active Markets for Identical Assets Level 1	Total
Investments:		
Common and collective trusts*(A)	\$ -	\$ 35,371,884
Mutual Funds	36,908,854	36,908,854
Investment partnerships*(A)	-	13,322,917
Cash and cash equivalents	952,978	952,978
	\$ 37,861,832	\$ 86,556,633

May 31, 2024	Quoted Prices in Active Markets for Identical Assets Level 1	Total
Investments:		
Common and collective trusts*(A)	\$ -	\$ 33,255,958
Mutual Funds	35,906,822	35,906,822
Investment partnerships*(A)	-	13,294,025
Cash and cash equivalents	4,069,099	4,069,099
	\$ 39,975,921	\$ 86,525,904

* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

Notes to Financial Statements
May 31, 2025 and 2024

NOTE 6 INVESTMENTS (continued)

(A) For the entities which are not direct filing entities, their investment strategies are:

<u>Investment</u>	<u>Investment Strategy</u>
Primus High Yield Bond Fund, L.P.	Maximize total returns by investing in debt securities issued by high-yield companies.
ARA Core Property Fund, L.P.	Seeks long-term capital appreciation by investing in core stable institutional quality office, retail, industrial and multi-family residential properties.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

NOTE 7 TAX STATUS

The IRS has determined and informed the Plan by a letter dated November 6, 2015, that the Plan as amended and restated effective June 1, 2013, and the related trust are designed in accordance with applicable sections of the Code. The Plan administrator consults with outside counsel regarding the Plan's administration and operation and to the best of its knowledge believes that the Plan is currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that to the best of the Plan administrator's knowledge, as of May 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

Notes to Financial Statements
May 31, 2025 and 2024

NOTE 8 RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

U.S. Bank is the custodian of the Plan. Fees paid by the Plan for custodial services qualify as exempt party-in-interest. These fees totaled \$14,000 and \$18,000 for the years ended May 31, 2025 and 2024, respectively, and are included in administrative expenses on the statements of changes in net assets available for benefits.

The Plan's investments are managed by American Realty Advisors, Baird Asset Management, Loomis Sayles Trust Company, LLC, Rhumblin Advisers Limited Partnership, Shenkman Capital Management, Inc., SEI Trust Company, Allspring Global Investments (formerly Wells Fargo Fund Management, LLC), and Wellington Trust Company NA.

In consideration for these management services, the Plan paid approximately \$219,000 and \$258,000 for the years ended May 31, 2025 and 2024, respectively. The majority of these fees are included in administrative expenses on the statements of changes in net assets available for benefits, while other fees are paid through the NAV of the Plan's interest in the fund and included in the net appreciation/depreciation in fair value of investments on the statements of changes in net assets available for benefits.

NOTE 9 SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through February 27, 2026, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

EIN# 13-5582586 Plan-004

Schedule H, Line 4(i)

Schedule of Assets (Held at End of Year)

May 31, 2025

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
Money Market Funds Managed by:			
US Bank*		\$ 202,510	\$ 202,510
Commingled		745,433	745,433
Rhumbline		5,035	5,035
Total Money Market Funds		\$ 952,978	\$ 952,978
Common or Collective Trusts:			
Investments Managed by SEI Trust Company, Schroder Collective Investment Trust*: Schroder International Alpha Trust	448,133 Units	\$ 8,241,159	\$ 9,115,018
Investment Managed by Loomis, Sayles & Company, L.P.*: Loomis Sayles Multisector Full Discretion Trust B	243,987 Units	6,456,047	7,053,658
Investment Managed by RhumbLine Advisers LP*: RhumbLine S&P Mid Cap 400 Pooled Index Fund	5,526 Units	895,103	996,429
RhumbLine S&P 500 Pooled Index Fund	74,860 Units	13,575,743	17,769,967
RhumbLine S&P Small Cap 600 Pooled Index Fund	5,511 Units	444,274	436,812
Total Common or Collective Trusts		\$ 29,612,326	\$ 35,371,884
Investment Partnerships:			
Investment Managed by Shenkman Capital Management, Inc.*: Primus High Yield Bond Fund, L.P.	Limited Partnership Interests	\$ 4,798,517	\$ 7,216,779
Investment Managed by American Realty Advisors*: ARA Core Property Fund, L.P.	52 Units	5,406,974	6,106,138
Total Investment Partnerships		\$ 10,205,491	\$ 13,322,917
Mutual Fund Investments:			
Investments Managed by Baird Asset Management*: Baird Aggregate Bond Fd Instl	3,793,305 Units	\$ 36,441,802	36,908,854
Total Mutual Fund Investments		\$ 36,441,802	\$ 36,908,854
Total Assets (Held at Year End)		\$ 77,212,597	\$ 86,556,633

