

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

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>547</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DELTA AIR LINES, INC.</u></p> <p><u>1030 DELTA BOULEVARD</u> <u>DEPARTMENT 216</u> <u>ATLANTA, GA 30354-6001</u></p>	<p><b>1c</b> Effective date of plan <u>11/01/1952</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>58-0218548</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>404-715-2600</u></p> <p><b>2d</b> Business code (see instructions) <u>481000</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/28/2025	KELLEY ELLIOTT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  ADMINISTRATIVE COMMITTEE OF DELTA AIR LINES, INC.  1030 DELTA BOULEVARD, DEPARTMENT 216 ATLANTA, GA 30354	<b>3b</b> Administrator's EIN 58-1282408  <b>3c</b> Administrator's telephone number 404-715-2600																						
<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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																						
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 990																						
<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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <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) ..... <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) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%;"></td><td style="width:10%;"></td></tr> <tr><td><b>6a(1)</b></td><td style="text-align: right;">0</td></tr> <tr><td><b>6a(2)</b></td><td style="text-align: right;">0</td></tr> <tr><td><b>6b</b></td><td style="text-align: right;">880</td></tr> <tr><td><b>6c</b></td><td style="text-align: right;">0</td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">880</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>			<b>6a(1)</b>	0	<b>6a(2)</b>	0	<b>6b</b>	880	<b>6c</b>	0	<b>6d</b>	880	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
<b>6a(1)</b>	0																						
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<b>6b</b>	880																						
<b>6c</b>	0																						
<b>6d</b>	880																						
<b>6e</b>																							
<b>6f</b>																							
<b>6g(1)</b>																							
<b>6g(2)</b>																							
<b>6h</b>																							
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																						

**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 4Q

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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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>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>547</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	644890	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	122678	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELTA DENTAL INSURANCE COMPANY

94-2761537

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMINISTRATOR	27786	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)

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	27646	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)

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	24000	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	19520	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

<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

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<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 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>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>547</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>	0	207964
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	59472	10555
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	34236	30905
<b>(3)</b> Other .....	<b>1b(3)</b>	905656	613870
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	6360060	5260984
<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>		
<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:		(a) Beginning of Year	(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>	7359424	6124278
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	759617	191031
<b>h</b> Operating payables.....	<b>1h</b>	111962	196400
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	59472	136279
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	931051	523710
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	6428373	5600568

**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>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1451083	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	3050638	
<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>		4501721
<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>	300800	
<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>		300800
<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)		
(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		-2199
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		4800322

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	4651607	
(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)		4651607
<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)	814874	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	27646	
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)	24000	
(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)	110000	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		976520
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		5628127

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		-827805
<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 \_\_\_\_\_.

***Northwest Airlines, Inc.***  
***Group Medical Plan***

*Financial Statements and Supplemental Schedules*  
*As of December 31, 2024 and 2023*  
*and for the Year Ended December 31, 2024*

*With Independent Auditor's Report*

# NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN

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## SUPPLEMENTAL SCHEDULES:

Form 5500, Schedule H, Part IV, Line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2024

Form 5500, Schedule H, Part IV, Line 4j, Schedule of Reportable Transactions for the Year Ended December 31, 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  
Northwest Airlines, Inc. Group 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 the Northwest Airlines, Inc. Group 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 December 31, 2024 and 2023 and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the year ended December 31, 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 December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

### ***Opinion***

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and

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- 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 issued or available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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



if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived



from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

BDO USA, P.C.

July 10, 2025

**NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2024 AND 2023**

<b>(In thousands)</b>	<b>2024</b>	<b>2023</b>
<b>Assets:</b>		
Cash	\$ 208	\$ —
<b>Investments - at fair value (Notes 3, 7, and 8):</b>		
Money Market Fund	5,261	6,360
<b>Receivables:</b>		
Rebates, Subsidies and Other Receivable	592	878
Contributions Receivable - Participants	31	34
Contributions Receivable - Employer	11	59
Accrued Interest & Dividends	21	28
Total Receivables	<u>655</u>	<u>999</u>
Total Assets	6,124	7,359
<b>Liabilities:</b>		
Accrued Expenses and Other Payables	(206)	(171)
Payables to Claims Administrators	(126)	—
Total Liabilities	<u>(332)</u>	<u>(171)</u>
<b>Net Assets Available for Benefits</b>	<u><u>\$ 5,792</u></u>	<u><u>\$ 7,188</u></u>

See notes to financial statements.

**NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

<b>(In thousands)</b>	<b>2024</b>
<b>Additions to Net Assets Attributed to:</b>	
<b>Investment Income:</b>	
Interest & Dividends (Notes 7 and 8)	\$ 301
Total Investment Income	301
<b>Contributions:</b>	
Employer Contributions	1,451
Participant Contributions	3,051
Total Contributions	4,502
Total Additions	4,803
<b>Deductions From Net Assets Attributed to:</b>	
Benefit Payments, net of rebates and reimbursements	(5,220)
Administrative Expenses	(979)
Total Deductions	(6,199)
<b>Net Decrease</b>	<b>(1,396)</b>
<b>Net Assets Available for Benefits:</b>	
Beginning of Year	7,188
End of Year	<u>\$ 5,792</u>

See notes to financial statements.

**NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN  
STATEMENTS OF PLAN BENEFIT OBLIGATIONS  
AS OF DECEMBER 31, 2024 AND 2023**

<b>(In thousands)</b>	<b>2024</b>	<b>2023</b>
<b>Plan Benefit Obligations (Note 4):</b>		
<b>Amounts Currently Payable:</b>		
Claims Payable and Claims Incurred But Not Reported	\$ 191	\$ 760
Total Currently Payable	191	760
<b>Postretirement Benefit Obligations, net of amounts currently in payment status:</b>		
Retiree Participants	10,440	12,477
	10,440	12,477
<b>Total Plan Benefit Obligations</b>	<b>\$ 10,631</b>	<b>\$ 13,237</b>

See notes to financial statements.

**NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN  
STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

<b>(In thousands)</b>	<b>2024</b>
<b>Amounts Currently Payable:</b>	
Balance - Beginning of Year	\$ 760
Increase (Decrease) During the Period Attributable to:	
Claims Incurred	4,651
Claims Paid	(5,220)
Balance - End of Year	<u>191</u>
<b>Postretirement Benefit Obligations, net of amounts currently in payment status:</b>	
Balance - Beginning of Year	12,477
Increase (Decrease) During the Period Attributable to:	
Increase for Interest Due to Decrease in Discount Period	595
Changes in Actuarial Assumptions (Note 4)	(279)
Changes in Demographics	544
Benefits Paid	(2,897)
Balance - End of Year	<u>10,440</u>
<b>Total Plan Benefit Obligations - End of Year</b>	<b><u>\$ 10,631</u></b>

See notes to financial statements.

# NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN

## NOTES TO FINANCIAL STATEMENTS

---

### 1. DESCRIPTION AND ADMINISTRATION OF THE PLAN

The following description of the Northwest Airlines, Inc. Group 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 January 1, 1987, by Northwest Airlines, Inc. ("Northwest" or "NWA") that provides medical, mental health, prescription drug, and dental benefits. Prior to January 1, 2010, the Plan provided benefits to substantially all active employees and eligible retirees of NWA and their eligible family members.

Effective December 31, 2009, NWA merged into Delta Air Lines, Inc. ("Delta", "Plan Sponsor", or "the Company"), and employees of NWA became employees of the Company. Effective January 1, 2010, this Plan was frozen to any new entrants and provides benefits only to retirees and their eligible family members who retired prior to January 1, 2010. All other participants became participants under other plans offered by Delta.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. A trust (the "Trust") was established by the Company in December 2009 and amended in January 2011 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.

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. In addition, certain participants may be eligible for lifetime COBRA continuation coverage if they elected that coverage when it was offered to them during NWA's bankruptcy, and have continued the coverage.

**Administration** - UMR is the Plan's primary claims processor for medical and mental health claims and provides the Plan's provider network. Provider contracts are renegotiated throughout the year and individual providers may change. 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. 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. As of December 31, 2024, self-insured benefits are processed by UMR, Delta Dental, and CVS. The claims processor pays 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 costs of the Plan's postretirement benefits are shared by the Company and retirees as follows:

- Effective August 1, 2007, the benefit plan design for the Company's retirees who retired prior to August 1, 2006 ("1114 Retirees") changed due to a negotiated settlement reached under the 1114 bankruptcy proceeding, and thus the 1114 Retirees contribute based on that negotiated settlement. With the exception of certain retirees who retired prior to 1987 and/or have reached age 65 ("RC Retirees"), the benefit design became the same as the benefit design for the active employees at that point in time. For RC Retirees, the benefit design did not change for the Group Medical/Dental Plan programs; however, they began contributing between 50% and 100% of the cost for their selected coverage tier based upon certain criteria. Additionally, there are special COBRA provisions under bankruptcy which require the Company to offer the 1114 Retirees lifetime COBRA.
- Generally, employees who retired on or after August 1, 2006, who participate in the Plan are required to contribute 50% to 100% of the cost of their selected coverage tier based on their age and years of service.

