

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... [X] an amended return/report [ ] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program... [ ] special extension... 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 PILOTS MEDICAL PLAN 1b Three-digit plan number (PN) 503 1c Effective date of plan 02/01/1972 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.

Form 5500 (2023) v. 230707

<p><b>3a</b> 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><b>3b</b> Administrator's EIN 58-1282408</p> <p><b>3c</b> Administrator's telephone number 404-715-8500</p>																																	
<p><b>4</b> 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><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>																																	
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">4403</td> </tr> </table>	<b>5</b>	4403																															
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<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p> <p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p> <p><b>b</b> Retired or separated participants receiving benefits .....</p> <p><b>c</b> Other retired or separated participants entitled to future benefits .....</p> <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b> .....</p> <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....</p> <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p> <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</p> <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</p> <p><b>h</b> 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 style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;"><b>6a(1)</b></td> <td></td> <td style="text-align: right;">1168</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td></td> <td style="text-align: right;">1530</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td></td> <td style="text-align: right;">3060</td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td></td> <td style="text-align: right;">4590</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6g(1)</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6g(2)</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td></td> <td></td> </tr> </table>				<b>6a(1)</b>		1168	<b>6a(2)</b>		1530	<b>6b</b>		3060	<b>6c</b>		0	<b>6d</b>		4590	<b>6e</b>			<b>6f</b>			<b>6g(1)</b>			<b>6g(2)</b>			<b>6h</b>		
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<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>7</b></td> <td></td> </tr> </table>	<b>7</b>																																
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**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 4U

<p><b>9a</b> 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><b>9b</b> Plan benefit 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>
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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><b>a Pension Schedules</b></p> <p>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>DELTA PILOTS MEDICAL PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>503</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DELTA AIR LINES, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>58-0218548</b>	

**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)

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	2067307	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)

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	629830	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	500442	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)

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	107966	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)

CVS PHARMACY, INC.

05-0340626

(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	OWNER OF THE PLAN'S PBM	56217	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	39536	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)

SHARECARE, INC.

27-0876664

(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	35603	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)

HELLO HEART

82-3489727

(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	13360	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)

TRANSCARENT FKA AS BRIDGEHEALTH

84-3296541

(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	13023	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	11948	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)

NOX HEALTH GROUP FKA AS FUSION HEAL

36-4797693

(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	11680	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"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>DELTA PILOTS MEDICAL PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>503</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DELTA AIR LINES, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>58-0218548</u>	

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DELTA PILOTS MEDICAL TRUST

**b** Name of sponsor of entity listed in (a): DELTA AIR LINES, INC.

<b>c</b> EIN-PN <u>58-0218548-507</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3682675</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

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**a** Plan name

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**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>07/01/2023</b> and ending <b>06/30/2024</b>	
<b>A</b> Name of plan <b>DELTA PILOTS MEDICAL PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>503</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DELTA AIR LINES, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>58-0218548</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1083554	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	42544	78511
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	1335005	1331320
<b>(3)</b> Other .....	<b>1b(3)</b>	2813174	2870973
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	5121666	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	3682675
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	10395943	7963479
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>	4709462	6751688
<b>h</b> Operating payables .....	<b>1h</b>	295109	1407674
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	5004571	8159362
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	5391372	-195883

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	32945250	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	22940616	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		55885866
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		262101
(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)		
<b>c</b> Other income.....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		56147967

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	55876141	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		55876141
<b>f</b> Corrective distributions (see instructions).....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	3435428	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	39536	
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)	11948	
(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)	2372169	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		5859081
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		61735222

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-5587255
<b>l</b> 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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		25000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 Pilots Medical Plan***

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

*With Independent Auditor's Report*

# DELTA PILOTS MEDICAL PLAN

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<a href="#"><u>Statement of Changes in Net Assets Available for Benefits for the Year Ended June 30, 2024</u></a>	<a href="#"><u>6</u></a>
<a href="#"><u>Statements of Plan Benefit Obligations as of June 30, 2024 and 2023</u></a>	<a href="#"><u>7</u></a>
<a href="#"><u>Statement of Changes in Plan Benefit Obligations for the Year Ended June 30, 2024</u></a>	<a href="#"><u>8</u></a>
<a href="#"><u>Notes to Financial Statements</u></a>	<a href="#"><u>9</u></a>

## [SUPPLEMENTAL SCHEDULE:](#)

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 Pilots 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 Pilots 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 8 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 Schedule Required by ERISA***

The supplemental Schedule of Reportable Transactions for the year ended June 30, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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 PILOTS MEDICAL PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**AS OF JUNE 30, 2024 AND 2023**

<b>(In thousands)</b>	<b>2024</b>	<b>2023</b>
<b>Assets:</b>		
Cash	\$ —	\$ 1,084
<b>Investments - at fair value (Notes 3, 4, 8, and 9):</b>		
Money Market Fund	—	5,122
Plan Interest in Master Trust	3,683	—
<b>Receivables:</b>		
Rebates Receivable	2,511	2,787
Contributions Receivable - Participants	1,331	1,335
Other Receivable	360	—
Contributions Receivable - Employer	79	43
Accrued Interest and Dividends	—	25
Total Receivables	4,281	4,190
Total Assets	7,964	10,396
<b>Liabilities:</b>		
Accrued Expenses and Other Payables	(269)	(295)
Payables to Claims Administrators	(1,139)	—
Total Liabilities	(1,408)	(295)
<b>Net Assets Available for Benefits</b>	<b>\$ 6,556</b>	<b>\$ 10,101</b>

See notes to financial statements.

**DELTA PILOTS MEDICAL PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

(In thousands)	2024
<b>Additions to Net Assets Attributed to:</b>	
<b>Investment Income:</b>	
Net Investment Income from Master Trust (Notes 4 and 8)	\$ 262
Total Investment Income	262
<b>Contributions:</b>	
Employer Contributions	32,945
Participant Contributions	22,941
Total Contributions	55,886
Total Additions	56,148
<b>Deductions from Net Assets Attributed to:</b>	
Benefit Payments, net	53,834
Administrative Expenses & Subsidy Payments	5,859
Total Deductions	59,693
<b>Net Decrease</b>	<b>(3,545)</b>
<b>Net Assets Available for Benefits:</b>	
Beginning of Year	10,101
End of Year	\$ 6,556

See notes to financial statements.

