Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
DELTA FAMILY-CARE MEDICAL PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 02/01/1971

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
DELTA AIR LINES, INC.

1030 DELTA BOULEVARD
DEPARTMENT 216
ATLANTA, GA 30354-6001

2b Employer Identification Number (EIN) 58-0218548

2c Plan Sponsor's telephone number 404-715-2600

2d Business code (see instructions) 481000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2026	KELLEY ELLIOTT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

THE ADMINISTRATIVE COMMITTEE OF DELTA AIR LINES, INC.

1030 DELTA BOULEVARD
DEPARTMENT 216
ATLANTA, GA 30354-6001

3b Administrator's EIN: 58-1282408

3c Administrator's telephone number: 404-715-8500

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	6514
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	6128
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6128
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☒	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☒	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan	**B** Three-digit plan number (PN) ▶
DELTA FAMILY-CARE MEDICAL PLAN	501

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
DELTA AIR LINES, INC.	58-0218548

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

AETNA INC.

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMINISTRATOR	153564	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	74645	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	54240	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

QUANTUM HEALTH, INC.

20-8423895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMINISTRATOR	38860	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	16206	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JP MORGAN CHASE

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	8000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name: | **b** EIN:
c Position:
d Address: | **e** Telephone:

Explanation:

a Name: | **b** EIN:
c Position:
d Address: | **e** Telephone:

Explanation:

a Name: | **b** EIN:
c Position:
d Address: | **e** Telephone:

Explanation:

a Name: | **b** EIN:
c Position:
d Address: | **e** Telephone:

Explanation:

a Name: | **b** EIN:
c Position:
d Address: | **e** Telephone:

Explanation:

SCHEDULE G (Form 5500)	Financial Transaction Schedules	OMB No. 1210-0110
Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
DELTA FAMILY-CARE MEDICAL PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
DELTA AIR LINES, INC.

D Employer Identification Number (EIN)
58-0218548

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	**(b)** Identity of lessor/lessee	**(c)** Relationship to plan, employer, employee organization, or other party-in-interest	**(d)** Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	**(f)** Current value at time of lease	**(g)** Gross rental receipts during the plan year	**(h)** Expenses paid during the plan year	**(i)** Net receipts	**(j)** Amount in arrears

(a)	**(b)** Identity of lessor/lessee	**(c)** Relationship to plan, employer, employee organization, or other party-in-interest	**(d)** Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	**(f)** Current value at time of lease	**(g)** Gross rental receipts during the plan year	**(h)** Expenses paid during the plan year	**(i)** Net receipts	**(j)** Amount in arrears

(a)	**(b)** Identity of lessor/lessee	**(c)** Relationship to plan, employer, employee organization, or other party-in-interest	**(d)** Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	**(f)** Current value at time of lease	**(g)** Gross rental receipts during the plan year	**(h)** Expenses paid during the plan year	**(i)** Net receipts	**(j)** Amount in arrears

(a)	**(b)** Identity of lessor/lessee	**(c)** Relationship to plan, employer, employee organization, or other party-in-interest	**(d)** Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	**(f)** Current value at time of lease	**(g)** Gross rental receipts during the plan year	**(h)** Expenses paid during the plan year	**(i)** Net receipts	**(j)** Amount in arrears

(a)	**(b)** Identity of lessor/lessee	**(c)** Relationship to plan, employer, employee organization, or other party-in-interest	**(d)** Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	**(f)** Current value at time of lease	**(g)** Gross rental receipts during the plan year	**(h)** Expenses paid during the plan year	**(i)** Net receipts	**(j)** Amount in arrears

(a)	**(b)** Identity of lessor/lessee	**(c)** Relationship to plan, employer, employee organization, or other party-in-interest	**(d)** Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	**(f)** Current value at time of lease	**(g)** Gross rental receipts during the plan year	**(h)** Expenses paid during the plan year	**(i)** Net receipts	**(j)** Amount in arrears

Part III Nonexempt Transactions

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

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price
UMR, INC.	CLAIMS ADMINISTRATOR	SURCHARGE FEES PAID IN ERROR	

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction
		266393			

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price
UMR, INC.	CLAIMS ADMINISTRATOR	CLAIM REVIEW FEES PAID IN ERROR	

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction
		208992			

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
DELTA FAMILY-CARE MEDICAL PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
DELTA AIR LINES, INC.

D Employer Identification Number (EIN)
58-0218548

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	411270
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	348	690
(2) Participant contributions	1b(2)	64578	48013
(3) Other	1b(3)	388893	314222
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7038678	11120309
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7492497	11894504
Liabilities			
g Benefit claims payable	1g	160418	89698
h Operating payables	1h	76079	158248
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	236497	247946
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	7256000	11646558

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	7596233	
(B) Participants	2a(1)(B)	5331456	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		12927689
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	445818	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		445818
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-388
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		13373119
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1376653	
(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)		1376653
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	288438	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	54240	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	8000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	7255230	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		7605908
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8982561
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4390558
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BDO USA, P.C. **(2)** EIN: 13-5381590

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d	X		475385
e Was this plan covered by a fidelity bond?	4e	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

Delta Family-Care Medical Plan

Financial Statements and Supplemental Schedules
as of June 30, 2025 and 2024 and for the Year Ended June 30, 2025

With Independent Auditor's Report

DELTA FAMILY-CARE MEDICAL PLAN

Table of Contents **Page**

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.