**Plan Expenses** - Administrative expenses are paid by the Plan to the extent not paid by the Company. The Company pays certain accounting and administrative fees on behalf of the Plan from the general assets of the Company, and the Company may request for reimbursement from the Plan for those fees.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

**Investment Valuation and Income Recognition** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. For further information regarding investments, see Note 3.

**Payment of Benefits** - 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 Statement 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 \$263 thousand and \$486 thousand for the years ended December 31, 2024 and 2023, respectively.

The Retiree Drug Subsidy ("RDS") program is administered by the Center for Medicare and Medicaid Services ("CMS") and permits the Plan Sponsor to continue providing drug coverage to their Medicare-eligible retirees, and CMS reimburses for a portion of Plan Sponsors' eligible expense for retiree prescription drug benefits. RDS payments due as of the financial statement date have been reported as a receivable and totaled approximately \$76 thousand and \$158 thousand for the years ended December 31, 2024 and 2023, respectively.

**Subsequent Events** - The Plan has evaluated all events through July 10, 2025, which is the date these financial statements were available to be issued.

There were no subsequent events that require recognition as of December 31, 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 December 31, 2024 and 2023.

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

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

All plan investments are classified in Level 1 of the fair value hierarchy. At December 31, 2024 and 2023, the Plan held approximately \$5.3 million and \$6.4 million of a money market fund at fair value, respectively.

#### 4. PLAN BENEFIT OBLIGATIONS

***Obligations for Current Benefit Coverage*** - Plan obligations at December 31, 2024 and 2023 for inactive and retired participants for medical, mental health, and pharmacy claims incurred but not reported and for claims payable at December 31, 2024 and 2023, are determined using actual claims paid in the months following year-end. Plan obligations at December 31, 2024 and 2023 for inactive and retired participants for dental claims incurred but not reported, 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 December 31, 2024 and 2023 for current benefit coverage for retirees and inactive as calculated by the actuaries are included in the postretirement benefit obligations.

***Postretirement Benefit Obligation*** - The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered by December 31, 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) inactive employees and their beneficiaries and dependents after retirement from service with the Company. 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.

The actuarial present value of the expected postretirement benefit obligation 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*** - For measurement purposes, healthcare cost trend rates as of December 31, 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. Healthcare cost trend rates as of December 31, 2023 were assumed to be 6.50% for 2024, gradually decreasing 0.25% per year to 5.00% in 2029 and then remaining at that level. The dental care cost trend rate as of December 31, 2024 and 2023 was 4.00%. The healthcare cost trend rate assumption has a significant effect on the postretirement amounts reported. If the assumed healthcare cost trend rates increased by one percentage point in each year, it would increase the postretirement obligation as of December 31, 2024 and 2023 by \$516 thousand and \$604 thousand, respectively.

The following were other significant actuarial assumptions used in the postretirement valuation, as applicable as of December 31, 2024 and 2023:

	2024	2023
<b>Weighted average discount rates:</b>		
Postretirement	5.72%	5.39%
<b>2024 &amp; 2023</b>		
<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 converging to a long-term mortality improvement of 0.75%. Initial improvement rate of 0.75% declining from age 85 to 0% at age 115.	
Postretirement - Disabled Pilot	Same - Set forward 5 years.	
Postretirement - Disabled Flight Attendant & Ground	Same - Set forward 10 years.	

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 benefit obligation.

At this time, it is the Company's intent that the Plan benefit obligations at December 31, 2024 and 2023 will be met through future participant and employer contributions to the Plan.

## 5. TAX STATUS

The Trust is intended to qualify pursuant to Section 501(c)(9) of the Code, and accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax exemption letter from the Internal Revenue Service ("IRS") dated November 30, 2012. 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 and the Trust continue to qualify and to operate in accordance with applicable requirements of the Code, therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## **6. PLAN TERMINATION**

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

## **7. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE**

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

- Investments and cash as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Total investment income as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024.
- Investment amounts included in the footnotes to the financial statements (Note 3 & 8), schedule of assets (held at end of year) and reportable transactions schedule as of and for the year ending December 31, 2024, as shown on ERISA-required supplemental schedules.

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

## **8. PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS**

Certain Plan investments are shares of JPMC Prime Money Market Fund managed by the Trustee. These transactions qualify as exempt party-in-interest transactions. At December 31, 2024 and 2023, the Plan held approximately 5.3 million and 6.4 million shares, respectively, of the JPMC Prime Money Market Fund with a cost basis of approximately \$5.3 million and \$6.4 million, respectively.

During the year ended December 31, 2024, the Plan recorded interest and dividend income of approximately \$301 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.

## 9. RISKS AND UNCERTAINTIES

The Plan utilizes a money market fund (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 December 31, 2024, the Plan's cash did not exceed FDIC insured limits.