**DELTA PILOTS MEDICAL PLAN**  
**STATEMENTS OF PLAN BENEFIT OBLIGATIONS**  
**AS OF JUNE 30, 2024 AND 2023**

(In thousands)	2024	2023
<b>Plan Benefit Obligations (Note 5):</b>		
<b>Amounts Currently Payable:</b>		
Claims Incurred but Not Reported	\$ 6,752	\$ 4,577
Claims Payable	—	132
Total Amounts Currently Payable	6,752	4,709
<b>Postemployment Benefit Obligations, net of amounts currently in payment status:</b>		
Benefits for Inactive Participants - Current Disabled	14,843	15,888
Benefits for Inactive Participants - Current Surviving Spouses	793	474
Total Postemployment Benefit Obligations	15,636	16,362
<b>Postretirement Benefit Obligations, net of amounts currently in payment status:</b>		
Retiree/Disabled Participants	45,804	49,128
Active Participants Fully Eligible for Benefits	14,635	1,304
Other Active Participants Not Yet Fully Eligible for Benefits	7,538	375
Total Postretirement Benefit Obligations	67,977	50,807
<b>Total Plan Benefit Obligations</b>	<b>\$ 90,365</b>	<b>\$ 71,878</b>

See notes to financial statements.

**DELTA PILOTS MEDICAL PLAN  
STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS  
FOR THE YEAR ENDED JUNE 30, 2024**

<b>(In thousands)</b>	<b>2024</b>
<b>Amounts Currently Payable:</b>	
Balance - Beginning of Year	\$ 4,709
Increase (Decrease) During the Period Attributable to:	
Claims Incurred	55,876
Claims Paid	(53,833)
Balance - End of Year	<u>6,752</u>
<b>Postemployment Benefit Obligations, net of amounts currently in payment status:</b>	
Balance - Beginning of Year	16,362
Increase (Decrease) During the Period Attributable to:	
Benefits Accumulated	5,064
Increase for Interest Due to Decrease in Discount Period	650
Expected Benefits Paid	(4,162)
Changes in Actuarial Assumptions (Note 5)	(2,278)
Balance - End of Year	<u>15,636</u>
<b>Postretirement Benefit Obligations, net of amounts currently in payment status:</b>	
Balance - Beginning of Year	50,807
Increase (Decrease) During the Period Attributable to:	
Benefits Accumulated	772
Increase for Interest Due to Decrease in Discount Period	3,050
Benefits Paid	(13,066)
Changes in Actuarial Assumptions (Note 5)	19,912
Changes in Demographics	(3,205)
Active APBO reallocation (to plan in retirement)	9,707
Balance - End of Year	<u>67,977</u>
<b>Total Plan Benefit Obligations - End of Year</b>	<b><u>\$ 90,365</u></b>

See notes to financial statements.

# DELTA PILOTS MEDICAL PLAN

## NOTES TO FINANCIAL STATEMENTS

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### UMR1. DESCRIPTION AND ADMINISTRATION OF THE PLAN

The following description of the Delta Pilots 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, 1972, amended and restated effective January 1, 2002, that provides medical, mental health, prescription drug, and dental benefits to certain pilot employees and retirees of Delta Air Lines, Inc. (the "Company", "Delta", or "Plan Sponsor") and their eligible family members and survivors.

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.

The Plan is subject to collective bargaining and 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. Effective January 1, 2024, the Trust was amended to incorporate another welfare benefit plan sponsored by the Company and became a master trust (called the "Master Trust" herein).

In June 2020, the Company announced the 2020 Voluntary Early Out Program for Delta pilots. The program offered continued healthcare benefits with premiums paid by the Company and other separation benefits. Continued healthcare benefits cease after two years from date of separation or, if earlier, by age 65. The Plan Sponsor continues to evaluate the impact of these programs on plan provisions, operations and cash flow.

**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.

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 and CVS. 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.

**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 cost of the Plan's postretirement benefits are shared by the Company and retirees as follows:

Generally, pilots who retired after June 1, 2006, pay 100% of the Company's cost for postretirement healthcare until they reach age 60, at which time they pay 51% of the Company's cost until they reach age 65, when they will again pay 100% of the Company's cost. Certain groups who retired on or before June 1, 2006, pay differing levels of the Company's cost as a result of the changes made to the Plan during Delta's bankruptcy proceedings. These levels are shown below:

	Less than 60 Yrs Old <sup>1</sup>	Age 60-64 <sup>1</sup>	Greater than 65 <sup>+2</sup>
<b>Retired after June 1, 2006</b>			
Retiree or surviving spouse <sup>3</sup>	100%	51%	100%
<b>Retired from January 2, 1997 to June 1, 2006 or Special Early Retirees</b>			
Retiree, Spouse, or Ex-spouse	100%	51%	100%, net of subsidy
Surviving spouse of retiree who died prior to January 1, 2007	31%	51%	100%, net of subsidy
Surviving spouse of retiree who died on or after January 1, 2007	100%	51%	100%, net of subsidy
<b>Retired on or before January 1, 1997</b>			
Retirees	100%	51%	100%, net of subsidy
Spouse	51%	51%	100%, net of subsidy
Surviving spouse of retiree who died prior to January 1, 2007	22%	22%	100%, net of subsidy
Surviving spouse of retiree who died on or after January 1, 2007	51%	51%	100%, net of subsidy

<sup>1</sup> Represents the percentage of the plan's cost paid by the participant.