*Indicates a party-in-interest to the Plan.

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

EIN# 13-5582586 Plan-004

Schedule H, Line 4(j)

Schedule of Reportable Transactions

For the Year Ended May 31, 2025

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (i) – a single transaction in excess of 5% of Plan assets:						
U.S. Bank*	First American Government Obligation Class Y	\$ 4,401,291	\$ -	\$ 4,401,291	\$ 4,401,291	\$ -
U.S. Bank*	First American Government Obligation Class Y	10,168,271	-	10,168,271	10,168,271	-
U.S. Bank*	First American Government Obligation Class Y	-	10,168,271	10,168,271	10,168,271	-
Wellington*	Wellington Intl Opportunities Fd	-	7,969,572	5,611,995	7,969,572	2,357,577
SEI Trust Company*	Schroder International Alpha Trust	7,969,572	-	7,969,572	7,969,572	-
Category (ii) – series of transactions with same broker in excess of 5% of Plan assets:						
U.S. Bank*	Direct from Issuer	-	26,854,112	23,125,495	26,854,112	3,728,615

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

EIN# 13-5582586 Plan-004

Schedule H, Line 4(j)

Schedule of Reportable Transactions (continued)

For the Year Ended May 31, 2025

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (iii) – series of transactions in excess of 5% of Plan assets (continued):						
U.S. Bank*	First American Government Obligation Class Y	\$ 20,292,994	\$ -	\$ 20,292,994	\$ 20,292,994	\$ -
U.S. Bank*	First American Government Obligation Class Y	-	21,070,294	21,070,294	21,070,294	-
Wellington*	Wellington Intl Opportunities Fd	11,839	-	11,839	11,839	-
Wellington*	Wellington Intl Opportunities Fd	-	7,982,006	5,620,894	7,982,006	2,361,112
SEI Trust Company*	Schroder International Alpha Trust	10,168,271	-	10,168,271	10,168,271	-
SEI Trust Company*	Schroder International Alpha Trust	-	2,000,000	2,000,000	1,927,111	72,889
Category (iv) – a single transaction with one broker in excess of 5% of Plan assets:						
U.S. Bank*	Direct from Issuer	-	26,854,112	23,125,495	26,854,112	3,728,615

*Indicates a party-in-interest to the Plan.

Attachments to 2024 Schedule MB of Form 5500
National Basketball Association Pension Plan For Coaches,
Assistant Coaches and Trainers
EIN: 13-5582586
PN: 004

Schedule MB, Line 8B(2) – Schedule of Active Participant Data

The participant data is for the year ended May 31, 2024.

Age	Years of Benefit Service					
	Total	0-4	5-9	10-14	15 - 19	20 & over
Under 25	--	--	--	--	--	--
25 - 29	--	--	--	--	--	--
30 - 34	--	--	--	--	--	--
35 - 39	--	--	--	--	--	--
40 - 44	--	--	--	--	--	--
45 - 49	8	5	3	--	--	--
50 - 54	20	6	8	6	--	--
55 - 59	13	4	6	3	--	--
60 - 64	7	2	2	2	--	1
65 - 69	1	--	--	--	1	--
70 & over	--	--	--	--	--	--
Total	49	17	19	11	1	1

Schedule MB, line 6

Statement of Actuarial Assumptions, Methods and Models

Rationale for Demographic and Noneconomic Assumptions

Current data is reviewed in conjunction with each annual valuation. Based on professional judgment, the post-retirement interest rate used to determine lump sums was changed. No other assumption changes were warranted at this time.