Tel: 303-803-1120
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www.bdo.com

303 East 17th Avenue, Suite 600
Denver, CO 80203

Independent Auditor's Report

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

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

We have performed audits of the financial statements of Delta Family-Care Medical Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and of plan benefit obligations as of June 30, 2025 and 2024, 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, 2025, 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, 2025 and 2024, and for the years ended June 30, 2025, 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.
- 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 certification, 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 ERISA-required supplemental Schedule H, Line 4i- Schedule of Assets (Held at Year End) as of June 30, 2025, Schedule H, Line 4j- Schedule of Reportable Transactions and Schedule G- Schedule of Non-Exempt Transactions for the year ended June 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to

prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

BDO USA, P.C.

April 13, 2026

DELTA FAMILY-CARE MEDICAL PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF JUNE 30, 2025 AND 2024

(In thousands)	2025	2024
Assets:		
Cash	$ 411	$ —
Investments - at fair value (Notes 3, 7, and 8):		
Money Market Fund	11,120	7,039
Receivables:		
Rebates Receivable	67	93
Contributions Receivable - Participants	48	64
Accrued Interest	39	29
Other Receivable	209	267
Total Receivables	363	453
Total Assets	11,894	7,492
Liabilities:		
Accrued Expenses and Other Payables	(158)	(76)
Total Liabilities	(158)	(76)
Net Assets Available for Benefits	$ 11,736	$ 7,416

See notes to financial statements.

DELTA FAMILY-CARE MEDICAL PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED JUNE 30, 2025

(In thousands)	2025
Additions to Net Assets Attributed to:	
Investment Income:	
Interest and Dividends (Notes 7 and 8)	$ 446
Total Investment Income	446
Contributions:	
Employer Contributions	7,596
Participant Contributions	5,332
Total Contributions	12,928
Total Additions	13,374
Deductions from Net Assets Attributed to:	
Benefit Payments, net of rebates and reimbursements	1,447
Administrative Expenses & Subsidy Payments	7,607
Total Deductions	9,054
Net Increase	4,320
Net Assets Available for Benefits:	
Beginning of Year	7,416
End of Year	$ 11,736

See notes to financial statements.

DELTA FAMILY-CARE MEDICAL PLAN
STATEMENTS OF PLAN BENEFIT OBLIGATIONS
AS OF JUNE 30, 2025 AND 2024

(In thousands)	2025	2024
Plan Benefit Obligations (Note 4):		
Amounts Currently Payable:		
Claims Incurred but Not Reported	$ 90	$ 161
Total Currently Payable	90	161
Postemployment Benefit Obligations, net of amounts currently in payment status:		
Benefits for Inactive Participants - Current Surviving Spouses	5,248	5,543
Total Postemployment Benefit Obligations	5,248	5,543
Postretirement Benefit Obligations, net of amounts currently in payment status:		
Benefits for Retiree/Disabled Participants	40,527	42,837
Total Postretirement Benefit Obligations	40,527	42,837
Total Plan Benefit Obligations	$ 45,865	$ 48,541

See notes to financial statements.

DELTA FAMILY-CARE MEDICAL PLAN
STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS
FOR THE YEAR ENDED JUNE 30, 2025

(In thousands)	2025
Amounts Currently Payable:	
Balance - Beginning of Year	$ 161
Increase (Decrease) During the Period Attributable to:	
Claims Incurred	1,376
Claims Paid	(1,447)
Balance - End of Year	90
Postemployment Benefit Obligations, net of amounts currently in payment status:	
Balance - Beginning of Year	5,543
Increase (Decrease) During the Period Attributable to:	
Changes in Actuarial Assumptions (Note 4)	535
Increase for Interest Due to Decrease in Discount Period	220
Benefits Accumulated and Experience	(277)
Expected Benefits Paid	(773)
Balance - End of Year	5,248
Postretirement Benefit Obligations, net of amounts currently in payment status:	
Balance - Beginning of Year	42,837
Increase (Decrease) During the Period Attributable to:	
Changes in Actuarial Assumptions (Note 4)	2,615
Increase for Interest Due to Decrease in Discount Period	2,214
Benefits Paid	(7,139)
Balance - End of Year	40,527
Total Plan Benefit Obligations - End of Year	$ 45,865

See notes to financial statements.

1. DESCRIPTION AND ADMINISTRATION OF THE PLAN

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

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

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

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

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

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

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

Administration - UMR is the Plan's primary claims processor for medical and mental health claims. CVS Caremark is the pharmacy benefits manager who processes prescription drug claims, but certain drugs that are administered by a healthcare provider in a healthcare setting may be processed through the medical plan by UMR. 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. Although UMR is the claims processor for medical and mental health claims, members continue to use UnitedHealthcare's provider network with provider contracts being renegotiated throughout the year causing potential changes to individual providers' network status. Aetna is the claims processor for medical, mental health, prescription drug, and dental claims for certain retirees.

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

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

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

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

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

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

Rebates - Rebates due from the Plan's pharmacy benefit manager are recorded when earned. Rebates due as of the financial statement date have been reported as a receivable and totaled approximately $67 thousand and $93 thousand for the years ended June 30, 2025 and 2024, respectively.

Subsequent Events - The Plan has evaluated all events through April 13, 2026, which is the date these financial statements were available to be issued.

There were no subsequent events that require recognition as of June 30, 2025.

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, 2025 and 2024.

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

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

All plan investments are classified in Level 1 of the fair value hierarchy. At June 30, 2025 and 2024, the Plan held approximately $11.1 million and $7.0 million of a money market fund at fair value, respectively.