<sup>2</sup> Participant is responsible for 100% of the plan's cost; however, a subsidy is paid to the participant by Delta, which offsets a portion of the cost to the participant. The subsidy amount may be adjusted annually based upon changes in the consumer price index. Increases are limited to 3% per year. For those retiring on or before January 1, 1997, the subsidy is \$109.52 per month, with a \$164.90 per month Part B premium reimbursement. For those retiring on or before January 1, 1997 to June 1, 2006 or Special Early Retirees, the subsidy is \$88.99 per month. The subsidy payment is presented in the Statement of Changes in Net Assets in the administrative expenses & subsidy payments line.

<sup>3</sup> Beginning January 1, 2013, coverage is no longer available at Medicare eligibility age (currently 65) in the Plan's out of area option unless the pilot retired on or before January 1, 2013, the individual is the survivor of such a pilot retiree, the pilot retired as part of the Pilot Retiree Medical Account Program, or the individual is the survivor of a pilot who died before January 1, 2013 and was inactive or disabled status.

**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 and 4.

**Payment of 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 \$2.5 million and \$2.8 million 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 Master Trust or 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 Master Trust or 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 Master Trust or 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 Master Trust or Plan investments are classified in Level 1 of the fair value hierarchy. At June 30, 2024, the Master Trust held approximately \$4.1 million of a money market fund at fair value. At June 30, 2023, the Plan held approximately \$5.1 million of a money market fund at fair value.

#### 4. INTEREST IN MASTER TRUST

**Investment Valuation, Investment Income, and Income Recognition** - At June 30, 2024, the Plan's investments are units of participation in the Master Trust and are commingled with the investments of one other health and welfare plan sponsored by the Company. At June 30, 2024, the Plan's share of the Master Trust's net assets was approximately 89.4%.

The following table presents the net assets of the Master Trust and the Plan's Interest in the Master Trust as of June 30, 2024 (in thousands):

	June 30, 2024	
	Master Trust Balances	Plan's Interest in Master Trust
<b>Assets:</b>		
Cash	\$ —	\$ —
Receivable for Investments Sold	19	17
Investments, at Fair Value	4,099	3,666
Total Assets	4,118	3,683
<b>Net Assets</b>	<b>\$ 4,118</b>	<b>\$ 3,683</b>

The following table presents the investment income of the Master Trust for the year ended June 30, 2024 (in thousands):

	2024
Interest	\$ 327
Net Investment Income of Master Trust	\$ 327

## 5. 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 payable 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 inactive 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 Plan's postretirement benefit obligation does not reflect an amount associated with the Medicare subsidy allowed under the Medicare Prescription Drug Improvement and Modernization Act of 2003 because the Plan is not directly entitled to the Medicare subsidy.

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	\$ 745	\$ 311
Postemployment Obligation with 1% rate increase	\$ 560	\$ 804

	2024	2023
<b>Weighted average discount rates:</b>		
Postretirement	5.63%	5.56%
Postemployment	4.55%	4.13%

	2024	2023
<b>Retirement Rates:</b>	0.25% at age 50 to 100% at age 65	

<b>Disability Rates:</b>		
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

### 2024 & 2023

<b>Mortality Tables:</b>		
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.	
Postemployment - Healthy	Same	
Postemployment - Disabled	Same	

	2024	2023
<b>Recovery Tables:</b>		
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
1 <sup>st</sup> Year	6.70	4.70	5.20	4.70
2 <sup>nd</sup> Year	5.20	3.50	5.40	4.30
3 <sup>rd</sup> Year	2.80	3.40	2.80	3.70
4 <sup>th</sup> Year	2.50	3.30	2.80	2.85
5 <sup>th</sup> 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.

## 6. 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.

## 7. 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.

## 8. 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.

- Plan interest in Master Trust, investments and cash as shown in the statements of net assets available for benefits as of June 30, 2024 and 2023.
- Net investment income in Master Trust 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, 4 and 9) and reportable transactions schedule for the year ended June 30, 2024, as shown on ERISA-required supplemental schedule.

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.

## **9. PARTY-IN-INTEREST TRANSACTIONS**

Certain Master Trust 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 3.7 million and 5.1 million shares, respectively, of the JPMC Prime Money Market Fund with a cost basis of approximately \$3.7 million and \$5.1 million respectively.

At June 30, 2024 the Master Trust held approximately 4.1 million shares of the JPMC Prime Money Market Fund with a cost basis of approximately \$4.1 million.

During the year ended June 30, 2024, the Master Trust recorded interest income of approximately \$320 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.

## **10. 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, the Plan's cash did not exceed federally insured limits. As of June 30, 2023, the Plan's cash exceeded federally insured limits by approximately \$834 thousand.

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.

## 11. 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):

	<b>2024</b>	<b>2023</b>
Net Assets Available for Benefits per Financial Statements	\$ 6,556	\$ 10,101
Benefit Obligation Amounts Payable	(6,752)	(4,709)
Net Assets Available for Benefits per Form 5500	<u>\$ (196)</u>	<u>\$ 5,392</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)

	<b>Benefit Payments</b>
Per Financial Statements	\$ 53,834
Plus: Benefit Obligation Amounts Payable at June 30, 2024	6,752
Less: Benefit Obligation Amounts Payable at June 30, 2023	(4,709)
Per Form 5500	<u>\$ 55,877</u>

**SUPPLEMENTAL SCHEDULE**  
(See Independent Auditor's Report)

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IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	6,231,535 COST OF ASSET	5% VALUE OF CURRENT VALUE	311,576 NET GAIN OR (LOSS)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 952,401 07/03/23 BUY 71147085	1.0002	0	952,592	952,592	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,836,113 07/05/23 BUY 71147092	1.0002	0	1,836,480	1,836,480	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 313,285 07/11/23 SELL 71147107	1.0002	0	313,362	313,348	(14)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 726,569 07/12/23 SELL 71147111	1.0002	0	726,748	726,715	(33)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 563,399 07/21/23 SELL 71147132	1.0002	0	563,537	563,512	(25)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 696,761 07/26/23 SELL 71147142	1.0002	0	696,931	696,900	(31)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 407,526 07/28/23 SELL 71147148	1.0002	0	407,625	407,607	(18)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 784,200 07/31/23 BUY 71147159	1.0002	0	784,357	784,357	0