Mortality rates

Pre-retirement: Pri-2012 Employee table with generational projection using the 2024 SSA Intermediate-Cost Projections scale (previously, 2023 SSA Intermediate-Cost Projections scale).

Post-retirement: 10% Pri-2012 Annuitant and Contingent survivor tables with generational projection using the 2024 SSA Intermediate-Cost Projections scale (previously, 2023 SSA Intermediate-Cost Projections scale). 90% 2024 Lump sum applicable mortality (previously, the 2023 Lump sum applicable mortality).

The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment.

Termination rates

Age	Disability rate (%)	Withdrawal rate (%)
20	0.03	7.92
25	0.03	7.71
30	0.03	7.22
35	0.03	6.27
40	0.05	5.14
45	0.09	3.95
50	0.20	2.48
55	0.43	0.71

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgement.

Attachments to 2024 Schedule MB of Form 5500
National Basketball Association Pension Plan For Coaches,
Assistant Coaches and Trainers
EIN: 13-5582586
PN: 004

Retirement rates

100% at age 62.

The retirement rates were based on historical and current data, adjusted to reflect estimated future experience and professional judgement.

Retirement Age for Inactive Vested Participants

62

The retirement rates were based on historical and current data, adjusted to reflect estimated future experience and professional judgement.

Benefit Election

90% of eligible participants are assumed to elect lump sum (the remainder are assumed to elect the normal form of payment). Actuarial equivalence is based on the following assumptions.

Interest: April 2024 417(e) lump sum yield curve rates for participants at normal retirement age and older assumed to retire immediately or 4.5% for all other participants.

Mortality: 2024 Lump sum applicable mortality (previously, 2023 Lump sum applicable mortality).

Net Investment Return

6.50%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco as well as the Plan's target asset allocation.

Attachments to 2024 Schedule MB of Form 5500
National Basketball Association Pension Plan For Coaches,
Assistant Coaches and Trainers
EIN: 13-5582586
PN: 004

Annual Administrative Expenses

\$725,000, assumed payable at the end of the year.

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Actuarial Value of Assets

At market value as reported by US Bank.

Actuarial Cost Method

Unit credit actuarial cost method.

Benefits Valued

Unless otherwise indicated, includes all benefits summarized in the Summary of Plan Provisions.

Current Liability Assumptions

Interest: 3.63%, within the permissible range prescribed under IRC Section 431(c)(6)(E) (previously, 2.80%)

Mortality: Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): Pri-2012 employee and annuitant mortality tables, projected forward generationally using Adjusted scale MP-2021.

Estimated Rate of Investment Return

On actuarial and current (market) value of assets (Schedule MB, line 6g): 9.88%, for the Plan Year ending May 31, 2024.

FSA Contribution Timing (Schedule MB, line 3a)

Contributions are paid at the end of the year. Therefore, there is no interest credited in the FSA.

Attachments to 2024 Schedule MB of Form 5500
National Basketball Association Pension Plan For Coaches,
Assistant Coaches and Trainers
EIN: 13-5582586
PN: 004

Actuarial Models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

Justification for Change in Actuarial Assumptions (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 2.80% to 3.63% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following actuarial assumptions were changed as of June 1, 2024:

- The mortality projection scale used to value annuities changed from the 2023 Intermediate-Cost Projections scale to the 2024 Intermediate-Cost Projections scale.

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

EIN# 13-5582586 Plan-004

Schedule H, Line 4(j)

Schedule of Reportable Transactions

For the Year Ended May 31, 2025

<u>Identity of Party Involved</u>	<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain</u>
Category (i) – a single transaction in excess of 5% of Plan assets:						
U.S. Bank*	First American Government Obligation Class Y	\$ 4,401,291	\$ -	\$ 4,401,291	\$ 4,401,291	\$ -
U.S. Bank*	First American Government Obligation Class Y	10,168,271	-	10,168,271	10,168,271	-
U.S. Bank*	First American Government Obligation Class Y	-	10,168,271	10,168,271	10,168,271	-
Wellington*	Wellington Intl Opportunities Fd	-	7,969,572	5,611,995	7,969,572	2,357,577
SEI Trust Company*	Schroder International Alpha Trust	7,969,572	-	7,969,572	7,969,572	-
Category (ii) – series of transactions with same broker in excess of 5% of Plan assets:						
U.S. Bank*	Direct from Issuer	-	26,854,112	23,125,495	26,854,112	3,728,615

