

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [x] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan DELTA FAMILY-CARE MEDICAL PLAN
1b Three-digit plan number (PN) 501
1c Effective date of plan 02/01/1971
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) DELTA AIR LINES, INC. 1030 DELTA BOULEVARD DEPARTMENT 216 ATLANTA, GA 30354-6001
2b Employer Identification Number (EIN) 58-0218548
2c Plan Sponsor's telephone number 404-715-2600
2d Business code (see instructions) 481000

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">THE ADMINISTRATIVE COMMITTEE OF DELTA AIR LINES, INC.</p> <p style="color: blue;">1030 DELTA BOULEVARD DEPARTMENT 216 ATLANTA, GA 30354-6001</p>	<p>3b Administrator's EIN 58-1282408</p> <p>3c Administrator's telephone number 404-715-8500</p>																				
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>																				
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 7070</p>																				
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>6a(1)</td><td style="text-align: right;">0</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">0</td></tr> <tr><td>6b</td><td style="text-align: right;">6514</td></tr> <tr><td>6c</td><td style="text-align: right;">0</td></tr> <tr><td>6d</td><td style="text-align: right;">6514</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	0	6a(2)	0	6b	6514	6c	0	6d	6514	6e		6f		6g(1)		6g(2)		6h	
6a(1)	0																				
6a(2)	0																				
6b	6514																				
6c	0																				
6d	6514																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....</p>	<p>7</p>																				

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan DELTA FAMILY-CARE MEDICAL PLAN		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 DELTA AIR LINES, INC.		D Employer Identification Number (EIN) 58-0218548	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD OF HAWAII

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
99-0040115	49948	11790-1	1	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		20940
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan DELTA FAMILY-CARE MEDICAL PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 DELTA AIR LINES, INC.	D Employer Identification Number (EIN) 58-0218548	

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

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

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

AETNA INC.

06-6033492

(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?
13 50	CONTRACT ADMINISTRATOR	131384	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)

UMR, INC.

39-1995276

(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?
13 50	CONTRACT ADMINISTRATOR	120156	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)

UNITED HEALTHCARE SERVICES, INC.

36-2735957

(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?
13 50	CONTRACT ADMINISTRATOR	71881	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)

QUANTUM HEALTH, INC.

20-8423895

(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?
13 50	CONTRACT ADMINISTRATOR	50000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BDO USA, P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	41335	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)

DELTA DENTAL INSURANCE COMPANY

94-2761537

(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?
13 50	CONTRACT ADMINISTRATOR	19251	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)

JP MORGAN CHASE

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	8000	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)

(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"/>

(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:

<p style="text-align: center;">SCHEDULE G (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p>Financial Transaction Schedules</p> <p>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).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p>A Name of plan DELTA FAMILY-CARE MEDICAL PLAN</p>	<p>B Three-digit plan number (PN) ▶ 501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 DELTA AIR LINES, INC.</p>	<p>D Employer Identification Number (EIN) 58-0218548</p>

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
 Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year		Amount overdue		
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year		Amount overdue		
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year		Amount overdue		
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
UMR, INC.	CLAIMS ADMINISTRATOR	SURCHARGE FEES PAID IN ERROR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		266393			

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan DELTA FAMILY-CARE MEDICAL PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 DELTA AIR LINES, INC.	D Employer Identification Number (EIN) 58-0218548

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	101549	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	242	348
(2) Participant contributions	1b(2)	88515	64578
(3) Other	1b(3)	150564	388893
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3994201	7038678
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4335071	7492497
Liabilities			
g Benefit claims payable	1g	283371	160418
h Operating payables	1h	59776	76079
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	343147	236497
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3991924	7256000

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)	8031842	
(B) Participants	2a(1)(B)	5186949	
(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)		13218791
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	276935	
(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)		276935
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		-619
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		13495107

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2339279	
(2) To insurance carriers for the provision of benefits.....	2e(2)	700	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2339979
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)	399672	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	41335	
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)	8000	
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	7442045	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		7891052
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10231031

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		3264076
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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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		266393
e Was this plan covered by a fidelity bond?.....	X		25000000
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 _____.

Delta Family-Care Medical Plan

*Financial Statements and Supplemental Schedules
as of June 30, 2024 and 2023 and for the Year Ended June 30, 2024*

With Independent Auditor's Report

DELTA FAMILY-CARE MEDICAL PLAN

Table of Contents	Page
<u>INDEPENDENT AUDITOR'S REPORT</u>	<u>1</u>
FINANCIAL STATEMENTS:	
<u>Statements of Net Assets Available for Benefits as of June 30, 2024 and 2023</u>	<u>5</u>
<u>Statement of Changes in Net Assets Available for Benefits for the Year Ended June 30, 2024</u>	<u>6</u>
<u>Statements of Plan Benefit Obligations as of June 30, 2024 and 2023</u>	<u>7</u>
<u>Statement of Changes in Plan Benefit Obligations for the Year Ended June 30, 2024</u>	<u>8</u>
<u>Notes to Financial Statements</u>	<u>9</u>
SUPPLEMENTAL SCHEDULES:	
Form 5500, Schedule H, Part IV, Line 4i, Schedule of Assets (Held at End of Year) as of June 30, 2024	
Form 5500, Schedule G, Part III, Schedule of Non-Exempt Transactions for the Year Ended June 30, 2024	
Form 5500, Schedule H, Part IV, Line 4j, Schedule of Reportable Transactions for the Year Ended June 30, 2024	
Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



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Independent Auditor's Report

To the Plan Administrator
Delta Family-Care Medical Plan
Atlanta, Georgia

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

We have performed audits of the financial statements of Delta Family-Care Medical Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and of plan benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended June 30, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of June 30, 2024 and 2023, and for the year ended June 30, 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.



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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of June 30, 2024 and Schedule of Reportable Transactions and Schedule of Non-Exempt Transactions for the year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedules agrees to, or are derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

April 25, 2025

DELTA FAMILY-CARE MEDICAL PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF JUNE 30, 2024 AND 2023

(In thousands)	2024	2023
Assets:		
Cash	\$ —	\$ 102
Investments - at fair value (Notes 3, 7, and 8):		
Money Market Fund	7,039	3,994
Receivables:		
Rebates Receivable	93	134
Contributions Receivable - Participants	64	89
Accrued Interest	29	16
Other Receivable	267	—
Total Receivables	<u>453</u>	<u>239</u>
Total Assets	7,492	4,335
Liabilities:		
Accrued Expenses and Other Payables	<u>(76)</u>	<u>(60)</u>
Total Liabilities	(76)	(60)
Net Assets Available for Benefits	<u><u>\$ 7,416</u></u>	<u><u>\$ 4,275</u></u>

See notes to financial statements.

DELTA FAMILY-CARE MEDICAL PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED JUNE 30, 2024

(In thousands)	2024
Additions to Net Assets Attributed to:	
Investment Income:	
Interest and Dividends (Notes 7 and 8)	\$ 277
Total Investment Income	<u>277</u>
Contributions:	
Employer Contributions	8,032
Participant Contributions	5,187
Total Contributions	<u>13,219</u>
Total Additions	<u>13,496</u>
Deductions from Net Assets Attributed to:	
Benefit Payments, net of rebates and reimbursements	2,462
Administrative Expenses & Subsidy Payments	7,892
Insurance Premiums	1
Total Deductions	<u>10,355</u>
Net Increase	3,141
Net Assets Available for Benefits:	
Beginning of Year	<u>4,275</u>
End of Year	<u><u>\$ 7,416</u></u>

See notes to financial statements.

**DELTA FAMILY-CARE MEDICAL PLAN
STATEMENTS OF PLAN BENEFIT OBLIGATIONS
AS OF JUNE 30, 2024 AND 2023**

(In thousands)	2024	2023
Plan Benefit Obligations (Note 4):		
Amounts Currently Payable:		
Claims Incurred but Not Reported	\$ 161	\$ 283
Total Currently Payable	<u>161</u>	<u>283</u>
Postemployment Benefit Obligations, net of amounts currently in payment status:		
Benefits for Inactive Participants - Current Surviving Spouses	5,543	3,607
Total Postemployment Benefit Obligations	<u>5,543</u>	<u>3,607</u>
Postretirement Benefit Obligations, net of amounts currently in payment status:		
Benefits for Retiree/Disabled Participants	42,837	49,979
Total Postretirement Benefit Obligations	<u>42,837</u>	<u>49,979</u>
Total Plan Benefit Obligations	<u>\$ 48,541</u>	<u>\$ 53,869</u>

See notes to financial statements.

DELTA FAMILY-CARE MEDICAL PLAN
STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS
FOR THE YEAR ENDED JUNE 30, 2024

(In thousands)	2024
Amounts Currently Payable:	
Balance - Beginning of Year	\$ 283
Increase (Decrease) During the Period Attributable to:	
Claims Incurred	2,340
Claims Paid	(2,462)
Balance - End of Year	<u>161</u>
Postemployment Benefit Obligations, net of amounts currently in payment status:	
Balance - Beginning of Year	3,607
Increase (Decrease) During the Period Attributable to:	
Changes in Actuarial Assumptions (Note 4)	1,971
Increase for Interest Due to Decrease in Discount Period	145
Benefits Accumulated	664
Expected Benefits Paid	(844)
Balance - End of Year	<u>5,543</u>
Postretirement Benefit Obligations, net of amounts currently in payment status:	
Balance - Beginning of Year	49,979
Increase (Decrease) During the Period Attributable to:	
Changes in Actuarial Assumptions (Note 4)	(1,778)
Increase for Interest Due to Decrease in Discount Period	2,561
Benefits Paid	(7,925)
Balance - End of Year	<u>42,837</u>
Total Plan Benefit Obligations - End of Year	<u>\$ 48,541</u>

See notes to financial statements.