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

## 10. FORM 5500 RECONCILIATION

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2024 and 2023 (in thousands):

	<b>2024</b>	<b>2023</b>
Net assets available for benefits per financial statements	\$ 5,792	\$ 7,188
Benefit obligation amounts currently payable	(191)	(760)
Net assets available for benefits per Form 5500	<u>\$ 5,601</u>	<u>\$ 6,428</u>

The following is a reconciliation of benefit payments per the financial statements to the Form 5500 for the year ended December 31, 2024 (in thousands):

	<b>Benefit Payments</b>
Per financial statements	\$ 5,220
Plus: Benefit obligation amounts currently payable at December 31, 2024	191
Less: Benefit obligation amounts accrued at December 31, 2023	(760)
Per Form 5500	<u>\$ 4,651</u>

## **SUPPLEMENTAL SCHEDULES**

**NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN**

**EIN 58-0218548**

**Plan Number - 547**

**December 31, 2024**

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**FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>	<b>(e)</b>
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	JP Morgan Chase Bank, N.A.	JP Morgan Chase Prime Money Market Fund	\$ 5,259,200	\$ 5,260,984

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

**NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN**

**EIN 58-0218548**

**Plan Number - 547**

**December 31, 2024**

**FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2024**

(a)/(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party Involved/ Description of Asset	# of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/ (Loss)
<i>Single transactions in excess of 5% of Plan Assets</i>						
* JP Morgan Chase Prime Money Market Fund	1	349,639	—	349,639	349,639	—
* JP Morgan Chase Prime Money Market Fund	1	349,665	—	349,665	349,639	(26)
* JP Morgan Chase Prime Money Market Fund	1	349,639	—	349,639	349,639	—
* JP Morgan Chase Prime Money Market Fund	1	493,402	—	493,402	493,402	—
* JP Morgan Chase Prime Money Market Fund	1	484,450	—	484,450	484,450	—
* JP Morgan Chase Prime Money Market Fund	1	507,225	—	507,225	507,225	—
* JP Morgan Chase Prime Money Market Fund	1	507,225	—	507,225	507,225	—
* JP Morgan Chase Prime Money Market Fund	1	507,225	—	507,225	507,225	—
* JP Morgan Chase Prime Money Market Fund	1	483,972	—	483,972	483,972	—
* JP Morgan Chase Prime Money Market Fund	1	483,986	—	483,986	483,972	(14)
* JP Morgan Chase Prime Money Market Fund	1	483,972	—	483,972	483,972	—
<i>Series of transactions in excess of 5% of Plan Assets</i>						
* JP Morgan Chase Prime Money Market Fund	59	7,552,338	—	7,552,338	7,552,338	—
* JP Morgan Chase Prime Money Market Fund	195	—	8,649,090	8,649,090	8,649,214	121

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

**NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN**

**EIN 58-0218548**

**Plan Number - 547**

**December 31, 2024**

**FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2024**

(a)/(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party Involved/ Description of Asset	# of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/ (Loss)
<i>Single transactions in excess of 5% of Plan Assets</i>						
* JP Morgan Chase Prime Money Market Fund	1	349,639	—	349,639	349,639	—
* JP Morgan Chase Prime Money Market Fund	1	349,665	—	349,665	349,639	(26)
* JP Morgan Chase Prime Money Market Fund	1	349,639	—	349,639	349,639	—
* JP Morgan Chase Prime Money Market Fund	1	493,402	—	493,402	493,402	—
* JP Morgan Chase Prime Money Market Fund	1	484,450	—	484,450	484,450	—
* JP Morgan Chase Prime Money Market Fund	1	507,225	—	507,225	507,225	—
* JP Morgan Chase Prime Money Market Fund	1	507,225	—	507,225	507,225	—
* JP Morgan Chase Prime Money Market Fund	1	507,225	—	507,225	507,225	—
* JP Morgan Chase Prime Money Market Fund	1	483,972	—	483,972	483,972	—
* JP Morgan Chase Prime Money Market Fund	1	483,986	—	483,986	483,972	(14)
* JP Morgan Chase Prime Money Market Fund	1	483,972	—	483,972	483,972	—
<i>Series of transactions in excess of 5% of Plan Assets</i>						
* JP Morgan Chase Prime Money Market Fund	59	7,552,338	—	7,552,338	7,552,338	—
* JP Morgan Chase Prime Money Market Fund	195	—	8,649,090	8,649,090	8,649,214	121

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

**NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN**

**EIN 58-0218548**

**Plan Number - 547**

**December 31, 2024**

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**FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	JP Morgan Chase Bank, N.A.	JP Morgan Chase Prime Money Market Fund	\$ 5,259,200	\$ 5,260,984

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