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

EIN# 13-5582586 Plan-004

Schedule H, Line 4(j)

Schedule of Reportable Transactions (continued)

For the Year Ended May 31, 2025

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (iii) – series of transactions in excess of 5% of Plan assets (continued):						
U.S. Bank*	First American Government Obligation Class Y	\$ 20,292,994	\$ -	\$ 20,292,994	\$ 20,292,994	\$ -
U.S. Bank*	First American Government Obligation Class Y	-	21,070,294	21,070,294	21,070,294	-
Wellington*	Wellington Intl Opportunities Fd	11,839	-	11,839	11,839	-
Wellington*	Wellington Intl Opportunities Fd	-	7,982,006	5,620,894	7,982,006	2,361,112
SEI Trust Company*	Schroder International Alpha Trust	10,168,271	-	10,168,271	10,168,271	-
SEI Trust Company*	Schroder International Alpha Trust	-	2,000,000	2,000,000	1,927,111	72,889
Category (iv) – a single transaction with one broker in excess of 5% of Plan assets:						
U.S. Bank*	Direct from Issuer	-	26,854,112	23,125,495	26,854,112	3,728,615

*Indicates a party-in-interest to the Plan.

SCHEDULE MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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


A Name of plan NBA PENSION PLAN FOR COACHES, ASSISTANT COACHES & TRAINERS	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NATIONAL BASKETBALL ASSOCIATION	D Employer Identification Number (EIN) 13-5582586	

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 06 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	86,535,783
(2) Actuarial value of assets for funding standard account.....	1b(2)	86,535,783
c (1) Accrued liability for plan using immediate gain methods	1c(1)	75,835,274
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	75,835,274
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	95,773,955
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	0
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	21,577,060
(3) Expected plan disbursements for the plan year	1d(3)	22,257,811

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

SIGN HERE	Aida Domlija  Signature of actuary AIDA DOMLIJA, FSA, EA, MAAA Type or print name of actuary SEGAL Firm name 66 Hudson Blvd E, 20th Floor NEW YORK NY 10001-2192 Address of the firm	01/30/2026 Date 2306955 Most recent enrollment number 212-251-5000 Telephone number (including area code)
------------------	---	--

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

- k** Has a change been made in funding method for this plan year? Yes No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? Yes No
- m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.63%
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	8M
(2) Females.....	6c(2)	8F
d Valuation liability interest rate.....	6d	6.50%
e Salary scale.....	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate.....	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	9.9%
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	9.9%
i Expense load included in normal cost reported in line 9b.....	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	680,751
(3) If neither (1) nor (2) describes the expense load, check the box.....	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	9,987	997
1	-3,717,623	-371,248

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension.....	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date	9b	680,751
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	10,009,895
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	694,892
e Total charges. Add lines 9a through 9d	9e	11,385,538
Credits to funding standard account:		
f Prior year credit balance, if any	9f	55,415,077
g Employer contributions. Total from column (b) of line 3	9g	0
	Outstanding balance	
h Amortization credits as of valuation date	9h	3,424,616
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	3,824,580
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	48,346,015
(2) "RPA '94" override (90% current liability FFL)	9j(2)	396,385
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	62,664,273
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	51,278,735
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Attachments to 2024 Schedule MB of Form 5500
National Basketball Association Pension Plan For Coaches,
Assistant Coaches and Trainers
EIN: 13-5582586
PN: 004

Schedule MB, Line 6

Summary of Plan Provisions

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year

June 1 through May 31

Eligibility

Any head coach, trainer, or assistant coach employed by an NBA team on or after June 1, 1977. General managers employed by an NBA team on or after June 1, 1977 and prior to June 1, 1989 are entitled to a frozen benefit under the plan in effect May 31, 1989.