4. PLAN BENEFIT OBLIGATIONS

Obligations for Current Benefit Coverage - Plan obligations at June 30, 2025 and 2024, for medical, mental health, dental, and pharmacy claims incurred but not reported and for claims reported but not paid at June 30, 2025 and 2024, 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, 2025 and 2024, for current benefit coverage for retirees and inactives 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, 2025 and 2024, reduced by the actuarial present value of contributions expected to be received in the future from plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or disabled employees and their beneficiaries and dependents and (2) employees and their beneficiaries and dependents after retirement from service with the Company. Postemployment benefits include future benefits expected to be paid to employees and their eligible family members after employment but before retirement. Prior to an inactive employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service with the Company rendered to the valuation date. No postemployment benefit obligation is calculated for active employees.

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

Actuarial Assumptions - Postretirement and postemployment healthcare cost trend rates as of June 30, 2025 were assumed to be 7.25% for 2026-2027, gradually decreasing 0.25% per year to 5.00% in 2036 and then remaining at that level. 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.

The employee contribution trend rate as of June 30, 2025 and 2024, was 3.00%. The dental care cost trend rate as of June 30, 2025 and 2024, 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, 2025 and 2024 (in thousands):

	2025	2024
Postretirement Obligation with 1% rate increase	$ 120	$ 34
Postemployment Obligation with 1% rate increase	$ 355	$ 349

The following were other significant actuarial assumptions used in the postretirement and postemployment valuations, as applicable, as of June 30, 2025 and 2024:

	2025	2024
Weighted average discount rates:		
Postretirement	5.60%	5.63%
Postemployment	4.27%	4.55%

	2025	2024
Retirement Rates:		
Pilots	0.25% at age 50 to 100% at age 65	
Disability Rates:		
Pilot - Male	0.45% at age 30 to 4.42% at age 65	
Pilot - Female	1.88% at age 30 to 5.86% at age 65	

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

	2025 & 2024
Mortality Tables:	
Postretirement - Healthy	Pri-2012 without collar or quartile adjustments, with separate rates for non-annuitants, annuitants, and contingent survivors. The mortality tables are projected generationally from 2012 using the MP-2020 projection scale with an ultimate long-term mortality improvement of 0.75%. Initial improvement rate of 0.75% declining from age 85 to 0% at age 115.
Postretirement - Disabled Pilot	Same - Set forward 5 years.
Postretirement - Disabled Flight Attendant & Ground	Same - Set forward 10 years.
Postemployment - Healthy	Same
Postemployment - Disabled Pilot	Same
Postemployment - Disabled Flight Attendant & Ground	Same

	2025	2024
Recovery Tables:		
Postemployment - Disabled	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. 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.	

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, 2025 will be met through future participant and employer contributions to the Plan.

5. TAX STATUS

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

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

6. PLAN TERMINATION

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

7. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

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

- Investments and cash as shown in the statements of net assets available for benefits as of June 30, 2025 and 2024.
- Investment income as shown in the statement of changes in net assets available for benefits for the year ended June 30, 2025.
- Investment amounts included in the footnotes to the financial statements (Note 3 and 8), schedule of assets (held at end of year) and reportable transactions schedule as of and for the year ended June 30, 2025, as shown on ERISA-required supplemental schedules.

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

8. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of JPMC Prime Money Market Fund managed by the Trustee. These transactions qualify as exempt party-in-interest transactions. At June 30, 2025 and 2024, the Plan held approximately 11.1 million and 7.0 million shares, respectively, of the JPMC Prime Money Market Fund with a cost basis of approximately $11.1 million and $7.0 million, respectively.

During the year ended June 30, 2025, the Plan recorded interest and dividend income of approximately $446 thousand related to such investment.

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

During the years ended June 30, 2025 and June 30, 2024, the Plan paid certain fees related to other Delta plans from the Trust. The Company is in-process of reimbursing the Trust, including lost earnings, for the 2025 amounts and has reimbursed the Trust, including lost earnings, for the 2024 amounts. These transactions were deemed to be prohibited transactions and are reported in the supplemental Schedule of Non-Exempt Transactions for the year ended June 30, 2025. See supplemental schedule for details.

9. RISKS AND UNCERTAINTIES

The Plan utilizes one 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. The Plan's cash exceeded the federally insured limits as of June 30, 2025, but was invested into the money market fund on July 1, 2025. As of June 30, 2024, the Plan's cash did not exceed the federally insured limits.

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

10. FORM 5500 RECONCILIATION

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of June 30, 2025 and 2024 (in thousands):

	2025	2024
Net Assets Available for Benefits per Financial Statements	$ 11,736	$ 7,416
Benefit Obligation Amounts Payable	(90)	(161)
Net Assets Available for Benefits per Form 5500	$ 11,646	$ 7,255

The following is a reconciliation of benefit payments per the financial statements to the Form 5500 for the year ended June 30, 2025 (in thousands):

	Benefit Payments
Per Financial Statements	$ 1,447
Plus: Benefit Obligation Amounts Payable at June 30, 2025	90
Less: Benefit Obligation Amounts Payable at June 30, 2024	(161)
Per Form 5500	$ 1,376

SUPPLEMENTAL SCHEDULES

(See Independent Auditor's Report)

DELTA FAMILY-CARE MEDICAL PLAN

EIN 58-0218548
Plan Number - 501
June 30, 2025

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

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	JP Morgan Chase Bank, N.A.	JP Morgan Chase Prime Money Market Fund	$ 11,121,745	$ 11,120,309