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481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 572,030 08/07/23 SELL 71147184	1.0002	0	572,165	572,144	(21)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,286,333 08/09/23 BUY 71147192	1.0002	0	2,286,790	2,286,790	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 568,980 08/18/23 BUY 71147212	1.0002	0	569,094	569,094	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 394,457 08/21/23 SELL 71147215	1.0002	0	394,544	394,536	(9)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 699,948 08/23/23 SELL 71147221	1.0002	0	700,103	700,088	(15)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,227,378 08/31/23 BUY 71147246	1.0003	0	1,227,746	1,227,746	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,998,067 09/05/23 BUY 71147261	1.0003	0	2,998,966	2,998,966	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 426,353 09/08/23 SELL 71147271	1.0003	0	426,464	426,481	17

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481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,106,729 09/13/23 SELL 71147285	1.0003	0	1,107,017	1,107,061	44
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 419,440 09/22/23 SELL 71147312	1.0003	0	419,550	419,566	17
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 714,181 09/27/23 SELL 71147320	1.0003	0	714,367	714,395	28
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 653,917 09/29/23 BUY 71147327	1.0003	0	654,113	654,113	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,230,934 10/02/23 BUY 71147332	1.0003	0	1,231,303	1,231,303	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 772,079 10/11/23 SELL 71147360	1.0003	0	772,288	772,310	22
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 505,527 10/19/23 SELL 71147382	1.0003	0	505,664	505,679	15
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 869,979 10/25/23 SELL 71147394	1.0003	0	870,215	870,240	25

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481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,232,307 10/26/23 BUY 71147398	1.0003	0	1,232,677	1,232,677	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,203,170 11/01/23 BUY 71147412	1.0003	0	1,203,531	1,203,531	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 372,675 11/02/23 BUY 71147422	1.0003	0	372,787	372,787	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 385,165 11/08/23 SELL 71147433	1.0004	0	385,275	385,319	44
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 390,322 11/15/23 SELL 71147450	1.0004	0	390,435	390,478	43
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 937,990 11/22/23 SELL 71147471	1.0005	0	938,266	938,459	193
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 865,753 11/27/23 BUY 71147475	1.0004	0	866,099	866,099	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 746,286 11/29/23 BUY 71147484	1.0005	0	746,659	746,659	0

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481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 748,243 12/05/23 BUY 71147502	1.0006	0	748,692	748,692	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 683,635 12/13/23 SELL 71147519	1.0006	0	683,895	684,045	150
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 637,764 12/20/23 SELL 71147536	1.0007	0	638,007	638,211	204
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,744,823 12/28/23 BUY 71147549	1.0007	0	1,746,044	1,746,044	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 493,683 12/29/23 SELL 71147559	1.0008	0	493,935	494,078	143
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					

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481992JQ9	JPMORGAN PRIME MONEY MARKET FUND VARIABLE					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	952,401 07/03/23 B BUY 71147085	1.0002	0	952,592	952,592	0
	1,836,113 07/05/23 B BUY 71147092	1.0002	0	1,836,480	1,836,480	0
	104,138 07/06/23 S SELL 71147096	1.0002	0	104,163	104,159	(5)
	212,809 07/07/23 B BUY 71147099	1.0002	0	212,852	212,852	0
	180,205 07/10/23 S SELL 71147104	1.0002	0	180,249	180,241	(8)
	313,285 07/11/23 S SELL 71147107	1.0002	0	313,362	313,348	(14)
	726,569 07/12/23 S SELL 71147111	1.0002	0	726,748	726,715	(33)
	8,033 07/13/23 S SELL 71147113	1.0002	0	8,035	8,035	0
	238,057 07/14/23 S SELL 71147118	1.0002	0	238,115	238,105	(11)
	748 07/17/23 S SELL 71147120	1.0002	0	748	748	0
	139,984 07/18/23 S SELL 71147124	1.0002	0	140,018	140,012	(6)
	127,501 07/19/23 S SELL 71147127	1.0002	0	127,532	127,526	(6)
	116,486 07/20/23 B BUY 71147130	1.0002	0	116,510	116,510	0
	563,399 07/21/23 S SELL 71147132	1.0002	0	563,537	563,512	(25)
	248,008 07/24/23 S SELL 71147137	1.0002	0	248,068	248,057	(11)
	128,351 07/25/23 S SELL 71147140	1.0002	0	128,383	128,377	(6)
	696,761 07/26/23 S SELL 71147142	1.0002	0	696,931	696,900	(31)
	1,420 07/27/23 S SELL 71147144	1.0002	0	1,420	1,420	0
	407,526 07/28/23 S SELL 71147148	1.0002	0	407,625	407,607	(18)
	784,200 07/31/23 B BUY 71147159	1.0002	0	784,357	784,357	0
	3,332 08/01/23 S SELL 71147164	1.0002	0	3,333	3,333	0
	158,247 08/02/23 S SELL 71147172	1.0002	0	158,284	158,278	(6)
	199,456 08/03/23 B BUY 71147173	1.0002	0	199,496	199,496	0
	13,340 08/04/23 B BUY 71147179	1.0002	0	13,342	13,342	0
	572,030 08/07/23 S SELL 71147184	1.0002	0	572,165	572,144	(21)
	159,460 08/08/23 S SELL 71147187	1.0002	0	159,498	159,492	(6)
	2,286,333 08/09/23 B BUY 71147192	1.0002	0	2,286,790	2,286,790	0
	136,005 08/10/23 S SELL 71147195	1.0002	0	136,035	136,032	(3)
	145,578 08/11/23 S SELL 71147199	1.0002	0	145,611	145,607	(3)
	91,796 08/14/23 S SELL 71147201	1.0002	0	91,816	91,814	(2)
	165,044 08/15/23 S SELL 71147204	1.0002	0	165,081	165,077	(4)
	152,086 08/16/23 S SELL 71147207	1.0002	0	152,120	152,116	(4)
	162,155 08/17/23 S SELL 71147210	1.0002	0	162,191	162,187	(4)
	568,980 08/18/23 B BUY 71147212	1.0002	0	569,094	569,094	0
	394,457 08/21/23 S SELL 71147215	1.0002	0	394,544	394,536	(9)
	57,129 08/22/23 B BUY 71147218	1.0002	0	57,140	57,140	0
	699,948 08/23/23 S SELL 71147221	1.0002	0	700,103	700,088	(15)
	147,222 08/24/23 S SELL 71147225	1.0002	0	147,254	147,251	(3)
	134,683 08/25/23 S SELL 71147230	1.0002	0	134,713	134,710	(3)
	117,511 08/28/23 S SELL 71147233	1.0002	0	117,537	117,535	(3)
	123,622 08/29/23 S SELL 71147237	1.0002	0	123,650	123,647	(3)
	193,354 08/30/23 S SELL 71147242	1.0003	0	193,397	193,412	15
	1,227,378 08/31/23 B BUY 71147246	1.0003	0	1,227,746	1,227,746	0
	216,750 09/01/23 B BUY 71147251	1.0003	0	216,815	216,815	0