DELTA FAMILY-CARE MEDICAL PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION AND ADMINISTRATION OF THE PLAN

The following description of the Delta Family-Care Medical Plan (the "Plan") and the administration thereof provides general information only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a welfare benefit plan established February 1, 1971, amended and restated effective January 1, 1994, that provides medical, mental health, prescription drug, and dental benefits. Prior to January 1, 2008, the Plan provided benefits to substantially all domestic flight attendant and ground employees and certain pilot employees of Delta Air Lines, Inc. (the "Company", "Delta", or "Plan Sponsor") and their eligible family members.

If a participant was covered under the Plan and experiences a qualifying event (as defined by the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA")) that makes them lose coverage, then the participant may continue group health plan coverage pursuant to the provisions of the COBRA. COBRA coverage will last for a maximum of 18, 29 or 36 months depending on the qualifying event.

Effective January 1, 2008, the Company adopted the Delta Account-Based Healthcare Plan, which provides medical, mental health, prescription drug, and dental benefits to substantially all flight attendant and ground employees and certain pilot employees of the Company and their eligible family members. A group of grandfathered retired and disabled employees consisting of those flight attendant and ground employees who were retired or were disabled on or before January 1, 2008, pilots retiring on or before June 1, 2006, and their survivors, certain pilot employees who were inactive or were terminated (including disabled) and reached age 60 on or before June 1, 2006, as well as inactive or terminated (including disabled) pilots who were under age 60 as of June 1, 2006, and not on the seniority list as of January 1, 2007, and their survivors and eligible family members, continue to qualify to participate in the Plan. In general, once a participant reaches age 65, the participant will no longer be eligible to participate in the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. A trust (the "Trust") was established by the Company in June 1984, in accordance with Section 501(c)(9) of the Internal Revenue Code (the "Code") in which Plan assets are held and under which benefits of the Plan are paid.

Certain eligible Plan participants are provided a subsidy that is applied to medical and prescription drug premiums. The subsidy payment is presented in the Statement of Changes in Net Assets in the administrative expenses & subsidy payments line. The participants eligible for the subsidy are as follows:

- Retirees, spouses and/or survivors enrolled in the Early Retirement Medical Option ("ERMO"), Pension Plus programs, and Pre-1993 retirees were provided a subsidy upon reaching age 65.
- Pre-1997 Pilot Retirees who retired under the 1996 Special Early Retirement Program.
- Post-1997 Retirees, Spouses, and Survivors who were age 60 or over by January 1, 2007, once they turn age 65.

Administration - UMR is the Plan's primary claims processor for medical, mental health, and prescription drug claims. Delta Dental Insurance Company is the primary processor for dental claims. The Plan also engages Quantum Health to provide advocacy, utilization, clinical management, and customer services. The UMR provider network is the same as UnitedHealthcare's network; however, provider contracts are renegotiated throughout the year and individual providers may change. Optum Rx administered the pharmacy network until December 31, 2023. Effective January 1, 2024, the Plan replaced Optum Rx with CVS Caremark ("CVS") as its pharmacy benefit manager. Aetna is the claims processor for medical, mental health, prescription drug, and dental claims for certain retirees.

JP Morgan Chase Bank, N.A. ("Trustee" or "JPMC") serves as Trustee. The claims for self-insured benefits were processed by the Plan's third-party claims processors under Third Party Administrator model arrangements. Self-insured benefits are processed by UMR, Delta Dental, Optum Rx, CVS, and Aetna. The claims processor pay claims directly to or on behalf of participants and are then reimbursed by either the Plan's Voluntary Employees' Beneficiary Association ("VEBA") trust, or the general assets of the Company. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefits manager which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. These amounts are reflected in the statement of changes in net assets available for benefits as a reduction of benefit payments and, when applicable, on the statement of net assets available for benefits as rebates receivable.

Participants residing in Hawaii also have the option to participate in health maintenance organizations ("HMO"). The Plan pays each HMO a premium and payments for claims are the responsibility of the HMO.

Contributions - The Company makes contributions to the Trust to provide the Plan with sufficient assets to pay claims and administrative expenses. Participants remit premium contributions that are designed to offset a portion of the amounts paid for current claims. The costs of the Plan's postretirement benefits are shared by the Company and retirees as follows:

- Flight attendant and ground retirees who retired on or before January 1, 2008, but after 1993, pilots who retired on or before June 1, 2006, and their eligible dependents and survivors may purchase coverage until age 65 at 100% of the Company's expected cost.
- Employees who retired under the ERMO or the PensionPLUS Program and their eligible dependents and survivors may purchase coverage until age 65 at a set monthly premium of either \$125 per month or 22% of the Company's expected cost, whichever is less.
- Flight attendant and ground retirees who retired prior to 1993 and their survivors and eligible family members may purchase coverage until age 65 at 25% of the Company's expected cost.
- Flight attendant and ground retirees who retired under the 7.5 early retirement program, Alternative Early Retirement Option, or the Early Retiree Medical Enhancement program and their eligible dependents and survivors may purchase coverage until age 65 at 35% of the Company's expected cost.

Plan Expenses - Administrative expenses are paid by the Plan to the extent not paid by the Company. Trustee fees and investment management fees are paid directly by the Plan. The Company pays certain accounting and other administrative fees on behalf of the Plan, and the Company may request for reimbursement from the Plan for those fees.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America ("U.S. GAAP").

Use of Estimates - The preparation of financial statements in accordance with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and benefit obligations, and changes therein. Actual results could differ from these estimates.

Investment Valuation and Income Recognition - Investments are reported 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. 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. For further information regarding investments, see Note 3.

Payment of Benefits - Premiums paid for the Plan either directly by the Company or through the Trust are recorded as insurance premiums in the accompanying statement of changes in net assets available for benefits.

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are included in payables to claims administrators in the accompanying statements of net assets available for benefits.

Rebates - Rebates due from the Plan's pharmacy benefit manager are recorded when earned. Rebates due as of the financial statement date have been reported as a receivable and totaled approximately \$93 thousand and \$134 thousand for the years ended June 30, 2024 and 2023, respectively.

Subsequent Events - The Plan has evaluated all events through April 25, 2025, which is the date these financial statements were available to be issued.

There were no subsequent events that require recognition as of June 30, 2024.

3. FAIR VALUE MEASUREMENTS

Accounting Standards Codification ("ASC") 820, Fair Value Measurement and Disclosures, provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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.

The following is a description of the valuation methodology used for assets and liabilities measured at fair value. There have been no changes in the methodology used as of June 30, 2024 and 2023.

- Money market funds are valued at the daily closing price as reported by the fund. This money market fund held by the Plan is an open-end mutual fund that is registered with the U.S. Securities and Exchange Commission ("SEC"). The fund is required to publish their daily net asset value and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

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

All plan investments are classified in Level 1 of the fair value hierarchy. At June 30, 2024 and 2023, the Plan held approximately \$7.0 million and \$4.0 million of a money market fund at fair value, respectively.

4. PLAN BENEFIT OBLIGATIONS

Obligations for Current Benefit Coverage - Plan obligations at June 30, 2024 and 2023, for medical, mental health, dental, and pharmacy claims incurred but not reported and for claims reported but not paid at June 30, 2024 and 2023, are estimated by the claims processors based on historical claims experience. These amounts are paid by the Plan only when claims are submitted and approved for payment. Plan benefit obligations at June 30, 2024 and 2023, for current benefit coverage for retirees and inactivees as calculated by the actuaries are included in the postretirement and postemployment benefit obligations.

Postretirement and Postemployment Benefit Obligations - The postretirement and postemployment benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employee service rendered by June 30, 2024 and 2023, reduced by the actuarial present value of contributions expected to be received in the future from plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or disabled employees and their beneficiaries and dependents and (2) employees and their beneficiaries and dependents after retirement from service with the Company. Postemployment benefits include future benefits expected to be paid to employees and their eligible family members after employment but before retirement. Prior to an inactive employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service with the Company rendered to the valuation date. No postemployment benefit obligation is calculated for active employees.

The actuarial present value of the expected postretirement and postemployment benefit obligations is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Actuarial Assumptions - Postretirement and postemployment healthcare cost trend rates as of June 30, 2024 were assumed to be 6.50% for 2025-2027, gradually decreasing 0.25% per year to 5.00% in 2033 and then remaining at that level. Postretirement and postemployment healthcare cost trend rates as of June 30, 2023 were assumed to be 6.25% for 2024, gradually decreasing 0.25% per year to 5.00% in 2029 and then remaining at that level.

The pre-65 and post-65 employee contribution rate as of June 30, 2024 and 2023, was 3.00%. The dental care cost trend rate as of June 30, 2024 and 2023, was 4.00%.