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

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

DELTA FAMILY-CARE MEDICAL PLAN

EIN 58-0218548
Plan Number - 501
Year Ended June 30, 2025

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

(a)	(b)	(c)	(d)
Identity of Party Involved	Relationship to Plan, Employer, or Other Party-in-Interest	Description of Transaction, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Transaction Expense
* UMR, Inc.	Claims Administrator	Surcharge fees paid in error	$ 266,393
* UMR, Inc.	Claims Administrator	Claim review fees paid in error	$ 208,992

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

DELTA FAMILY-CARE MEDICAL PLAN
EIN# 58-0218548
PLAN# 501
Year Ended June 30, 2025
SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	7,068,046 EXPENSES	5% VALUE OF COST OF ASSET	353,402 CURRENT VALUE	NET GAIN OR (LOSS)
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 551,681 08/01/24 BUY 71147095	1.0002	0	551,791	551,791	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 551,681 08/02/24 SELL 71147105	1.0002	0	551,867	551,791	(76)
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 551,626 08/02/24 BUY 71147106	1.0003	0	551,791	551,791	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 420,911 09/03/24 BUY 71147162	1.0004	0	421,079	421,079	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 367,452 09/30/24 BUY 71147223	1.0007	0	367,709	367,709	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 367,489 09/30/24 BUY 71147226	1.0006	0	367,709	367,709	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 367,452 09/30/24 SELL 71147227	1.0007	0	367,586	367,709	123
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 374,031 11/04/24 BUY 71147303	1.0004	0	374,181	374,181	0

DELTA FAMILY-CARE MEDICAL PLAN
EIN# 58-0218548
PLAN# 501
Year Ended June 30, 2025
SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	7,068,046 EXPENSES	5% VALUE OF COST OF ASSET	353,402 CURRENT VALUE	NET GAIN OR (LOSS)
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 384,348 11/27/24 BUY 71147350	1.0003	0	384,463	384,463	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 428,717 01/02/25 BUY 71147421	1.0004	0	428,889	428,889	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 484,342 02/03/25 BUY 71147485	1.0004	0	484,536	484,536	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 484,391 02/03/25 BUY 71147486	1.0003	0	484,536	484,536	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 484,342 02/03/25 SELL 71147487	1.0004	0	484,520	484,536	16
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 414,317 03/03/25 BUY 71147536	1.0003	0	414,441	414,441	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 376,320 04/02/25 BUY 71147617	1.0003	0	376,433	376,433	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 374,636 04/30/25 BUY 71147677	1.0002	0	374,711	374,711	0

DELTA FAMILY-CARE MEDICAL PLAN
EIN# 58-0218548
PLAN# 501
Year Ended June 30, 2025
SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	7,068,046 EXPENSES	5% VALUE OF COST OF ASSET	353,402 CURRENT VALUE	NET GAIN OR (LOSS)
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
370,354 05/30/25 BUY 71147758	1.0001	0	370,391	370,391	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
430,590 06/02/25 BUY 71147761	1.0001	0	430,633	430,633	0

DELTA FAMILY-CARE MEDICAL PLAN
EIN# 58-0218548
PLAN# 501
Year Ended June 30, 2025
SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	7,068,046 EXPENSES	5% VALUE OF COST OF ASSET	353,402 CURRENT VALUE	NET GAIN OR (LOSS)
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
23,043 07/01/24 B BUY 71147038	1.0002	0	23,048	23,048	0
3,012 07/03/24 S SELL 71147044	1.0002	0	3,013	3,012	0
926 07/05/24 S SELL 71147047	1.0002	0	926	926	0
8,515 07/08/24 S SELL 71147050	1.0002	0	8,518	8,517	(1)
25,827 07/09/24 S SELL 71147053	1.0002	0	25,836	25,833	(4)
8,762 07/10/24 S SELL 71147056	1.0002	0	8,765	8,764	(1)
3,159 07/11/24 S SELL 71147058	1.0002	0	3,160	3,160	0
2,214 07/12/24 S SELL 71147060	1.0002	0	2,215	2,215	0
12,667 07/15/24 B BUY 71147062	1.0002	0	12,669	12,669	0
3,824 07/16/24 S SELL 71147065	1.0002	0	3,825	3,825	(1)
6,703 07/17/24 S SELL 71147069	1.0002	0	6,706	6,705	(1)
2,185 07/18/24 S SELL 71147072	1.0002	0	2,186	2,186	0
4,580 07/19/24 S SELL 71147075	1.0002	0	4,582	4,581	(1)
5,619 07/23/24 S SELL 71147079	1.0002	0	5,621	5,620	(1)
25,215 07/24/24 S SELL 71147083	1.0002	0	25,223	25,220	(4)
4,554 07/26/24 S SELL 71147086	1.0002	0	4,556	4,555	(1)
778 07/29/24 S SELL 71147088	1.0002	0	779	778	0
15,151 07/31/24 S SELL 71147092	1.0002	0	15,156	15,154	(2)
551,681 08/01/24 B BUY 71147095	1.0002	0	551,791	551,791	0
551,681 08/02/24 S SELL 71147105	1.0002	0	551,867	551,791	(76)
551,626 08/02/24 B BUY 71147106	1.0003	0	551,791	551,791	0
3,786 08/02/24 S SELL 71147107	1.0004	0	3,787	3,787	0
2,884 08/05/24 S SELL 71147109	1.0005	0	2,885	2,886	0
686 08/06/24 S SELL 71147111	1.0004	0	686	687	0
9,832 08/07/24 S SELL 71147114	1.0004	0	9,835	9,835	1
19,759 08/09/24 S SELL 71147118	1.0004	0	19,766	19,767	1
320 08/12/24 S SELL 71147121	1.0004	0	320	320	0
1,832 08/13/24 S SELL 71147123	1.0004	0	1,832	1,832	0
9,628 08/14/24 S SELL 71147128	1.0004	0	9,631	9,632	1
6,030 08/15/24 S SELL 71147132	1.0004	0	6,032	6,033	0
1,424 08/16/24 S SELL 71147134	1.0004	0	1,425	1,425	0
1,803 08/20/24 S SELL 71147136	1.0004	0	1,804	1,804	0
15,931 08/21/24 S SELL 71147140	1.0004	0	15,936	15,937	1
642 08/22/24 S SELL 71147142	1.0004	0	642	642	0
29,376 08/23/24 S SELL 71147145	1.0004	0	29,386	29,388	2
247 08/26/24 B BUY 71147146	1.0004	0	248	248	0
213,144 08/27/24 S SELL 71147150	1.0004	0	213,216	213,230	14
8,987 08/28/24 S SELL 71147153	1.0004	0	8,990	8,991	1
59,784 08/29/24 B BUY 71147156	1.0004	0	59,808	59,808	0
2,608 08/30/24 S SELL 71147160	1.0004	0	2,608	2,609	0
420,911 09/03/24 B BUY 71147162	1.0004	0	421,079	421,079	0
14,117 09/04/24 S SELL 71147174	1.0004	0	14,122	14,122	1
1,755 09/05/24 S SELL 71147177	1.0005	0	1,755	1,756	0
3,270 09/06/24 S SELL 71147179	1.0005	0	3,271	3,272	1