Plan Status

Frozen

The plan is closed to employees hired after June 1, 2011. For employees hired prior to June 1, 2011, benefit accruals have been frozen as of the freeze date.

Regular Pension

Age Requirement: 62

Service Requirement: none

Amount:

- 0.957265% of aggregate compensation up to \$975,000 for those born after 1954
- 1.025641% of aggregate compensation up to \$975,000 for those born after May 1, 1948 and prior to 1955
- For those born prior to May 1, 1948, benefit rates are those in effect June 1, 2007, actuarially adjusted.

Attachments to 2024 Schedule MB of Form 5500
National Basketball Association Pension Plan For Coaches,
Assistant Coaches and Trainers
EIN: 13-5582586
PN: 004

Compensation used for benefit service is limited to \$65,000 annually.
Aggregate compensation used for benefit service is limited to \$975,000.

Early Retirement

Age Requirement: 55
Service Requirement: 10 years of participation
Amount: Regular pension accrued reduced actuarially

Special Early Retirement

Age Requirement: 60
Service Requirement: none
Amount: Regular pension accrued reduced actuarially

Vesting

Age Requirement: None
Service Requirement: 3 years
Amount: Accrued benefit payable to extent vested
Normal Retirement Age: 62
Vesting Percentage: 30% after 3 years of service, 40% after 4 years of service, plus 20% for each additional year of service up to a maximum of 100% after 7 years.

Spouse's Pre-Retirement Death Benefit

Age Requirement: None
Eligibility Requirement: All active participants and inactive participants with at least three years of service and not receiving a pension.

Attachments to 2024 Schedule MB of Form 5500
National Basketball Association Pension Plan For Coaches,
Assistant Coaches and Trainers
EIN: 13-5582586
PN: 004

Amount: 50% of the benefit employee would have received had he retired the day before he died and elected the joint and survivor option, payable to either a surviving spouse or participant's estate.

Regular Form of Benefit Payment

Unmarried Participants: Retirement benefits are paid in the form of a life annuity.

Married Participants: Retirement benefits are paid in the form of a Qualified Joint & 50% Survivor annuity.

Optional Forms of Benefits

In lieu of the regular form of benefit, the following actuarially equivalent options may be elected:

- a) 50% Joint and Survivor annuity
- b) 75% Joint and Survivor annuity
- c) 100% Joint and Survivor annuity
- d) Lifetime monthly annuity with payments guaranteed for a fixed number of payments
- e) Monthly annuity for fixed number of payments
- f) Social Security level income
- g) Lump sum

**NATIONAL BASKETBALL ASSOCIATION PENSION PLAN FOR COACHES,
ASSISTANT COACHES AND TRAINERS**

EIN# 13-5582586 Plan-004

Schedule H, Line 4(i)

Schedule of Assets (Held at End of Year)

May 31, 2025

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
Money Market Funds Managed by:			
US Bank*		\$ 202,510	\$ 202,510
Commingled		745,433	745,433
Rhumbline		5,035	5,035
Total Money Market Funds		\$ 952,978	\$ 952,978
Common or Collective Trusts:			
Investments Managed by SEI Trust Company, Schroder Collective Investment Trust*: Schroder International Alpha Trust	448,133 Units	\$ 8,241,159	\$ 9,115,018
Investment Managed by Loomis, Sayles & Company, L.P.*: Loomis Sayles Multisector Full Discretion Trust B	243,987 Units	6,456,047	7,053,658
Investment Managed by RhumbLine Advisers LP*: RhumbLine S&P Mid Cap 400 Pooled Index Fund	5,526 Units	895,103	996,429
RhumbLine S&P 500 Pooled Index Fund	74,860 Units	13,575,743	17,769,967
RhumbLine S&P Small Cap 600 Pooled Index Fund	5,511 Units	444,274	436,812
Total Common or Collective Trusts		\$ 29,612,326	\$ 35,371,884
Investment Partnerships:			
Investment Managed by Shenkman Capital Management, Inc.*: Primus High Yield Bond Fund, L.P.	Limited Partnership Interests	\$ 4,798,517	\$ 7,216,779
Investment Managed by American Realty Advisors*: ARA Core Property Fund, L.P.	52 Units	5,406,974	6,106,138
Total Investment Partnerships		\$ 10,205,491	\$ 13,322,917
Mutual Fund Investments:			
Investments Managed by Baird Asset Management*: Baird Aggregate Bond Fd Instl	3,793,305 Units	\$ 36,441,802	36,908,854
Total Mutual Fund Investments		\$ 36,441,802	\$ 36,908,854
Total Assets (Held at Year End)		\$ 77,212,597	\$ 86,556,633