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		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
	SELLING PRICE					
2,998,067	09/05/23 B BUY 71147261	1.0003	0	2,998,966	2,998,966	0
128,271	09/06/23 B BUY 71147265	1.0003	0	128,309	128,309	0
215,551	09/07/23 S SELL 71147268	1.0003	0	215,607	215,615	9
426,353	09/08/23 S SELL 71147271	1.0003	0	426,464	426,481	17
27,102	09/11/23 S SELL 71147274	1.0003	0	27,109	27,110	1
1,334	09/12/23 S SELL 71147276	1.0003	0	1,334	1,334	0
1,106,729	09/13/23 S SELL 71147285	1.0003	0	1,107,017	1,107,061	44
224,341	09/14/23 S SELL 71147288	1.0003	0	224,399	224,408	9
218,818	09/15/23 S SELL 71147293	1.0003	0	218,875	218,884	9
44,378	09/18/23 S SELL 71147296	1.0003	0	44,390	44,392	2
133,067	09/19/23 S SELL 71147299	1.0003	0	133,101	133,107	5
149,729	09/20/23 S SELL 71147303	1.0003	0	149,768	149,774	6
183,199	09/21/23 S SELL 71147305	1.0003	0	183,246	183,253	7
419,440	09/22/23 S SELL 71147312	1.0003	0	419,550	419,566	17
80,037	09/26/23 S SELL 71147315	1.0003	0	80,058	80,061	3
714,181	09/27/23 S SELL 71147320	1.0003	0	714,367	714,395	28
221,072	09/28/23 S SELL 71147324	1.0003	0	221,129	221,138	9
653,917	09/29/23 B BUY 71147327	1.0003	0	654,113	654,113	0
1,230,934	10/02/23 B BUY 71147332	1.0003	0	1,231,303	1,231,303	0
175,047	10/03/23 S SELL 71147341	1.0003	0	175,094	175,099	5
106,871	10/04/23 S SELL 71147345	1.0003	0	106,900	106,903	3
87,674	10/05/23 S SELL 71147348	1.0003	0	87,698	87,701	3
50,028	10/06/23 B BUY 71147352	1.0003	0	50,043	50,043	0
102,066	10/10/23 S SELL 71147355	1.0003	0	102,094	102,097	3
772,079	10/11/23 S SELL 71147360	1.0003	0	772,288	772,310	22
166,854	10/12/23 S SELL 71147364	1.0003	0	166,899	166,904	5
162,111	10/13/23 S SELL 71147368	1.0003	0	162,155	162,159	5
127,034	10/16/23 S SELL 71147371	1.0003	0	127,068	127,072	4
121,552	10/17/23 S SELL 71147375	1.0003	0	121,585	121,588	4
29,365	10/18/23 S SELL 71147377	1.0003	0	29,373	29,374	1
505,527	10/19/23 S SELL 71147382	1.0003	0	505,664	505,679	15
248,502	10/20/23 S SELL 71147384	1.0003	0	248,570	248,577	7
148,969	10/23/23 S SELL 71147387	1.0003	0	149,009	149,014	4
163,773	10/24/23 S SELL 71147389	1.0003	0	163,818	163,822	5
869,979	10/25/23 S SELL 71147394	1.0003	0	870,215	870,240	25
1,232,307	10/26/23 B BUY 71147398	1.0003	0	1,232,677	1,232,677	0
160,492	10/27/23 S SELL 71147402	1.0003	0	160,536	160,540	3
98,815	10/30/23 S SELL 71147405	1.0003	0	98,842	98,844	2
145,087	10/31/23 S SELL 71147409	1.0003	0	145,127	145,130	3
1,203,170	11/01/23 B BUY 71147412	1.0003	0	1,203,531	1,203,531	0
372,675	11/02/23 B BUY 71147422	1.0003	0	372,787	372,787	0
117,231	11/03/23 S SELL 71147425	1.0004	0	117,264	117,278	13
167,369	11/06/23 S SELL 71147428	1.0004	0	167,417	167,436	19
155	11/07/23 S SELL 71147430	1.0005	0	155	155	0
385,165	11/08/23 S SELL 71147433	1.0004	0	385,275	385,319	44
12,213	11/09/23 B BUY 71147438	1.0004	0	12,218	12,218	0
197,774	11/10/23 B BUY 71147442	1.0004	0	197,853	197,853	0