DELTA FAMILY-CARE MEDICAL PLAN
EIN# 58-0218548
PLAN# 501
Year Ended June 30, 2025
SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	7,068,046 EXPENSES	5% VALUE OF COST OF ASSET	353,402 CURRENT VALUE	NET GAIN OR (LOSS)
27,501 09/09/24 S SELL 71147182	1.0005	0	27,510	27,515	4
5,635 09/10/24 S SELL 71147184	1.0005	0	5,637	5,638	1
10,409 09/11/24 S SELL 71147187	1.0005	0	10,413	10,415	2
309 09/12/24 S SELL 71147189	1.0005	0	309	309	0
3,467 09/13/24 S SELL 71147191	1.0005	0	3,468	3,468	1
3,721 09/16/24 S SELL 71147193	1.0006	0	3,723	3,724	1
7,868 09/17/24 S SELL 71147195	1.0006	0	7,871	7,873	2
7,923 09/18/24 S SELL 71147199	1.0006	0	7,926	7,928	2
2,507 09/19/24 S SELL 71147202	1.0006	0	2,508	2,509	1
5,976 09/20/24 S SELL 71147206	1.0007	0	5,978	5,980	2
969 09/23/24 S SELL 71147208	1.0007	0	970	970	0
23,859 09/24/24 S SELL 71147212	1.0006	0	23,867	23,874	6
6,252 09/25/24 S SELL 71147215	1.0007	0	6,254	6,256	2
11,512 09/26/24 S SELL 71147218	1.0007	0	11,516	11,520	4
367,452 09/30/24 B BUY 71147223	1.0007	0	367,709	367,709	0
367,489 09/30/24 B BUY 71147226	1.0006	0	367,709	367,709	0
367,452 09/30/24 S SELL 71147227	1.0007	0	367,586	367,709	123
31,954 10/01/24 B BUY 71147229	1.0006	0	31,973	31,973	0
51,064 10/02/24 B BUY 71147238	1.0006	0	51,094	51,094	0
5,997 10/04/24 S SELL 71147243	1.0005	0	5,999	6,000	1
1,710 10/07/24 S SELL 71147246	1.0004	0	1,711	1,711	0
1,531 10/08/24 S SELL 71147248	1.0004	0	1,532	1,532	0
31,493 10/09/24 S SELL 71147252	1.0004	0	31,505	31,506	1
6,760 10/10/24 S SELL 71147254	1.0004	0	6,763	6,763	0
1,142 10/11/24 S SELL 71147256	1.0004	0	1,142	1,142	0
29,420 10/15/24 S SELL 71147260	1.0004	0	29,431	29,432	1
9,889 10/16/24 S SELL 71147264	1.0004	0	9,893	9,893	0
13,705 10/17/24 S SELL 71147266	1.0004	0	13,710	13,710	0
3,705 10/18/24 S SELL 71147269	1.0004	0	3,706	3,706	0
3,411 10/21/24 S SELL 71147271	1.0004	0	3,412	3,412	0
2,879 10/22/24 S SELL 71147273	1.0004	0	2,880	2,880	0
8,002 10/23/24 S SELL 71147276	1.0004	0	8,004	8,005	0
28,691 10/24/24 S SELL 71147279	1.0004	0	28,701	28,702	1
2,037 10/25/24 S SELL 71147281	1.0004	0	2,038	2,038	0
286,846 10/28/24 B BUY 71147285	1.0004	0	286,961	286,961	0
2,552 10/30/24 S SELL 71147288	1.0004	0	2,553	2,553	0
53,667 10/31/24 B BUY 71147293	1.0004	0	53,689	53,689	0
31,451 11/01/24 B BUY 71147296	1.0004	0	31,463	31,463	0
374,031 11/04/24 B BUY 71147303	1.0004	0	374,181	374,181	0
13,106 11/05/24 S SELL 71147308	1.0004	0	13,111	13,111	0
5,822 11/06/24 S SELL 71147312	1.0004	0	5,825	5,825	0
8,716 11/07/24 S SELL 71147315	1.0004	0	8,719	8,719	0
43,412 11/08/24 S SELL 71147318	1.0004	0	43,428	43,429	1
2,224 11/12/24 S SELL 71147320	1.0004	0	2,224	2,224	0
284 11/13/24 S SELL 71147323	1.0004	0	284	284	0
2,175 11/14/24 S SELL 71147325	1.0004	0	2,176	2,176	0
17,655 11/18/24 S SELL 71147330	1.0003	0	17,662	17,661	(1)