The healthcare cost trend rate assumption has a significant effect on the postretirement and postemployment amounts reported. The following shows changes to the postretirement and postemployment obligations if the assumed rates increased by one percentage point as of June 30, 2024 and 2023 (in thousands):

	2024	2023
Postretirement Obligation with 1% rate increase	\$ 34	\$ 77
Postemployment Obligation with 1% rate increase	\$ 349	\$ 165

The following were other significant actuarial assumptions used in the postretirement and postemployment valuations, as applicable, as of June 30, 2024 and 2023:

	2024	2023
Weighted average discount rates:		
Postretirement	5.63%	5.56%
Postemployment	4.55%	4.13%
Retirement Rates:		
Flight Attendant & Ground	N/A ¹	0.0% at age 50 to 100% at age 70
Pilots	0.25% at age 50 to 100% at age 65	
Disability Rates:		
Flight Attendant & Ground - Male	N/A ¹	0.26% at age 30 to 1.04% at age 65
Flight Attendant & Ground - Female	N/A ¹	0.62% at age 30 to 1.07% at age 65
Pilot - Male	0.45% at age 30 to 4.42% at age 65	0.11% at age 30 to 2.70% at age 65
Pilot - Female	1.88% at age 30 to 5.86% at age 65	0.16% at age 30 to 1.85% at age 65

(1) Ground and Flight Attendant employees whose retirement did not commence as of January 1, 2024 are no longer eligible to receive postretirement benefits. As such, these rates are no longer applicable assumptions.

2024 & 2023

Mortality Tables:	
Postretirement - Healthy	Pri-2012 without collar or quartile adjustments, with separate rates for non-annuitants, annuitants, and contingent survivors. The mortality tables are projected generationally from 2012 using the MP-2020 projection scale with an ultimate long-term mortality improvement of 0.75%. Initial improvement rate of 0.75% declining from age 85 to 0% at age 115.
Postretirement - Disabled Pilot	Same - Set forward 5 years.
Postretirement - Disabled Flight Attendant & Ground	Same - Set forward 10 years.
Postemployment - Healthy	Same
Postemployment - Disabled Pilot	Same
Postemployment - Disabled Flight Attendant & Ground	Same

	2024	2023
Recovery Tables:		
Postemployment - Disabled	<p>2012 GLTD Table, excluding pregnancy and maternity diagnosis, with 6-month elimination period reflecting updates from the 2019 GLTD SOA report, with recovery rates increased 200% for all durations for Pilots and recovery rates increased 50% for all durations for GFA.</p> <p>Participants with a pregnancy or maternity diagnosis are valued with the recovery table from the 2019 GLTD SOA report corresponding to that specific disability and have a shorter elimination period of 3 months.</p>	<p>2012 GLTD Table, excluding pregnancy and maternity diagnosis, with 6-month elimination period reflecting updates from the 2019 GLTD SOA report, with recovery rates increased 40% for durations less than 48 months and 18% for durations greater than 48 months. Participants with a pregnancy or maternity diagnosis are valued with the recovery table from the 2019 GLTD SOA report corresponding to that specific disability and have a shorter elimination period of 3 months.</p>

Postemployment Select Claims:	2024		2023	
	Flight Attendant & Ground	Pilot	Flight Attendant & Ground	Pilot
1st Year	6.70	4.70	5.20	4.70
2nd Year	5.20	3.50	5.40	4.30
3rd Year	2.80	3.40	2.80	3.70
4th Year	2.50	3.30	2.80	2.85
5th Year and After	1.80	2.20	1.50	2.45

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement and postemployment benefit obligations.

At this time, it is the Company's intent that the Plan benefit obligations at June 30, 2024 will be met through future participant and employer contributions to the Plan.

5. TAX STATUS

The Trust is intended to qualify pursuant to Section 501(c)(9) of the Code, and accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax exemption letter from the Internal Revenue Service ("IRS") dated February 10, 1988. The Plan has been amended since receiving the exemption letter. The Plan and Trust must operate in accordance with the Code to maintain the Trust's tax-exempt status. The Company believes that the Plan as amended, and the Trust, continue to qualify and to operate in accordance with applicable requirements of the Code; therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires 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 the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company reserves the right to amend or terminate the Plan, subject to the provisions set forth in ERISA. In the event that contributions of the Company are permanently discontinued or the Plan is terminated, the net assets then remaining in the Trust shall first be used to provide for covered expenses that have been incurred as of the date of termination and with respect to which a claim has been submitted. Second, provisions will be made for covered expenses that have been incurred as of the date of termination but not yet submitted to the Plan. Third, provisions will be made for covered expenses incurred after the date of termination, but only for such period of time as assets remain sufficient to provide such benefits. Assets remaining at termination are subject to the applicable provisions of the Plan and shall be used until exhausted to pay benefits for the employees.

7. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, JP Morgan Chase Bank N.A., a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules are complete and accurate.

- Investments and cash as shown in the statements of net assets available for benefits as of June 30, 2024 and 2023.
- Investment income as shown in the statement of changes in net assets available for benefits for the year ended June 30, 2024.
- Investment amounts included in the footnotes to the financial statements (Note 3 and 8), schedule of assets (held at end of year) and reportable transactions schedule as of and for the year ended June 30, 2024, as shown on ERISA-required supplemental schedules.

At the request of the plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing the certified investment information with the related information presented and disclosed in the financial statements, reading the disclosures relating to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP and Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

8. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of JPMC Prime Money Market Fund managed by the Trustee. These transactions qualify as exempt party-in-interest transactions. At June 30, 2024 and 2023, the Plan held approximately 7.0 million and 4.0 million shares, respectively, of the JPMC Prime Money Market Fund with a cost basis of approximately \$7.0 million and \$4.0 million, respectively.

During the year ended June 30, 2024, the Plan recorded interest and dividend income of approximately \$277 thousand related to such investment.

The Plan also pays fees to the claims administrators and auditors which qualify as exempt party-in-interest transactions under ERISA.

During the year ended June 30, 2024, the Plan paid certain fees related to the Delta Account-Based Medical Plan from the Trust.. The Company is in-process of reimbursing the Trust, including lost earnings, for these amounts. These transactions were deemed to be prohibited transactions and are reported in the supplemental Schedule of Non-Exempt Transactions for the year ended June 30, 2024. See supplemental schedule for details.

9. RISKS AND UNCERTAINTIES

The Plan utilizes various money market funds (Note 3). Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is 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 financial statements.

Cash consists of monies held in non-interest bearing transaction accounts. The plan places its cash with a financial institution deemed to be creditworthy. Balances are insured by the FDIC up to \$250,000. At June 30, 2024 and 2023, the Plan's cash did not exceed federally insured limits.

The actuarial present value of plan benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

10. FORM 5500 RECONCILIATION

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of June 30, 2024 and 2023 (in thousands):

	2024	2023
Net Assets Available for Benefits per Financial Statements	\$ 7,416	\$ 4,275
Benefit Obligation Amounts Payable	(161)	(283)
Net Assets Available for Benefits per Form 5500	<u>\$ 7,255</u>	<u>\$ 3,992</u>

The following is a reconciliation of benefit payments per the financial statements to the Form 5500 for the year ended June 30, 2024 (in thousands):

	Benefit Payments
Per Financial Statements	\$ 2,462
Plus: Benefit Obligation Amounts Payable at June 30, 2024	161
Less: Benefit Obligation Amounts Payable at June 30, 2023	(283)
Per Form 5500	<u>\$ 2,340</u>

SUPPLEMENTAL SCHEDULES

(See Independent Auditor's Report)

DELTA FAMILY-CARE MEDICAL PLAN

EIN 58-0218548

Plan Number - 501

June 30, 2024

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	JP Morgan Chase Bank, N.A.	JP Morgan Chase Prime Money Market Fund	\$ 7,039,723	\$ 7,038,678

*Indicates a party-in-interest to the Plan, as defined by ERISA.

Note: The above data is based upon information that has been certified as complete and accurate by the trustee, JP Morgan Chase Bank, N.A.

DELTA FAMILY-CARE MEDICAL PLAN

EIN 58-0218548

Plan Number - 501

Year Ended June 30, 2024

SCHEDULE G, PART III - SCHEDULE OF NON-EXEMPT TRANSACTIONS

(a)	(b)	(c)	(d)
Identity of Party Involved	Relationship to Plan, Employer, or Other Party-in-Interest	Description of Transaction, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Transaction Expense
* UMR, Inc.	Claims Administrator	Surcharge fees paid in error	\$ 266,393

*Indicates a party-in-interest to the Plan, as defined by ERISA.

DELTA FAMILY-CARE MEDICAL PLAN

EIN# 58-0218548

PLAN# 501

Year Ended June 30, 2024

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	4,112,178 COST OF ASSET	5% VALUE OF CURRENT VALUE	205,608 NET GAIN OR (LOSS)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 246,104 08/02/23 BUY 71146334	1.0002	0	246,153	246,153	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 350,576 09/01/23 BUY 71146408	1.0003	0	350,682	350,682	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 354,509 10/02/23 BUY 71146475	1.0003	0	354,616	354,616	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 282,625 10/27/23 SELL 71146527	1.0003	0	282,711	282,710	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 362,154 11/01/23 BUY 71146535	1.0003	0	362,263	362,263	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 332,244 12/12/23 BUY 71146613	1.0006	0	332,443	332,443	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 416,156 12/29/23 BUY 71146647	1.0008	0	416,489	416,489	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 391,239 02/01/24 BUY 71146722	1.0007	0	391,513	391,513	0

DELTA FAMILY-CARE MEDICAL PLAN
 EIN# 58-0218548
 PLAN# 501
 Year Ended June 30, 2024

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	4,112,178 COST OF ASSET	5% VALUE OF CURRENT VALUE	205,608 NET GAIN OR (LOSS)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 368,670 03/04/24 BUY 71146786	1.0004	0	368,818	368,818	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 462,824 04/01/24 BUY 71146840	1.0003	0	462,963	462,963	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 368,496 05/02/24 BUY 71146912	1.0002	0	368,569	368,569	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 364,692 05/31/24 BUY 71146969	1.0002	0	364,765	364,765	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 431,886 06/28/24 BUY 71147034	1.0002	0	431,972	431,972	0