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		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
	65,267 11/13/23 S SELL 71147444	1.0003	0	65,286	65,286	1
	603 11/14/23 S SELL 71147446	1.0004	0	604	604	0
	390,322 11/15/23 S SELL 71147450	1.0004	0	390,435	390,478	43
	119,258 11/16/23 S SELL 71147453	1.0004	0	119,292	119,306	13
	136,390 11/17/23 S SELL 71147457	1.0005	0	136,429	136,458	29
	142,161 11/20/23 S SELL 71147460	1.0005	0	142,202	142,232	30
	105,684 11/21/23 B BUY 71147466	1.0005	0	105,737	105,737	0
	937,990 11/22/23 S SELL 71147471	1.0005	0	938,266	938,459	193
	865,753 11/27/23 B BUY 71147475	1.0004	0	866,099	866,099	0
	129,487 11/28/23 S SELL 71147478	1.0004	0	129,528	129,539	11
	746,286 11/29/23 B BUY 71147484	1.0005	0	746,659	746,659	0
	200,527 11/30/23 S SELL 71147488	1.0005	0	200,596	200,627	32
	76,123 12/01/23 S SELL 71147491	1.0005	0	76,149	76,161	12
	99,360 12/04/23 S SELL 71147498	1.0006	0	99,394	99,419	26
	748,243 12/05/23 B BUY 71147502	1.0006	0	748,692	748,692	0
	165,786 12/06/23 S SELL 71147506	1.0006	0	165,849	165,886	37
	43,269 12/07/23 B BUY 71147509	1.0006	0	43,295	43,295	0
	175,420 12/08/23 S SELL 71147511	1.0006	0	175,487	175,525	39
	1,094 12/11/23 S SELL 71147513	1.0005	0	1,094	1,095	0
	344 12/12/23 B BUY 71147516	1.0006	0	345	345	0
	683,635 12/13/23 S SELL 71147519	1.0006	0	683,895	684,045	150
	232,792 12/14/23 S SELL 71147523	1.0007	0	232,881	232,955	74
	126,205 12/15/23 S SELL 71147526	1.0007	0	126,253	126,294	40
	73,068 12/18/23 S SELL 71147528	1.0007	0	73,096	73,119	23
	164,512 12/19/23 S SELL 71147531	1.0007	0	164,575	164,627	53
	637,764 12/20/23 S SELL 71147536	1.0007	0	638,007	638,211	204
	130,360 12/21/23 S SELL 71147539	1.0007	0	130,410	130,452	42
	207,448 12/26/23 B BUY 71147542	1.0007	0	207,593	207,593	0
	183,783 12/27/23 S SELL 71147547	1.0007	0	183,857	183,912	55
	1,744,823 12/28/23 B BUY 71147549	1.0007	0	1,746,044	1,746,044	0
	493,683 12/29/23 S SELL 71147559	1.0008	0	493,935	494,078	143

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.

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481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 952,401 07/03/23 BUY 71147085	1.0002	0	952,592	952,592	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,836,113 07/05/23 BUY 71147092	1.0002	0	1,836,480	1,836,480	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 313,285 07/11/23 SELL 71147107	1.0002	0	313,362	313,348	(14)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 726,569 07/12/23 SELL 71147111	1.0002	0	726,748	726,715	(33)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 563,399 07/21/23 SELL 71147132	1.0002	0	563,537	563,512	(25)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 696,761 07/26/23 SELL 71147142	1.0002	0	696,931	696,900	(31)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 407,526 07/28/23 SELL 71147148	1.0002	0	407,625	407,607	(18)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 784,200 07/31/23 BUY 71147159	1.0002	0	784,357	784,357	0

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481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 572,030 08/07/23 SELL 71147184	1.0002	0	572,165	572,144	(21)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,286,333 08/09/23 BUY 71147192	1.0002	0	2,286,790	2,286,790	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 568,980 08/18/23 BUY 71147212	1.0002	0	569,094	569,094	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 394,457 08/21/23 SELL 71147215	1.0002	0	394,544	394,536	(9)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 699,948 08/23/23 SELL 71147221	1.0002	0	700,103	700,088	(15)
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,227,378 08/31/23 BUY 71147246	1.0003	0	1,227,746	1,227,746	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,998,067 09/05/23 BUY 71147261	1.0003	0	2,998,966	2,998,966	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 426,353 09/08/23 SELL 71147271	1.0003	0	426,464	426,481	17

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481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,106,729 09/13/23 SELL 71147285	1.0003	0	1,107,017	1,107,061	44
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 419,440 09/22/23 SELL 71147312	1.0003	0	419,550	419,566	17
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 714,181 09/27/23 SELL 71147320	1.0003	0	714,367	714,395	28
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 653,917 09/29/23 BUY 71147327	1.0003	0	654,113	654,113	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,230,934 10/02/23 BUY 71147332	1.0003	0	1,231,303	1,231,303	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 772,079 10/11/23 SELL 71147360	1.0003	0	772,288	772,310	22
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 505,527 10/19/23 SELL 71147382	1.0003	0	505,664	505,679	15
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 869,979 10/25/23 SELL 71147394	1.0003	0	870,215	870,240	25

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481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,232,307 10/26/23 BUY 71147398	1.0003	0	1,232,677	1,232,677	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,203,170 11/01/23 BUY 71147412	1.0003	0	1,203,531	1,203,531	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 372,675 11/02/23 BUY 71147422	1.0003	0	372,787	372,787	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 385,165 11/08/23 SELL 71147433	1.0004	0	385,275	385,319	44
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 390,322 11/15/23 SELL 71147450	1.0004	0	390,435	390,478	43
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 937,990 11/22/23 SELL 71147471	1.0005	0	938,266	938,459	193
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 865,753 11/27/23 BUY 71147475	1.0004	0	866,099	866,099	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 746,286 11/29/23 BUY 71147484	1.0005	0	746,659	746,659	0

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481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 748,243 12/05/23 BUY 71147502	1.0006	0	748,692	748,692	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 683,635 12/13/23 SELL 71147519	1.0006	0	683,895	684,045	150
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 637,764 12/20/23 SELL 71147536	1.0007	0	638,007	638,211	204
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,744,823 12/28/23 BUY 71147549	1.0007	0	1,746,044	1,746,044	0
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 493,683 12/29/23 SELL 71147559	1.0008	0	493,935	494,078	143
481992JQ9	JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					