*Indicates a party-in-interest to the Plan.

Attachments to 2024 Schedule MB of Form 5500
National Basketball Association Pension Plan For Coaches,
Assistant Coaches and Trainers
EIN: 13-5582586
PN: 004

Schedule MB, line 9c – Schedule of Funding Standard Account Bases (Charges)

Amortization Charges as of June 1, 2024

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	06/01/1997	1,330,872	3	471,848
Plan amendment	06/01/1997	2,585,044	3	916,466
Plan amendment	06/01/1998	2,353,502	4	645,063
Assumption change	06/01/1999	634,324	5	143,328
Assumption change	06/01/2001	845,926	7	144,831
Plan amendment	06/01/2002	370,522	8	57,142
Plan amendment	06/01/2007	12,398,032	13	1,353,680
Assumption change	06/01/2011	1,057,257	2	545,255
Actuarial loss	06/01/2012	1,070,264	3	379,443
Assumption change	06/01/2014	2,188,892	5	494,576
Assumption change	06/01/2015	135,684	6	26,317
Actuarial loss	06/01/2016	3,621,162	7	619,955
Actuarial loss	06/01/2018	2,841,876	9	400,900
Assumption change	06/01/2018	1,365,120	9	192,575
Actuarial loss	06/01/2019	6,091,486	10	795,638
Actuarial loss	06/01/2020	3,803,600	11	464,486
Actuarial loss	06/01/2022	15,487,608	13	1,691,022
Assumption change	06/01/2022	3,540,085	13	386,526
Actuarial loss	06/01/2023	2,686,456	14	279,847
Assumption change	06/01/2024	<u>9,987</u>	15	<u>997</u>
Total		\$64,417,699		\$10,009,895

Attachments to 2024 Schedule MB of Form 5500
National Basketball Association Pension Plan For Coaches,
Assistant Coaches and Trainers
EIN: 13-5582586
PN: 004

Schedule MB, line 9h – Schedule of Funding Standard Account Bases (Credits)

Amortization of Credits as of June 1, 2024

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial gain	06/01/2010	125,735	1	125,735
Actuarial gain	06/01/2011	1,410,768	2	727,602
Actuarial gain	06/01/2013	1,661,754	4	455,466
Actuarial gain	06/01/2014	1,761,689	5	398,051
Actuarial gain	06/01/2015	708,660	6	137,450
Actuarial gain	06/01/2017	532,209	8	82,073
Assumption change	06/01/2020	144,037	11	17,590
Actuarial gain	06/01/2021	9,606,756	12	1,105,617
Assumption change	06/01/2021	23,148	12	2,664
Assumption change	06/01/2023	10,752	14	1,120
Actuarial gain	06/01/2024	<u>3,717,623</u>	15	<u>371,248</u>
Total		\$19,703,131		\$3,424,616

Attachments to 2024 Schedule MB of Form 5500
National Basketball Association Pension Plan For Coaches,
Assistant Coaches and Trainers
EIN: 13-5582586
PN: 004

Schedule MB, Line 11 - Justification for Change in Actuarial Assumptions

For purposes of determining current liability, the current liability interest rate was changed from 2.80% to 3.63% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following actuarial assumptions were changed as of June 1, 2024:

- The mortality projection scale used to value annuities changed from the 2023 Intermediate-Cost Projections scale to the 2024 Intermediate-Cost Projections scale.