DELTA FAMILY-CARE MEDICAL PLAN

EIN# 58-0218548

PLAN# 501

Year Ended June 30, 2024

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	SELLING PRICE	EXPENSES	4,112,178 COST OF ASSET	5% VALUE OF CURRENT VALUE	205,608 NET GAIN OR (LOSS)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND VARIABLE						
	MONTHLY VARIABLE 12/31/2049						
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS						
	114,839 07/03/23 B BUY 71146263	1.0002		0	114,862	114,862	0
	13,355 07/05/23 S SELL 71146269	1.0002		0	13,359	13,357	(2)
	10,332 07/06/23 S SELL 71146272	1.0002		0	10,335	10,334	(1)
	19,911 07/07/23 S SELL 71146276	1.0002		0	19,917	19,915	(2)
	6,123 07/10/23 S SELL 71146279	1.0002		0	6,125	6,124	(1)
	26,873 07/11/23 S SELL 71146281	1.0002		0	26,882	26,879	(3)
	53,197 07/12/23 S SELL 71146285	1.0002		0	53,214	53,208	(6)
	23,285 07/14/23 S SELL 71146290	1.0002		0	23,292	23,290	(3)
	6,161 07/18/23 S SELL 71146294	1.0002		0	6,163	6,162	(1)
	7,042 07/19/23 S SELL 71146296	1.0002		0	7,044	7,043	(1)
	5,006 07/20/23 S SELL 71146299	1.0002		0	5,007	5,007	(1)
	7,943 07/21/23 S SELL 71146301	1.0002		0	7,946	7,945	(1)
	10,390 07/24/23 S SELL 71146306	1.0002		0	10,393	10,392	(1)
	8,850 07/25/23 S SELL 71146309	1.0002		0	8,853	8,852	(1)
	27,857 07/26/23 S SELL 71146311	1.0002		0	27,866	27,863	(3)
	26,429 07/28/23 S SELL 71146314	1.0002		0	26,437	26,434	(3)
	74,120 07/31/23 B BUY 71146324	1.0002		0	74,134	74,134	0
	6,985 08/01/23 B BUY 71146328	1.0002		0	6,986	6,986	0
	246,104 08/02/23 B BUY 71146334	1.0002		0	246,153	246,153	0
	82,445 08/03/23 B BUY 71146336	1.0002		0	82,461	82,461	0
	13,644 08/04/23 S SELL 71146343	1.0002		0	13,648	13,646	(1)
	1,977 08/07/23 S SELL 71146346	1.0002		0	1,977	1,977	0
	1,271 08/08/23 S SELL 71146349	1.0002		0	1,272	1,272	0
	58,276 08/09/23 S SELL 71146352	1.0002		0	58,294	58,288	(6)
	3,172 08/10/23 S SELL 71146354	1.0002		0	3,173	3,173	0
	37,771 08/11/23 S SELL 71146358	1.0002		0	37,782	37,778	(4)
	1,149 08/14/23 S SELL 71146361	1.0002		0	1,149	1,149	0
	9,905 08/15/23 S SELL 71146364	1.0002		0	9,908	9,907	(1)
	17,231 08/16/23 S SELL 71146367	1.0002		0	17,236	17,234	(2)
	1,760 08/17/23 S SELL 71146369	1.0002		0	1,761	1,761	0
	35,012 08/18/23 B BUY 71146371	1.0002		0	35,019	35,019	0
	12,219 08/21/23 S SELL 71146374	1.0002		0	12,223	12,222	(1)
	3,395 08/22/23 S SELL 71146377	1.0002		0	3,396	3,396	0
	20,590 08/23/23 S SELL 71146380	1.0002		0	20,596	20,594	(2)
	11,174 08/24/23 S SELL 71146384	1.0002		0	11,178	11,176	(1)
	7,407 08/25/23 S SELL 71146388	1.0002		0	7,409	7,409	(1)
	20,385 08/28/23 S SELL 71146391	1.0002		0	20,391	20,389	(2)
	7,775 08/29/23 S SELL 71146394	1.0002		0	7,778	7,777	(1)
	14,837 08/30/23 S SELL 71146399	1.0003		0	14,841	14,841	0
	127,401 08/31/23 B BUY 71146403	1.0003		0	127,440	127,440	0
	350,576 09/01/23 B BUY 71146408	1.0003		0	350,682	350,682	0
	8,682 09/06/23 S SELL 71146417	1.0003		0	8,685	8,685	0
	2,596 09/07/23 S SELL 71146420	1.0003		0	2,597	2,597	0
	10,329 09/08/23 S SELL 71146423	1.0003		0	10,332	10,332	0

DELTA FAMILY-CARE MEDICAL PLAN

EIN# 58-0218548

PLAN# 501

Year Ended June 30, 2024

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		4,112,178	5% VALUE OF	205,608
		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
	972 09/11/23 S SELL 71146425	1.0003	0	972	972	0
	64,570 09/13/23 S SELL 71146434	1.0003	0	64,589	64,589	0
	81,393 09/14/23 S SELL 71146436	1.0003	0	81,417	81,417	0
	12,829 09/15/23 S SELL 71146442	1.0003	0	12,833	12,833	0
	4,945 09/18/23 S SELL 71146444	1.0003	0	4,946	4,946	0
	5,001 09/19/23 S SELL 71146447	1.0003	0	5,002	5,002	0
	10,000 09/20/23 S SELL 71146450	1.0003	0	10,003	10,003	0
	10,505 09/21/23 S SELL 71146453	1.0003	0	10,508	10,508	0
	15,406 09/22/23 S SELL 71146458	1.0003	0	15,411	15,411	0
	4 09/25/23 S SELL 71146460	1.0024	0	4	4	0
	410 09/26/23 S SELL 71146462	1.0003	0	410	410	0
	29,490 09/27/23 S SELL 71146466	1.0003	0	29,499	29,499	0
	8,680 09/28/23 S SELL 71146470	1.0003	0	8,683	8,683	0
	5,858 09/29/23 S SELL 71146473	1.0003	0	5,860	5,860	0
	354,509 10/02/23 B BUY 71146475	1.0003	0	354,616	354,616	0
	15,961 10/03/23 S SELL 71146480	1.0003	0	15,966	15,966	0
	15,030 10/04/23 S SELL 71146483	1.0003	0	15,035	15,035	0
	2,101 10/05/23 S SELL 71146485	1.0003	0	2,102	2,102	0
	984 10/06/23 S SELL 71146488	1.0003	0	984	984	0
	707 10/10/23 S SELL 71146490	1.0003	0	707	707	0
	45,536 10/11/23 S SELL 71146495	1.0003	0	45,550	45,550	0
	28,507 10/12/23 S SELL 71146498	1.0003	0	28,516	28,516	0
	25,528 10/13/23 S SELL 71146503	1.0003	0	25,536	25,536	0
	3,974 10/17/23 S SELL 71146506	1.0003	0	3,975	3,975	0
	7,688 10/18/23 S SELL 71146509	1.0003	0	7,691	7,691	0
	10,263 10/19/23 S SELL 71146512	1.0003	0	10,266	10,266	0
	2,804 10/20/23 S SELL 71146514	1.0003	0	2,805	2,805	0
	2,138 10/23/23 S SELL 71146516	1.0003	0	2,138	2,138	0
	6,605 10/24/23 S SELL 71146518	1.0003	0	6,607	6,607	0
	45,268 10/25/23 S SELL 71146521	1.0003	0	45,281	45,281	0
	72 10/26/23 B BUY 71146523	1.0004	0	72	72	0
	282,625 10/27/23 S SELL 71146527	1.0003	0	282,711	282,710	0
	1,122 10/30/23 S SELL 71146529	1.0003	0	1,122	1,122	0
	6,425 10/31/23 S SELL 71146532	1.0003	0	6,427	6,427	0
	362,154 11/01/23 B BUY 71146535	1.0003	0	362,263	362,263	0
	3,767 11/02/23 S SELL 71146542	1.0003	0	3,768	3,768	0
	1,765 11/03/23 S SELL 71146545	1.0004	0	1,766	1,766	0
	4,528 11/06/23 S SELL 71146547	1.0004	0	4,529	4,530	0
	9,643 11/08/23 S SELL 71146550	1.0004	0	9,646	9,647	1
	13,297 11/09/23 B BUY 71146554	1.0004	0	13,302	13,302	0
	76,887 11/10/23 B BUY 71146558	1.0004	0	76,918	76,918	0
	818 11/13/23 S SELL 71146560	1.0003	0	819	819	0
	0 11/14/23 S SELL 71146561	1.0000	0	0	0	0
	17,230 11/15/23 S SELL 71146565	1.0004	0	17,236	17,237	2
	1,925 11/16/23 S SELL 71146567	1.0004	0	1,925	1,925	0
	5,178 11/17/23 S SELL 71146570	1.0005	0	5,179	5,180	1
	1,710 11/20/23 S SELL 71146572	1.0005	0	1,711	1,711	0