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481992JQ9	JPMORGAN PRIME MONEY MARKET FUND VARIABLE					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	952,401 07/03/23 B BUY 71147085	1.0002	0	952,592	952,592	0
	1,836,113 07/05/23 B BUY 71147092	1.0002	0	1,836,480	1,836,480	0
	104,138 07/06/23 S SELL 71147096	1.0002	0	104,163	104,159	(5)
	212,809 07/07/23 B BUY 71147099	1.0002	0	212,852	212,852	0
	180,205 07/10/23 S SELL 71147104	1.0002	0	180,249	180,241	(8)
	313,285 07/11/23 S SELL 71147107	1.0002	0	313,362	313,348	(14)
	726,569 07/12/23 S SELL 71147111	1.0002	0	726,748	726,715	(33)
	8,033 07/13/23 S SELL 71147113	1.0002	0	8,035	8,035	0
	238,057 07/14/23 S SELL 71147118	1.0002	0	238,115	238,105	(11)
	748 07/17/23 S SELL 71147120	1.0002	0	748	748	0
	139,984 07/18/23 S SELL 71147124	1.0002	0	140,018	140,012	(6)
	127,501 07/19/23 S SELL 71147127	1.0002	0	127,532	127,526	(6)
	116,486 07/20/23 B BUY 71147130	1.0002	0	116,510	116,510	0
	563,399 07/21/23 S SELL 71147132	1.0002	0	563,537	563,512	(25)
	248,008 07/24/23 S SELL 71147137	1.0002	0	248,068	248,057	(11)
	128,351 07/25/23 S SELL 71147140	1.0002	0	128,383	128,377	(6)
	696,761 07/26/23 S SELL 71147142	1.0002	0	696,931	696,900	(31)
	1,420 07/27/23 S SELL 71147144	1.0002	0	1,420	1,420	0
	407,526 07/28/23 S SELL 71147148	1.0002	0	407,625	407,607	(18)
	784,200 07/31/23 B BUY 71147159	1.0002	0	784,357	784,357	0
	3,332 08/01/23 S SELL 71147164	1.0002	0	3,333	3,333	0
	158,247 08/02/23 S SELL 71147172	1.0002	0	158,284	158,278	(6)
	199,456 08/03/23 B BUY 71147173	1.0002	0	199,496	199,496	0
	13,340 08/04/23 B BUY 71147179	1.0002	0	13,342	13,342	0
	572,030 08/07/23 S SELL 71147184	1.0002	0	572,165	572,144	(21)
	159,460 08/08/23 S SELL 71147187	1.0002	0	159,498	159,492	(6)
	2,286,333 08/09/23 B BUY 71147192	1.0002	0	2,286,790	2,286,790	0
	136,005 08/10/23 S SELL 71147195	1.0002	0	136,035	136,032	(3)
	145,578 08/11/23 S SELL 71147199	1.0002	0	145,611	145,607	(3)
	91,796 08/14/23 S SELL 71147201	1.0002	0	91,816	91,814	(2)
	165,044 08/15/23 S SELL 71147204	1.0002	0	165,081	165,077	(4)
	152,086 08/16/23 S SELL 71147207	1.0002	0	152,120	152,116	(4)
	162,155 08/17/23 S SELL 71147210	1.0002	0	162,191	162,187	(4)
	568,980 08/18/23 B BUY 71147212	1.0002	0	569,094	569,094	0
	394,457 08/21/23 S SELL 71147215	1.0002	0	394,544	394,536	(9)
	57,129 08/22/23 B BUY 71147218	1.0002	0	57,140	57,140	0
	699,948 08/23/23 S SELL 71147221	1.0002	0	700,103	700,088	(15)
	147,222 08/24/23 S SELL 71147225	1.0002	0	147,254	147,251	(3)
	134,683 08/25/23 S SELL 71147230	1.0002	0	134,713	134,710	(3)
	117,511 08/28/23 S SELL 71147233	1.0002	0	117,537	117,535	(3)
	123,622 08/29/23 S SELL 71147237	1.0002	0	123,650	123,647	(3)
	193,354 08/30/23 S SELL 71147242	1.0003	0	193,397	193,412	15
	1,227,378 08/31/23 B BUY 71147246	1.0003	0	1,227,746	1,227,746	0
	216,750 09/01/23 B BUY 71147251	1.0003	0	216,815	216,815	0