DELTA FAMILY-CARE MEDICAL PLAN
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SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	7,068,046 EXPENSES	5% VALUE OF COST OF ASSET	353,402 CURRENT VALUE	NET GAIN OR (LOSS)
21,166 11/20/24 S SELL 71147334	1.0003	0	21,174	21,172	(2)
1,419 11/21/24 S SELL 71147336	1.0002	0	1,420	1,420	0
5,514 11/22/24 S SELL 71147339	1.0003	0	5,516	5,516	0
17,613 11/25/24 S SELL 71147342	1.0003	0	17,620	17,619	(1)
1,419 11/26/24 S SELL 71147344	1.0003	0	1,419	1,419	0
384,348 11/27/24 B BUY 71147350	1.0003	0	384,463	384,463	0
75,425 11/29/24 B BUY 71147352	1.0003	0	75,448	75,448	0
30,283 12/02/24 B BUY 71147357	1.0003	0	30,292	30,292	0
19,714 12/04/24 S SELL 71147366	1.0003	0	19,721	19,720	(1)
3,091 12/05/24 S SELL 71147368	1.0004	0	3,092	3,092	0
2,707 12/06/24 S SELL 71147371	1.0004	0	2,708	2,708	0
43,829 12/09/24 S SELL 71147375	1.0004	0	43,845	43,846	1
485 12/10/24 S SELL 71147377	1.0004	0	485	485	0
5,998 12/11/24 S SELL 71147380	1.0004	0	6,000	6,000	0
368 12/13/24 S SELL 71147382	1.0004	0	368	368	0
5,014 12/16/24 S SELL 71147386	1.0004	0	5,016	5,016	0
4,399 12/17/24 S SELL 71147388	1.0004	0	4,400	4,401	0
9,040 12/18/24 S SELL 71147391	1.0004	0	9,044	9,044	0
4,617 12/19/24 S SELL 71147393	1.0004	0	4,619	4,619	0
1,106 12/20/24 S SELL 71147396	1.0004	0	1,106	1,106	0
7,319 12/23/24 S SELL 71147399	1.0004	0	7,322	7,322	0
36,139 12/24/24 S SELL 71147404	1.0004	0	36,152	36,153	1
1,750 12/26/24 S SELL 71147406	1.0003	0	1,750	1,750	0
42,193 12/27/24 S SELL 71147409	1.0004	0	42,209	42,210	1
52,236 12/30/24 B BUY 71147411	1.0004	0	52,257	52,257	0
153,750 12/31/24 S SELL 71147417	1.0004	0	153,807	153,812	5
428,717 01/02/25 B BUY 71147421	1.0004	0	428,889	428,889	0
296 01/03/25 S SELL 71147429	1.0004	0	297	297	0
101 01/06/25 S SELL 71147431	1.0004	0	101	101	0
249 01/07/25 B BUY 71147433	1.0004	0	249	249	0
7,766 01/08/25 S SELL 71147439	1.0004	0	7,769	7,770	0
26,972 01/09/25 S SELL 71147440	1.0004	0	26,982	26,983	1
8,304 01/10/25 S SELL 71147442	1.0004	0	8,307	8,308	0
710 01/13/25 S SELL 71147444	1.0003	0	710	710	0
3,070 01/14/25 S SELL 71147446	1.0003	0	3,071	3,071	0
11,114 01/15/25 S SELL 71147450	1.0003	0	11,118	11,117	(1)
25,603 01/17/25 S SELL 71147453	1.0004	0	25,613	25,614	1
3,257 01/21/25 S SELL 71147455	1.0004	0	3,258	3,258	0
13,405 01/22/25 S SELL 71147459	1.0003	0	13,410	13,409	(1)
2,500 01/23/25 S SELL 71147461	1.0003	0	2,501	2,501	0
31,379 01/24/25 S SELL 71147465	1.0004	0	31,391	31,392	1
3,756 01/27/25 S SELL 71147467	1.0004	0	3,758	3,758	0
2,280 01/28/25 S SELL 71147469	1.0004	0	2,281	2,281	0
13,757 01/29/25 S SELL 71147472	1.0004	0	13,762	13,763	0
55,985 01/30/25 B BUY 71147477	1.0004	0	56,008	56,008	0
55,991 01/30/25 B BUY 71147478	1.0003	0	56,008	56,008	0
55,985 01/30/25 S SELL 71147479	1.0004	0	56,006	56,008	2