DELTA FAMILY-CARE MEDICAL PLAN

EIN# 58-0218548

PLAN# 501

Year Ended June 30, 2024

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		4,112,178	5% VALUE OF	205,608
		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
	3,588 11/21/23 S SELL 71146577	1.0005	0	3,590	3,590	1
	42,699 11/22/23 S SELL 71146581	1.0005	0	42,712	42,721	8
	2,439 11/27/23 S SELL 71146583	1.0004	0	2,440	2,440	0
	2,265 11/28/23 S SELL 71146585	1.0004	0	2,265	2,266	0
	13,316 11/29/23 S SELL 71146590	1.0005	0	13,320	13,323	3
	12,102 11/30/23 S SELL 71146592	1.0005	0	12,105	12,108	2
	109,693 12/01/23 B BUY 71146596	1.0005	0	109,748	109,748	0
	2,024 12/04/23 S SELL 71146600	1.0006	0	2,025	2,026	1
	3,425 12/05/23 S SELL 71146602	1.0006	0	3,426	3,427	1
	36,501 12/06/23 S SELL 71146605	1.0006	0	36,512	36,523	11
	6,469 12/07/23 S SELL 71146608	1.0006	0	6,471	6,473	2
	8,949 12/08/23 S SELL 71146610	1.0006	0	8,952	8,954	3
	332,244 12/12/23 B BUY 71146613	1.0006	0	332,443	332,443	0
	34,145 12/13/23 S SELL 71146617	1.0006	0	34,156	34,165	9
	9,725 12/14/23 S SELL 71146620	1.0007	0	9,728	9,732	4
	2,265 12/15/23 S SELL 71146624	1.0007	0	2,265	2,266	1
	4,644 12/18/23 S SELL 71146626	1.0007	0	4,645	4,647	2
	4,666 12/19/23 S SELL 71146629	1.0007	0	4,668	4,670	2
	30,531 12/20/23 S SELL 71146632	1.0007	0	30,541	30,553	11
	6,086 12/21/23 S SELL 71146634	1.0007	0	6,088	6,090	2
	83 12/26/23 S SELL 71146636	1.0007	0	84	84	0
	10,932 12/27/23 S SELL 71146640	1.0007	0	10,936	10,940	4
	75,687 12/28/23 B BUY 71146641	1.0007	0	75,740	75,740	0
	416,156 12/29/23 B BUY 71146647	1.0008	0	416,489	416,489	0
	21,853 01/02/24 B BUY 71146653	1.0007	0	21,869	21,869	0
	9,906 01/03/24 S SELL 71146660	1.0007	0	9,910	9,913	3
	2,992 01/04/24 S SELL 71146663	1.0007	0	2,993	2,994	1
	2,697 01/05/24 S SELL 71146667	1.0007	0	2,698	2,699	1
	160 01/08/24 S SELL 71146669	1.0007	0	160	160	0
	1,639 01/09/24 S SELL 71146671	1.0007	0	1,640	1,640	1
	38,560 01/10/24 S SELL 71146674	1.0007	0	38,575	38,587	13
	653 01/11/24 S SELL 71146677	1.0007	0	653	654	0
	6,799 01/12/24 S SELL 71146682	1.0008	0	6,802	6,805	3
	2,439 01/16/24 S SELL 71146685	1.0008	0	2,440	2,441	1
	7,008 01/17/24 S SELL 71146688	1.0007	0	7,011	7,013	2
	58 01/18/24 S SELL 71146691	1.0007	0	58	58	0
	46,897 01/19/24 S SELL 71146695	1.0007	0	46,914	46,929	15
	15,695 01/22/24 S SELL 71146698	1.0007	0	15,700	15,706	5
	32,737 01/23/24 B BUY 71146702	1.0007	0	32,760	32,760	0
	7,967 01/24/24 S SELL 71146706	1.0007	0	7,970	7,973	3
	4,392 01/26/24 S SELL 71146709	1.0007	0	4,393	4,395	1
	454 01/29/24 S SELL 71146711	1.0007	0	454	454	0
	1,650 01/30/24 S SELL 71146714	1.0007	0	1,651	1,651	1
	18,517 01/31/24 S SELL 71146720	1.0007	0	18,524	18,530	6
	391,239 02/01/24 B BUY 71146722	1.0007	0	391,513	391,513	0
	4,024 02/02/24 S SELL 71146726	1.0006	0	4,025	4,026	1
	2,429 02/05/24 S SELL 71146728	1.0006	0	2,429	2,430	0

DELTA FAMILY-CARE MEDICAL PLAN

EIN# 58-0218548

PLAN# 501

Year Ended June 30, 2024

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		4,112,178	5% VALUE OF	205,608
		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
	730 02/06/24 S SELL 71146730	1.0006	0	730	730	0
	60,957 02/07/24 B BUY 71146734	1.0006	0	60,993	60,993	0
	25,221 02/08/24 S SELL 71146738	1.0006	0	25,231	25,236	5
	1,523 02/09/24 S SELL 71146741	1.0006	0	1,523	1,524	0
	50 02/12/24 B BUY 71146744	1.0006	0	50	50	0
	7,029 02/13/24 S SELL 71146748	1.0005	0	7,032	7,033	1
	15,727 02/14/24 S SELL 71146751	1.0005	0	15,733	15,735	2
	7,713 02/15/24 S SELL 71146753	1.0005	0	7,716	7,717	1
	3,058 02/16/24 S SELL 71146755	1.0005	0	3,059	3,060	0
	28,778 02/21/24 S SELL 71146761	1.0005	0	28,790	28,793	3
	27,466 02/23/24 S SELL 71146765	1.0005	0	27,477	27,480	3
	19,968 02/26/24 S SELL 71146768	1.0004	0	19,976	19,976	0
	48 02/27/24 B BUY 71146769	1.0004	0	49	49	0
	21,067 02/28/24 S SELL 71146776	1.0004	0	21,075	21,075	0
	102,994 03/01/24 B BUY 71146782	1.0005	0	103,046	103,046	0
	368,670 03/04/24 B BUY 71146786	1.0004	0	368,818	368,818	0
	929 03/05/24 S SELL 71146790	1.0004	0	930	930	0
	49,365 03/06/24 S SELL 71146796	1.0004	0	49,385	49,385	0
	5,033 03/07/24 S SELL 71146798	1.0004	0	5,035	5,035	0
	618 03/08/24 S SELL 71146800	1.0005	0	618	618	0
	3,813 03/11/24 S SELL 71146802	1.0004	0	3,814	3,814	0
	2,130 03/12/24 S SELL 71146804	1.0004	0	2,131	2,131	0
	40,501 03/13/24 S SELL 71146807	1.0004	0	40,517	40,517	0
	1,740 03/14/24 S SELL 71146809	1.0004	0	1,741	1,741	0
	10,028 03/15/24 S SELL 71146814	1.0004	0	10,032	10,032	0
	5,940 03/18/24 S SELL 71146816	1.0004	0	5,943	5,943	0
	19,653 03/20/24 S SELL 71146820	1.0004	0	19,661	19,661	0
	53,238 03/22/24 S SELL 71146825	1.0004	0	53,259	53,259	0
	933 03/25/24 S SELL 71146827	1.0004	0	934	934	0
	1,189 03/26/24 S SELL 71146829	1.0004	0	1,189	1,189	0
	13,330 03/27/24 S SELL 71146833	1.0004	0	13,335	13,335	0
	1,551 03/28/24 S SELL 71146836	1.0004	0	1,551	1,551	0
	462,824 04/01/24 B BUY 71146840	1.0003	0	462,963	462,963	0
	7,422 04/02/24 S SELL 71146848	1.0003	0	7,425	7,424	(1)
	2,891 04/03/24 S SELL 71146854	1.0003	0	2,892	2,892	0
	791 04/04/24 S SELL 71146856	1.0003	0	792	791	0
	20,566 04/05/24 S SELL 71146860	1.0003	0	20,574	20,572	(2)
	419 04/08/24 S SELL 71146862	1.0003	0	420	420	0
	1,008 04/09/24 S SELL 71146865	1.0003	0	1,009	1,009	0
	13,570 04/10/24 S SELL 71146868	1.0003	0	13,575	13,574	(1)
	3,406 04/11/24 S SELL 71146870	1.0003	0	3,407	3,407	0
	10,922 04/12/24 S SELL 71146873	1.0003	0	10,926	10,925	(1)
	57,411 04/15/24 B BUY 71146876	1.0002	0	57,422	57,422	0
	207 04/16/24 S SELL 71146878	1.0002	0	207	207	0
	73,506 04/17/24 S SELL 71146883	1.0002	0	73,535	73,520	(14)
	859 04/18/24 S SELL 71146885	1.0002	0	860	860	0
	1,002 04/19/24 S SELL 71146887	1.0002	0	1,003	1,002	0