DELTA PILOTS MEDICAL PLAN

EIN#58-0218548

PLAN#503

Year ending 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		6,231,535	5% VALUE OF	311,576
		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
	SELLING PRICE					
2,998,067	09/05/23 B BUY 71147261	1.0003	0	2,998,966	2,998,966	0
128,271	09/06/23 B BUY 71147265	1.0003	0	128,309	128,309	0
215,551	09/07/23 S SELL 71147268	1.0003	0	215,607	215,615	9
426,353	09/08/23 S SELL 71147271	1.0003	0	426,464	426,481	17
27,102	09/11/23 S SELL 71147274	1.0003	0	27,109	27,110	1
1,334	09/12/23 S SELL 71147276	1.0003	0	1,334	1,334	0
1,106,729	09/13/23 S SELL 71147285	1.0003	0	1,107,017	1,107,061	44
224,341	09/14/23 S SELL 71147288	1.0003	0	224,399	224,408	9
218,818	09/15/23 S SELL 71147293	1.0003	0	218,875	218,884	9
44,378	09/18/23 S SELL 71147296	1.0003	0	44,390	44,392	2
133,067	09/19/23 S SELL 71147299	1.0003	0	133,101	133,107	5
149,729	09/20/23 S SELL 71147303	1.0003	0	149,768	149,774	6
183,199	09/21/23 S SELL 71147305	1.0003	0	183,246	183,253	7
419,440	09/22/23 S SELL 71147312	1.0003	0	419,550	419,566	17
80,037	09/26/23 S SELL 71147315	1.0003	0	80,058	80,061	3
714,181	09/27/23 S SELL 71147320	1.0003	0	714,367	714,395	28
221,072	09/28/23 S SELL 71147324	1.0003	0	221,129	221,138	9
653,917	09/29/23 B BUY 71147327	1.0003	0	654,113	654,113	0
1,230,934	10/02/23 B BUY 71147332	1.0003	0	1,231,303	1,231,303	0
175,047	10/03/23 S SELL 71147341	1.0003	0	175,094	175,099	5
106,871	10/04/23 S SELL 71147345	1.0003	0	106,900	106,903	3
87,674	10/05/23 S SELL 71147348	1.0003	0	87,698	87,701	3
50,028	10/06/23 B BUY 71147352	1.0003	0	50,043	50,043	0
102,066	10/10/23 S SELL 71147355	1.0003	0	102,094	102,097	3
772,079	10/11/23 S SELL 71147360	1.0003	0	772,288	772,310	22
166,854	10/12/23 S SELL 71147364	1.0003	0	166,899	166,904	5
162,111	10/13/23 S SELL 71147368	1.0003	0	162,155	162,159	5
127,034	10/16/23 S SELL 71147371	1.0003	0	127,068	127,072	4
121,552	10/17/23 S SELL 71147375	1.0003	0	121,585	121,588	4
29,365	10/18/23 S SELL 71147377	1.0003	0	29,373	29,374	1
505,527	10/19/23 S SELL 71147382	1.0003	0	505,664	505,679	15
248,502	10/20/23 S SELL 71147384	1.0003	0	248,570	248,577	7
148,969	10/23/23 S SELL 71147387	1.0003	0	149,009	149,014	4
163,773	10/24/23 S SELL 71147389	1.0003	0	163,818	163,822	5
869,979	10/25/23 S SELL 71147394	1.0003	0	870,215	870,240	25
1,232,307	10/26/23 B BUY 71147398	1.0003	0	1,232,677	1,232,677	0
160,492	10/27/23 S SELL 71147402	1.0003	0	160,536	160,540	3
98,815	10/30/23 S SELL 71147405	1.0003	0	98,842	98,844	2
145,087	10/31/23 S SELL 71147409	1.0003	0	145,127	145,130	3
1,203,170	11/01/23 B BUY 71147412	1.0003	0	1,203,531	1,203,531	0
372,675	11/02/23 B BUY 71147422	1.0003	0	372,787	372,787	0
117,231	11/03/23 S SELL 71147425	1.0004	0	117,264	117,278	13
167,369	11/06/23 S SELL 71147428	1.0004	0	167,417	167,436	19
155	11/07/23 S SELL 71147430	1.0005	0	155	155	0
385,165	11/08/23 S SELL 71147433	1.0004	0	385,275	385,319	44
12,213	11/09/23 B BUY 71147438	1.0004	0	12,218	12,218	0
197,774	11/10/23 B BUY 71147442	1.0004	0	197,853	197,853	0

DELTA PILOTS MEDICAL PLAN

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Year ending 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		6,231,535	5% VALUE OF	311,576
		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
	65,267 11/13/23 S SELL 71147444	1.0003	0	65,286	65,286	1
	603 11/14/23 S SELL 71147446	1.0004	0	604	604	0
	390,322 11/15/23 S SELL 71147450	1.0004	0	390,435	390,478	43
	119,258 11/16/23 S SELL 71147453	1.0004	0	119,292	119,306	13
	136,390 11/17/23 S SELL 71147457	1.0005	0	136,429	136,458	29
	142,161 11/20/23 S SELL 71147460	1.0005	0	142,202	142,232	30
	105,684 11/21/23 B BUY 71147466	1.0005	0	105,737	105,737	0
	937,990 11/22/23 S SELL 71147471	1.0005	0	938,266	938,459	193
	865,753 11/27/23 B BUY 71147475	1.0004	0	866,099	866,099	0
	129,487 11/28/23 S SELL 71147478	1.0004	0	129,528	129,539	11
	746,286 11/29/23 B BUY 71147484	1.0005	0	746,659	746,659	0
	200,527 11/30/23 S SELL 71147488	1.0005	0	200,596	200,627	32
	76,123 12/01/23 S SELL 71147491	1.0005	0	76,149	76,161	12
	99,360 12/04/23 S SELL 71147498	1.0006	0	99,394	99,419	26
	748,243 12/05/23 B BUY 71147502	1.0006	0	748,692	748,692	0
	165,786 12/06/23 S SELL 71147506	1.0006	0	165,849	165,886	37
	43,269 12/07/23 B BUY 71147509	1.0006	0	43,295	43,295	0
	175,420 12/08/23 S SELL 71147511	1.0006	0	175,487	175,525	39
	1,094 12/11/23 S SELL 71147513	1.0005	0	1,094	1,095	0
	344 12/12/23 B BUY 71147516	1.0006	0	345	345	0
	683,635 12/13/23 S SELL 71147519	1.0006	0	683,895	684,045	150
	232,792 12/14/23 S SELL 71147523	1.0007	0	232,881	232,955	74
	126,205 12/15/23 S SELL 71147526	1.0007	0	126,253	126,294	40
	73,068 12/18/23 S SELL 71147528	1.0007	0	73,096	73,119	23
	164,512 12/19/23 S SELL 71147531	1.0007	0	164,575	164,627	53
	637,764 12/20/23 S SELL 71147536	1.0007	0	638,007	638,211	204
	130,360 12/21/23 S SELL 71147539	1.0007	0	130,410	130,452	42
	207,448 12/26/23 B BUY 71147542	1.0007	0	207,593	207,593	0
	183,783 12/27/23 S SELL 71147547	1.0007	0	183,857	183,912	55
	1,744,823 12/28/23 B BUY 71147549	1.0007	0	1,746,044	1,746,044	0
	493,683 12/29/23 S SELL 71147559	1.0008	0	493,935	494,078	143

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.