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DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	EXPENSES	7,068,046 COST OF ASSET	5% VALUE OF CURRENT VALUE	353,402 NET GAIN OR (LOSS)
484,342 02/03/25 B BUY 71147485	1.0004	0	484,536	484,536	0
484,391 02/03/25 B BUY 71147486	1.0003	0	484,536	484,536	0
484,342 02/03/25 S SELL 71147487	1.0004	0	484,520	484,536	16
26,609 02/04/25 S SELL 71147490	1.0003	0	26,618	26,617	(2)
206 02/05/25 B BUY 71147492	1.0003	0	206	206	0
15,507 02/06/25 S SELL 71147497	1.0003	0	15,513	15,512	(1)
2,858 02/07/25 S SELL 71147499	1.0003	0	2,859	2,859	0
43,447 02/10/25 S SELL 71147502	1.0003	0	43,462	43,460	(3)
167 02/11/25 S SELL 71147504	1.0003	0	167	167	0
6,484 02/12/25 S SELL 71147507	1.0003	0	6,486	6,486	0
4,640 02/14/25 S SELL 71147511	1.0003	0	4,642	4,642	0
12,135 02/18/25 S SELL 71147514	1.0003	0	12,140	12,139	(1)
10,252 02/19/25 S SELL 71147517	1.0003	0	10,256	10,255	(1)
2,432 02/20/25 S SELL 71147519	1.0003	0	2,433	2,433	0
41,335 02/21/25 S SELL 71147521	1.0003	0	41,350	41,347	(3)
34,912 02/24/25 S SELL 71147526	1.0003	0	34,925	34,923	(2)
30,632 02/26/25 S SELL 71147529	1.0003	0	30,644	30,642	(2)
64,211 02/28/25 B BUY 71147534	1.0003	0	64,230	64,230	0
414,317 03/03/25 B BUY 71147536	1.0003	0	414,441	414,441	0
11,728 03/04/25 S SELL 71147543	1.0004	0	11,732	11,733	0
38,269 03/05/25 S SELL 71147552	1.0004	0	38,283	38,285	1
2,277 03/06/25 S SELL 71147554	1.0004	0	2,278	2,278	0
41,903 03/07/25 S SELL 71147558	1.0004	0	41,918	41,920	2
7,811 03/10/25 S SELL 71147561	1.0004	0	7,814	7,814	0
1,574 03/11/25 S SELL 71147563	1.0004	0	1,575	1,575	0
1,548 03/12/25 S SELL 71147566	1.0003	0	1,549	1,549	0
612 03/13/25 S SELL 71147568	1.0003	0	613	612	0
1,613 03/14/25 S SELL 71147570	1.0003	0	1,614	1,614	0
11,720 03/17/25 S SELL 71147574	1.0003	0	11,724	11,724	(1)
258 03/18/25 S SELL 71147576	1.0003	0	258	258	0
22,162 03/19/25 S SELL 71147580	1.0003	0	22,170	22,169	(1)
5,462 03/20/25 S SELL 71147584	1.0003	0	5,464	5,464	0
1,019 03/21/25 S SELL 71147586	1.0003	0	1,020	1,020	0
35,453 03/24/25 S SELL 71147589	1.0003	0	35,466	35,463	(2)
9,843 03/26/25 S SELL 71147594	1.0003	0	9,846	9,846	(1)
57,552 03/27/25 B BUY 71147597	1.0003	0	57,570	57,570	0
5,575 03/28/25 S SELL 71147600	1.0003	0	5,577	5,577	0
3,797 03/31/25 S SELL 71147603	1.0003	0	3,799	3,799	0
34,456 04/01/25 B BUY 71147606	1.0003	0	34,466	34,466	0
376,320 04/02/25 B BUY 71147617	1.0003	0	376,433	376,433	0
672 04/03/25 S SELL 71147619	1.0003	0	672	672	0
362 04/04/25 S SELL 71147622	1.0004	0	362	362	0
2,638 04/07/25 S SELL 71147625	1.0004	0	2,639	2,640	0
11,137 04/08/25 S SELL 71147629	1.0003	0	11,141	11,141	(1)
42,736 04/09/25 S SELL 71147634	1.0003	0	42,751	42,749	(3)
26,016 04/10/25 S SELL 71147637	1.0002	0	26,025	26,021	(4)
2,899 04/11/25 S SELL 71147639	1.0003	0	2,900	2,900	0