DELTA FAMILY-CARE MEDICAL PLAN

EIN# 58-0218548

PLAN# 501

Year Ended June 30, 2024

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		4,112,178	5% VALUE OF	205,608
		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
10,340	04/22/24 S SELL 71146890	1.0002	0	10,344	10,342	(2)
200	04/23/24 S SELL 71146892	1.0002	0	200	200	0
51,175	04/24/24 S SELL 71146896	1.0002	0	51,195	51,185	(10)
2,785	04/25/24 S SELL 71146898	1.0002	0	2,787	2,786	(1)
7,210	04/26/24 S SELL 71146900	1.0002	0	7,213	7,212	(1)
3,852	04/29/24 S SELL 71146902	1.0002	0	3,854	3,853	(1)
5,422	04/30/24 S SELL 71146905	1.0002	0	5,424	5,423	(1)
88,422	05/01/24 B BUY 71146909	1.0002	0	88,439	88,439	0
368,496	05/02/24 B BUY 71146912	1.0002	0	368,569	368,569	0
2,914	05/03/24 S SELL 71146915	1.0002	0	2,915	2,915	(1)
17,753	05/06/24 S SELL 71146918	1.0002	0	17,760	17,757	(3)
19,535	05/08/24 S SELL 71146922	1.0002	0	19,542	19,539	(3)
13,238	05/09/24 S SELL 71146927	1.0002	0	13,243	13,241	(2)
6,396	05/13/24 S SELL 71146934	1.0002	0	6,398	6,397	(1)
15,713	05/15/24 S SELL 71146939	1.0002	0	15,719	15,716	(3)
1,310	05/16/24 S SELL 71146941	1.0002	0	1,311	1,310	0
11,328	05/17/24 S SELL 71146945	1.0002	0	11,333	11,331	(2)
1,603	05/20/24 S SELL 71146947	1.0002	0	1,603	1,603	0
3,561	05/21/24 S SELL 71146949	1.0002	0	3,562	3,561	(1)
65,233	05/24/24 S SELL 71146954	1.0002	0	65,258	65,246	(12)
64,312	05/28/24 B BUY 71146959	1.0002	0	64,325	64,325	0
64,319	05/28/24 B BUY 71146960	1.0001	0	64,325	64,325	0
64,312	05/28/24 S SELL 71146961	1.0002	0	64,336	64,325	(11)
18,954	05/29/24 S SELL 71146965	1.0001	0	18,961	18,956	(5)
3,081	05/30/24 S SELL 71146967	1.0001	0	3,082	3,081	(1)
364,692	05/31/24 B BUY 71146969	1.0002	0	364,765	364,765	0
99,842	06/03/24 B BUY 71146976	1.0001	0	99,852	99,852	0
99,842	06/03/24 S SELL 71146977	1.0001	0	99,878	99,852	(26)
99,832	06/03/24 B BUY 71146978	1.0002	0	99,852	99,852	0
11,482	06/05/24 S SELL 71146986	1.0002	0	11,486	11,484	(2)
3,821	06/06/24 S SELL 71146989	1.0002	0	3,822	3,822	(1)
56,282	06/07/24 S SELL 71146993	1.0002	0	56,302	56,293	(9)
1,106	06/10/24 S SELL 71146995	1.0002	0	1,107	1,106	0
4,067	06/11/24 S SELL 71146997	1.0002	0	4,068	4,068	(1)
17,773	06/13/24 S SELL 71147004	1.0002	0	17,780	17,777	(3)
5,680	06/14/24 S SELL 71147007	1.0002	0	5,682	5,682	(1)
255	06/17/24 S SELL 71147009	1.0002	0	255	255	0
9,200	06/18/24 S SELL 71147012	1.0002	0	9,203	9,202	(1)
13,614	06/20/24 S SELL 71147017	1.0002	0	13,619	13,617	(2)
3,274	06/21/24 S SELL 71147019	1.0002	0	3,275	3,274	(1)
15,852	06/24/24 S SELL 71147022	1.0002	0	15,857	15,855	(3)
183	06/25/24 B BUY 71147023	1.0002	0	184	184	0
12,097	06/26/24 S SELL 71147028	1.0002	0	12,101	12,099	(2)
431,886	06/28/24 B BUY 71147034	1.0002	0	431,972	431,972	0
5,858,948	36 TOTAL BUYS		0	5,861,094	5,861,094	0
2,815,082	193 TOTAL SELLS		0	2,816,040	2,816,004	(41)

DELTA FAMILY-CARE MEDICAL PLAN
 EIN# 58-0218548
 PLAN# 501
 Year Ended June 30, 2024
 SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	4,112,178 COST OF ASSET	5% VALUE OF CURRENT VALUE	205,608 NET GAIN OR (LOSS)
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8,674,030	SECURITY TOTAL	0		8,677,134	8,677,098	(41)

Note: All reportable transactions in the schedule above are with a party-in-interest to the Plan, as defined by ERISA.

Note: the above data is based upon information that has been certified as complete and accurate by the trustee, JP Morgan Chase Bank, N.A.

DELTA FAMILY-CARE MEDICAL PLAN

EIN# 58-0218548

PLAN# 501

Year Ended June 30, 2024

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	4,112,178 COST OF ASSET	5% VALUE OF CURRENT VALUE	205,608 NET GAIN OR (LOSS)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 246,104 08/02/23 BUY 71146334	1.0002	0	246,153	246,153	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 350,576 09/01/23 BUY 71146408	1.0003	0	350,682	350,682	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 354,509 10/02/23 BUY 71146475	1.0003	0	354,616	354,616	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 282,625 10/27/23 SELL 71146527	1.0003	0	282,711	282,710	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 362,154 11/01/23 BUY 71146535	1.0003	0	362,263	362,263	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 332,244 12/12/23 BUY 71146613	1.0006	0	332,443	332,443	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 416,156 12/29/23 BUY 71146647	1.0008	0	416,489	416,489	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 391,239 02/01/24 BUY 71146722	1.0007	0	391,513	391,513	0

DELTA FAMILY-CARE MEDICAL PLAN
 EIN# 58-0218548
 PLAN# 501
 Year Ended June 30, 2024

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	4,112,178 COST OF ASSET	5% VALUE OF CURRENT VALUE	205,608 NET GAIN OR (LOSS)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 368,670 03/04/24 BUY 71146786	1.0004	0	368,818	368,818	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 462,824 04/01/24 BUY 71146840	1.0003	0	462,963	462,963	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 368,496 05/02/24 BUY 71146912	1.0002	0	368,569	368,569	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 364,692 05/31/24 BUY 71146969	1.0002	0	364,765	364,765	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 431,886 06/28/24 BUY 71147034	1.0002	0	431,972	431,972	0

DELTA FAMILY-CARE MEDICAL PLAN

EIN# 58-0218548

PLAN# 501

Year Ended June 30, 2024

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	SELLING PRICE	EXPENSES	4,112,178 COST OF ASSET	5% VALUE OF CURRENT VALUE	205,608 NET GAIN OR (LOSS)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND VARIABLE						
	MONTHLY VARIABLE 12/31/2049						
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS						
	114,839 07/03/23 B BUY 71146263	1.0002		0	114,862	114,862	0
	13,355 07/05/23 S SELL 71146269	1.0002		0	13,359	13,357	(2)
	10,332 07/06/23 S SELL 71146272	1.0002		0	10,335	10,334	(1)
	19,911 07/07/23 S SELL 71146276	1.0002		0	19,917	19,915	(2)
	6,123 07/10/23 S SELL 71146279	1.0002		0	6,125	6,124	(1)
	26,873 07/11/23 S SELL 71146281	1.0002		0	26,882	26,879	(3)
	53,197 07/12/23 S SELL 71146285	1.0002		0	53,214	53,208	(6)
	23,285 07/14/23 S SELL 71146290	1.0002		0	23,292	23,290	(3)
	6,161 07/18/23 S SELL 71146294	1.0002		0	6,163	6,162	(1)
	7,042 07/19/23 S SELL 71146296	1.0002		0	7,044	7,043	(1)
	5,006 07/20/23 S SELL 71146299	1.0002		0	5,007	5,007	(1)
	7,943 07/21/23 S SELL 71146301	1.0002		0	7,946	7,945	(1)
	10,390 07/24/23 S SELL 71146306	1.0002		0	10,393	10,392	(1)
	8,850 07/25/23 S SELL 71146309	1.0002		0	8,853	8,852	(1)
	27,857 07/26/23 S SELL 71146311	1.0002		0	27,866	27,863	(3)
	26,429 07/28/23 S SELL 71146314	1.0002		0	26,437	26,434	(3)
	74,120 07/31/23 B BUY 71146324	1.0002		0	74,134	74,134	0
	6,985 08/01/23 B BUY 71146328	1.0002		0	6,986	6,986	0
	246,104 08/02/23 B BUY 71146334	1.0002		0	246,153	246,153	0
	82,445 08/03/23 B BUY 71146336	1.0002		0	82,461	82,461	0
	13,644 08/04/23 S SELL 71146343	1.0002		0	13,648	13,646	(1)
	1,977 08/07/23 S SELL 71146346	1.0002		0	1,977	1,977	0
	1,271 08/08/23 S SELL 71146349	1.0002		0	1,272	1,272	0
	58,276 08/09/23 S SELL 71146352	1.0002		0	58,294	58,288	(6)
	3,172 08/10/23 S SELL 71146354	1.0002		0	3,173	3,173	0
	37,771 08/11/23 S SELL 71146358	1.0002		0	37,782	37,778	(4)
	1,149 08/14/23 S SELL 71146361	1.0002		0	1,149	1,149	0
	9,905 08/15/23 S SELL 71146364	1.0002		0	9,908	9,907	(1)
	17,231 08/16/23 S SELL 71146367	1.0002		0	17,236	17,234	(2)
	1,760 08/17/23 S SELL 71146369	1.0002		0	1,761	1,761	0
	35,012 08/18/23 B BUY 71146371	1.0002		0	35,019	35,019	0
	12,219 08/21/23 S SELL 71146374	1.0002		0	12,223	12,222	(1)
	3,395 08/22/23 S SELL 71146377	1.0002		0	3,396	3,396	0
	20,590 08/23/23 S SELL 71146380	1.0002		0	20,596	20,594	(2)
	11,174 08/24/23 S SELL 71146384	1.0002		0	11,178	11,176	(1)
	7,407 08/25/23 S SELL 71146388	1.0002		0	7,409	7,409	(1)
	20,385 08/28/23 S SELL 71146391	1.0002		0	20,391	20,389	(2)
	7,775 08/29/23 S SELL 71146394	1.0002		0	7,778	7,777	(1)
	14,837 08/30/23 S SELL 71146399	1.0003		0	14,841	14,841	0
	127,401 08/31/23 B BUY 71146403	1.0003		0	127,440	127,440	0
	350,576 09/01/23 B BUY 71146408	1.0003		0	350,682	350,682	0
	8,682 09/06/23 S SELL 71146417	1.0003		0	8,685	8,685	0
	2,596 09/07/23 S SELL 71146420	1.0003		0	2,597	2,597	0
	10,329 09/08/23 S SELL 71146423	1.0003		0	10,332	10,332	0

DELTA FAMILY-CARE MEDICAL PLAN

EIN# 58-0218548

PLAN# 501

Year Ended June 30, 2024

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		4,112,178	5% VALUE OF	205,608
		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
	972 09/11/23 S SELL 71146425	1.0003	0	972	972	0
	64,570 09/13/23 S SELL 71146434	1.0003	0	64,589	64,589	0
	81,393 09/14/23 S SELL 71146436	1.0003	0	81,417	81,417	0
	12,829 09/15/23 S SELL 71146442	1.0003	0	12,833	12,833	0
	4,945 09/18/23 S SELL 71146444	1.0003	0	4,946	4,946	0
	5,001 09/19/23 S SELL 71146447	1.0003	0	5,002	5,002	0
	10,000 09/20/23 S SELL 71146450	1.0003	0	10,003	10,003	0
	10,505 09/21/23 S SELL 71146453	1.0003	0	10,508	10,508	0
	15,406 09/22/23 S SELL 71146458	1.0003	0	15,411	15,411	0
	4 09/25/23 S SELL 71146460	1.0024	0	4	4	0
	410 09/26/23 S SELL 71146462	1.0003	0	410	410	0
	29,490 09/27/23 S SELL 71146466	1.0003	0	29,499	29,499	0
	8,680 09/28/23 S SELL 71146470	1.0003	0	8,683	8,683	0
	5,858 09/29/23 S SELL 71146473	1.0003	0	5,860	5,860	0
	354,509 10/02/23 B BUY 71146475	1.0003	0	354,616	354,616	0
	15,961 10/03/23 S SELL 71146480	1.0003	0	15,966	15,966	0
	15,030 10/04/23 S SELL 71146483	1.0003	0	15,035	15,035	0
	2,101 10/05/23 S SELL 71146485	1.0003	0	2,102	2,102	0
	984 10/06/23 S SELL 71146488	1.0003	0	984	984	0
	707 10/10/23 S SELL 71146490	1.0003	0	707	707	0
	45,536 10/11/23 S SELL 71146495	1.0003	0	45,550	45,550	0
	28,507 10/12/23 S SELL 71146498	1.0003	0	28,516	28,516	0
	25,528 10/13/23 S SELL 71146503	1.0003	0	25,536	25,536	0
	3,974 10/17/23 S SELL 71146506	1.0003	0	3,975	3,975	0
	7,688 10/18/23 S SELL 71146509	1.0003	0	7,691	7,691	0
	10,263 10/19/23 S SELL 71146512	1.0003	0	10,266	10,266	0
	2,804 10/20/23 S SELL 71146514	1.0003	0	2,805	2,805	0
	2,138 10/23/23 S SELL 71146516	1.0003	0	2,138	2,138	0
	6,605 10/24/23 S SELL 71146518	1.0003	0	6,607	6,607	0
	45,268 10/25/23 S SELL 71146521	1.0003	0	45,281	45,281	0
	72 10/26/23 B BUY 71146523	1.0004	0	72	72	0
	282,625 10/27/23 S SELL 71146527	1.0003	0	282,711	282,710	0
	1,122 10/30/23 S SELL 71146529	1.0003	0	1,122	1,122	0
	6,425 10/31/23 S SELL 71146532	1.0003	0	6,427	6,427	0
	362,154 11/01/23 B BUY 71146535	1.0003	0	362,263	362,263	0
	3,767 11/02/23 S SELL 71146542	1.0003	0	3,768	3,768	0
	1,765 11/03/23 S SELL 71146545	1.0004	0	1,766	1,766	0
	4,528 11/06/23 S SELL 71146547	1.0004	0	4,529	4,530	0
	9,643 11/08/23 S SELL 71146550	1.0004	0	9,646	9,647	1
	13,297 11/09/23 B BUY 71146554	1.0004	0	13,302	13,302	0
	76,887 11/10/23 B BUY 71146558	1.0004	0	76,918	76,918	0
	818 11/13/23 S SELL 71146560	1.0003	0	819	819	0
	0 11/14/23 S SELL 71146561	1.0000	0	0	0	0
	17,230 11/15/23 S SELL 71146565	1.0004	0	17,236	17,237	2
	1,925 11/16/23 S SELL 71146567	1.0004	0	1,925	1,925	0
	5,178 11/17/23 S SELL 71146570	1.0005	0	5,179	5,180	1
	1,710 11/20/23 S SELL 71146572	1.0005	0	1,711	1,711	0

DELTA FAMILY-CARE MEDICAL PLAN

EIN# 58-0218548

PLAN# 501

Year Ended June 30, 2024

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		4,112,178	5% VALUE OF	205,608
		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
	3,588 11/21/23 S SELL 71146577	1.0005	0	3,590	3,590	1
	42,699 11/22/23 S SELL 71146581	1.0005	0	42,712	42,721	8
	2,439 11/27/23 S SELL 71146583	1.0004	0	2,440	2,440	0
	2,265 11/28/23 S SELL 71146585	1.0004	0	2,265	2,266	0
	13,316 11/29/23 S SELL 71146590	1.0005	0	13,320	13,323	3
	12,102 11/30/23 S SELL 71146592	1.0005	0	12,105	12,108	2
	109,693 12/01/23 B BUY 71146596	1.0005	0	109,748	109,748	0
	2,024 12/04/23 S SELL 71146600	1.0006	0	2,025	2,026	1
	3,425 12/05/23 S SELL 71146602	1.0006	0	3,426	3,427	1
	36,501 12/06/23 S SELL 71146605	1.0006	0	36,512	36,523	11
	6,469 12/07/23 S SELL 71146608	1.0006	0	6,471	6,473	2
	8,949 12/08/23 S SELL 71146610	1.0006	0	8,952	8,954	3
	332,244 12/12/23 B BUY 71146613	1.0006	0	332,443	332,443	0
	34,145 12/13/23 S SELL 71146617	1.0006	0	34,156	34,165	9
	9,725 12/14/23 S SELL 71146620	1.0007	0	9,728	9,732	4
	2,265 12/15/23 S SELL 71146624	1.0007	0	2,265	2,266	1
	4,644 12/18/23 S SELL 71146626	1.0007	0	4,645	4,647	2
	4,666 12/19/23 S SELL 71146629	1.0007	0	4,668	4,670	2
	30,531 12/20/23 S SELL 71146632	1.0007	0	30,541	30,553	11
	6,086 12/21/23 S SELL 71146634	1.0007	0	6,088	6,090	2
	83 12/26/23 S SELL 71146636	1.0007	0	84	84	0
	10,932 12/27/23 S SELL 71146640	1.0007	0	10,936	10,940	4
	75,687 12/28/23 B BUY 71146641	1.0007	0	75,740	75,740	0
	416,156 12/29/23 B BUY 71146647	1.0008	0	416,489	416,489	0
	21,853 01/02/24 B BUY 71146653	1.0007	0	21,869	21,869	0
	9,906 01/03/24 S SELL 71146660	1.0007	0	9,910	9,913	3
	2,992 01/04/24 S SELL 71146663	1.0007	0	2,993	2,994	1
	2,697 01/05/24 S SELL 71146667	1.0007	0	2,698	2,699	1
	160 01/08/24 S SELL 71146669	1.0007	0	160	160	0
	1,639 01/09/24 S SELL 71146671	1.0007	0	1,640	1,640	1
	38,560 01/10/24 S SELL 71146674	1.0007	0	38,575	38,587	13
	653 01/11/24 S SELL 71146677	1.0007	0	653	654	0
	6,799 01/12/24 S SELL 71146682	1.0008	0	6,802	6,805	3
	2,439 01/16/24 S SELL 71146685	1.0008	0	2,440	2,441	1
	7,008 01/17/24 S SELL 71146688	1.0007	0	7,011	7,013	2
	58 01/18/24 S SELL 71146691	1.0007	0	58	58	0
	46,897 01/19/24 S SELL 71146695	1.0007	0	46,914	46,929	15
	15,695 01/22/24 S SELL 71146698	1.0007	0	15,700	15,706	5
	32,737 01/23/24 B BUY 71146702	1.0007	0	32,760	32,760	0
	7,967 01/24/24 S SELL 71146706	1.0007	0	7,970	7,973	3
	4,392 01/26/24 S SELL 71146709	1.0007	0	4,393	4,395	1
	454 01/29/24 S SELL 71146711	1.0007	0	454	454	0
	1,650 01/30/24 S SELL 71146714	1.0007	0	1,651	1,651	1
	18,517 01/31/24 S SELL 71146720	1.0007	0	18,524	18,530	6
	391,239 02/01/24 B BUY 71146722	1.0007	0	391,513	391,513	0
	4,024 02/02/24 S SELL 71146726	1.0006	0	4,025	4,026	1
	2,429 02/05/24 S SELL 71146728	1.0006	0	2,429	2,430	0

DELTA FAMILY-CARE MEDICAL PLAN

EIN# 58-0218548

PLAN# 501

Year Ended June 30, 2024

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		4,112,178	5% VALUE OF	205,608
		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
	730 02/06/24 S SELL 71146730	1.0006	0	730	730	0
	60,957 02/07/24 B BUY 71146734	1.0006	0	60,993	60,993	0
	25,221 02/08/24 S SELL 71146738	1.0006	0	25,231	25,236	5
	1,523 02/09/24 S SELL 71146741	1.0006	0	1,523	1,524	0
	50 02/12/24 B BUY 71146744	1.0006	0	50	50	0
	7,029 02/13/24 S SELL 71146748	1.0005	0	7,032	7,033	1
	15,727 02/14/24 S SELL 71146751	1.0005	0	15,733	15,735	2
	7,713 02/15/24 S SELL 71146753	1.0005	0	7,716	7,717	1
	3,058 02/16/24 S SELL 71146755	1.0005	0	3,059	3,060	0
	28,778 02/21/24 S SELL 71146761	1.0005	0	28,790	28,793	3
	27,466 02/23/24 S SELL 71146765	1.0005	0	27,477	27,480	3
	19,968 02/26/24 S SELL 71146768	1.0004	0	19,976	19,976	0
	48 02/27/24 B BUY 71146769	1.0004	0	49	49	0
	21,067 02/28/24 S SELL 71146776	1.0004	0	21,075	21,075	0
	102,994 03/01/24 B BUY 71146782	1.0005	0	103,046	103,046	0
	368,670 03/04/24 B BUY 71146786	1.0004	0	368,818	368,818	0
	929 03/05/24 S SELL 71146790	1.0004	0	930	930	0
	49,365 03/06/24 S SELL 71146796	1.0004	0	49,385	49,385	0
	5,033 03/07/24 S SELL 71146798	1.0004	0	5,035	5,035	0
	618 03/08/24 S SELL 71146800	1.0005	0	618	618	0
	3,813 03/11/24 S SELL 71146802	1.0004	0	3,814	3,814	0
	2,130 03/12/24 S SELL 71146804	1.0004	0	2,131	2,131	0
	40,501 03/13/24 S SELL 71146807	1.0004	0	40,517	40,517	0
	1,740 03/14/24 S SELL 71146809	1.0004	0	1,741	1,741	0
	10,028 03/15/24 S SELL 71146814	1.0004	0	10,032	10,032	0
	5,940 03/18/24 S SELL 71146816	1.0004	0	5,943	5,943	0
	19,653 03/20/24 S SELL 71146820	1.0004	0	19,661	19,661	0
	53,238 03/22/24 S SELL 71146825	1.0004	0	53,259	53,259	0
	933 03/25/24 S SELL 71146827	1.0004	0	934	934	0
	1,189 03/26/24 S SELL 71146829	1.0004	0	1,189	1,189	0
	13,330 03/27/24 S SELL 71146833	1.0004	0	13,335	13,335	0
	1,551 03/28/24 S SELL 71146836	1.0004	0	1,551	1,551	0
	462,824 04/01/24 B BUY 71146840	1.0003	0	462,963	462,963	0
	7,422 04/02/24 S SELL 71146848	1.0003	0	7,425	7,424	(1)
	2,891 04/03/24 S SELL 71146854	1.0003	0	2,892	2,892	0
	791 04/04/24 S SELL 71146856	1.0003	0	792	791	0
	20,566 04/05/24 S SELL 71146860	1.0003	0	20,574	20,572	(2)
	419 04/08/24 S SELL 71146862	1.0003	0	420	420	0
	1,008 04/09/24 S SELL 71146865	1.0003	0	1,009	1,009	0
	13,570 04/10/24 S SELL 71146868	1.0003	0	13,575	13,574	(1)
	3,406 04/11/24 S SELL 71146870	1.0003	0	3,407	3,407	0
	10,922 04/12/24 S SELL 71146873	1.0003	0	10,926	10,925	(1)
	57,411 04/15/24 B BUY 71146876	1.0002	0	57,422	57,422	0
	207 04/16/24 S SELL 71146878	1.0002	0	207	207	0
	73,506 04/17/24 S SELL 71146883	1.0002	0	73,535	73,520	(14)
	859 04/18/24 S SELL 71146885	1.0002	0	860	860	0
	1,002 04/19/24 S SELL 71146887	1.0002	0	1,003	1,002	0

DELTA FAMILY-CARE MEDICAL PLAN

EIN# 58-0218548

PLAN# 501

Year Ended June 30, 2024

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		4,112,178	5% VALUE OF	205,608	
		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
	10,340 04/22/24 S SELL 71146890	1.0002	0	10,344	10,342	(2)	
	200 04/23/24 S SELL 71146892	1.0002	0	200	200	0	
	51,175 04/24/24 S SELL 71146896	1.0002	0	51,195	51,185	(10)	
	2,785 04/25/24 S SELL 71146898	1.0002	0	2,787	2,786	(1)	
	7,210 04/26/24 S SELL 71146900	1.0002	0	7,213	7,212	(1)	
	3,852 04/29/24 S SELL 71146902	1.0002	0	3,854	3,853	(1)	
	5,422 04/30/24 S SELL 71146905	1.0002	0	5,424	5,423	(1)	
	88,422 05/01/24 B BUY 71146909	1.0002	0	88,439	88,439	0	
	368,496 05/02/24 B BUY 71146912	1.0002	0	368,569	368,569	0	
	2,914 05/03/24 S SELL 71146915	1.0002	0	2,915	2,915	(1)	
	17,753 05/06/24 S SELL 71146918	1.0002	0	17,760	17,757	(3)	
	19,535 05/08/24 S SELL 71146922	1.0002	0	19,542	19,539	(3)	
	13,238 05/09/24 S SELL 71146927	1.0002	0	13,243	13,241	(2)	
	6,396 05/13/24 S SELL 71146934	1.0002	0	6,398	6,397	(1)	
	15,713 05/15/24 S SELL 71146939	1.0002	0	15,719	15,716	(3)	
	1,310 05/16/24 S SELL 71146941	1.0002	0	1,311	1,310	0	
	11,328 05/17/24 S SELL 71146945	1.0002	0	11,333	11,331	(2)	
	1,603 05/20/24 S SELL 71146947	1.0002	0	1,603	1,603	0	
	3,561 05/21/24 S SELL 71146949	1.0002	0	3,562	3,561	(1)	
	65,233 05/24/24 S SELL 71146954	1.0002	0	65,258	65,246	(12)	
	64,312 05/28/24 B BUY 71146959	1.0002	0	64,325	64,325	0	
	64,319 05/28/24 B BUY 71146960	1.0001	0	64,325	64,325	0	
	64,312 05/28/24 S SELL 71146961	1.0002	0	64,336	64,325	(11)	
	18,954 05/29/24 S SELL 71146965	1.0001	0	18,961	18,956	(5)	
	3,081 05/30/24 S SELL 71146967	1.0001	0	3,082	3,081	(1)	
	364,692 05/31/24 B BUY 71146969	1.0002	0	364,765	364,765	0	
	99,842 06/03/24 B BUY 71146976	1.0001	0	99,852	99,852	0	
	99,842 06/03/24 S SELL 71146977	1.0001	0	99,878	99,852	(26)	
	99,832 06/03/24 B BUY 71146978	1.0002	0	99,852	99,852	0	
	11,482 06/05/24 S SELL 71146986	1.0002	0	11,486	11,484	(2)	
	3,821 06/06/24 S SELL 71146989	1.0002	0	3,822	3,822	(1)	
	56,282 06/07/24 S SELL 71146993	1.0002	0	56,302	56,293	(9)	
	1,106 06/10/24 S SELL 71146995	1.0002	0	1,107	1,106	0	
	4,067 06/11/24 S SELL 71146997	1.0002	0	4,068	4,068	(1)	
	17,773 06/13/24 S SELL 71147004	1.0002	0	17,780	17,777	(3)	
	5,680 06/14/24 S SELL 71147007	1.0002	0	5,682	5,682	(1)	
	255 06/17/24 S SELL 71147009	1.0002	0	255	255	0	
	9,200 06/18/24 S SELL 71147012	1.0002	0	9,203	9,202	(1)	
	13,614 06/20/24 S SELL 71147017	1.0002	0	13,619	13,617	(2)	
	3,274 06/21/24 S SELL 71147019	1.0002	0	3,275	3,274	(1)	
	15,852 06/24/24 S SELL 71147022	1.0002	0	15,857	15,855	(3)	
	183 06/25/24 B BUY 71147023	1.0002	0	184	184	0	
	12,097 06/26/24 S SELL 71147028	1.0002	0	12,101	12,099	(2)	
	431,886 06/28/24 B BUY 71147034	1.0002	0	431,972	431,972	0	
	5,858,948	36	TOTAL BUYS	0	5,861,094	5,861,094	0
	2,815,082	193	TOTAL SELLS	0	2,816,040	2,816,004	(41)

DELTA FAMILY-CARE MEDICAL PLAN
 EIN# 58-0218548
 PLAN# 501
 Year Ended June 30, 2024
 SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	4,112,178 COST OF ASSET	5% VALUE OF CURRENT VALUE	205,608 NET GAIN OR (LOSS)
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8,674,030	SECURITY TOTAL	0		8,677,134	8,677,098	(41)

Note: All reportable transactions in the schedule above are with a party-in-interest to the Plan, as defined by ERISA.

Note: the above data is based upon information that has been certified as complete and accurate by the trustee, JP Morgan Chase Bank, N.A.

DELTA FAMILY-CARE MEDICAL PLAN

EIN 58-0218548

Plan Number - 501

June 30, 2024

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	JP Morgan Chase Bank, N.A.	JP Morgan Chase Prime Money Market Fund	\$ 7,039,723	\$ 7,038,678

*Indicates a party-in-interest to the Plan, as defined by ERISA.

Note: The above data is based upon information that has been certified as complete and accurate by the trustee, JP Morgan Chase Bank, N.A.