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DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	0 EXPENSES	7,068,046 COST OF ASSET	5% VALUE OF CURRENT VALUE	353,402 NET GAIN OR (LOSS)
727 04/14/25 S SELL 71147641	1.0002	0	727	727	0
0 04/15/25 S SELL 71147642	1.0000	0	0	0	0
54,479 04/16/25 S SELL 71147648	1.0002	0	54,499	54,490	(9)
5,654 04/17/25 S SELL 71147651	1.0002	0	5,656	5,655	(1)
35,956 04/21/25 S SELL 71147654	1.0002	0	35,969	35,964	(6)
17,225 04/22/25 S SELL 71147656	1.0002	0	17,231	17,229	(3)
7,137 04/23/25 S SELL 71147660	1.0002	0	7,140	7,139	(1)
13,058 04/24/25 B BUY 71147664	1.0002	0	13,061	13,061	0
1,219 04/25/25 S SELL 71147666	1.0002	0	1,219	1,219	0
358 04/28/25 S SELL 71147668	1.0002	0	358	358	0
12,404 04/29/25 S SELL 71147671	1.0002	0	12,408	12,407	(2)
374,636 04/30/25 B BUY 71147677	1.0002	0	374,711	374,711	0
25,625 05/01/25 B BUY 71147682	1.0002	0	25,630	25,630	0
25,623 05/01/25 B BUY 71147683	1.0003	0	25,630	25,630	0
25,625 05/01/25 S SELL 71147684	1.0002	0	25,634	25,630	(4)
3,904 05/02/25 S SELL 71147695	1.0002	0	3,906	3,905	(1)
123 05/05/25 S SELL 71147699	1.0002	0	123	123	0
94,083 05/06/25 B BUY 71147702	1.0002	0	94,102	94,102	0
7,541 05/07/25 S SELL 71147707	1.0002	0	7,544	7,542	(1)
861 05/08/25 S SELL 71147709	1.0002	0	862	862	0
52,237 05/09/25 S SELL 71147712	1.0002	0	52,256	52,248	(8)
2,345 05/12/25 S SELL 71147716	1.0001	0	2,346	2,346	(1)
407 05/13/25 S SELL 71147719	1.0001	0	407	407	0
4,788 05/14/25 S SELL 71147723	1.0001	0	4,789	4,788	(1)
220 05/15/25 S SELL 71147725	1.0001	0	220	220	0
262 05/16/25 S SELL 71147727	1.0002	0	262	262	0
3,995 05/19/25 S SELL 71147729	1.0001	0	3,997	3,996	(1)
287 05/20/25 B BUY 71147732	1.0001	0	287	287	0
9,129 05/21/25 S SELL 71147736	1.0001	0	9,132	9,130	(2)
20,932 05/22/25 S SELL 71147738	1.0001	0	20,940	20,934	(5)
25,284 05/23/25 S SELL 71147741	1.0001	0	25,293	25,287	(6)
43,504 05/27/25 B BUY 71147745	1.0001	0	43,509	43,509	0
11,189 05/28/25 S SELL 71147750	1.0001	0	11,193	11,190	(3)
2,090 05/29/25 S SELL 71147752	1.0001	0	2,091	2,090	(1)
370,354 05/30/25 B BUY 71147758	1.0001	0	370,391	370,391	0
430,590 06/02/25 B BUY 71147761	1.0001	0	430,633	430,633	0
92 06/03/25 S SELL 71147770	1.0001	0	92	92	0
7,074 06/04/25 S SELL 71147775	1.0001	0	7,076	7,074	(2)
1,846 06/05/25 B BUY 71147778	1.0001	0	1,847	1,847	0
1,846 06/05/25 B BUY 71147779	1.0002	0	1,847	1,847	0
1,846 06/05/25 S SELL 71147780	1.0001	0	1,847	1,847	0
4,542 06/06/25 S SELL 71147783	1.0001	0	4,544	4,543	(1)
56,934 06/09/25 S SELL 71147785	1.0001	0	56,953	56,940	(13)
5,019 06/10/25 S SELL 71147790	1.0001	0	5,021	5,020	(1)
10,093 06/11/25 S SELL 71147794	1.0001	0	10,096	10,094	(2)
3,993 06/12/25 S SELL 71147796	1.0002	0	3,994	3,994	(1)
1,422 06/13/25 S SELL 71147798	1.0002	0	1,423	1,423	0

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DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED				BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	7,068,046 EXPENSES	5% VALUE OF COST OF ASSET	353,402 CURRENT VALUE	NET GAIN OR (LOSS)
6,137	06/17/25 S SELL	71147803		1.0001	0	6,139	6,137	(1)
4,203	06/18/25 S SELL	71147808		1.0001	0	4,205	4,204	(1)
1,148	06/20/25 S SELL	71147810		1.0001	0	1,148	1,148	0
5,117	06/23/25 S SELL	71147814		1.0002	0	5,119	5,118	(1)
22,453	06/24/25 S SELL	71147816		1.0002	0	22,461	22,458	(3)
10,647	06/25/25 S SELL	71147820		1.0002	0	10,650	10,649	(1)
49,735	06/26/25 B BUY	71147823		1.0002	0	49,745	49,745	0
3,338	06/27/25 B BUY	71147826		1.0002	0	3,339	3,339	0
266,107	06/30/25 B BUY	71147829		1.0002	0	266,160	266,160	0
7,883,574		45	TOTAL BUYS		0	7,886,137	7,886,137	0
3,802,749		196	TOTAL SELLS		0	3,804,111	3,804,130	0
11,686,323			SECURITY TOTAL		0	11,690,248	11,690,267	0

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

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

DELTA FAMILY-CARE MEDICAL PLAN
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SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	7,068,046 EXPENSES	5% VALUE OF COST OF ASSET	353,402 CURRENT VALUE	NET GAIN OR (LOSS)
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 551,681 08/01/24 BUY 71147095	1.0002	0	551,791	551,791	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 551,681 08/02/24 SELL 71147105	1.0002	0	551,867	551,791	(76)
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 551,626 08/02/24 BUY 71147106	1.0003	0	551,791	551,791	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 420,911 09/03/24 BUY 71147162	1.0004	0	421,079	421,079	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 367,452 09/30/24 BUY 71147223	1.0007	0	367,709	367,709	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 367,489 09/30/24 BUY 71147226	1.0006	0	367,709	367,709	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 367,452 09/30/24 SELL 71147227	1.0007	0	367,586	367,709	123
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 374,031 11/04/24 BUY 71147303	1.0004	0	374,181	374,181	0

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DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	7,068,046 EXPENSES	5% VALUE OF COST OF ASSET	353,402 CURRENT VALUE	NET GAIN OR (LOSS)
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 384,348 11/27/24 BUY 71147350	1.0003	0	384,463	384,463	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 428,717 01/02/25 BUY 71147421	1.0004	0	428,889	428,889	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 484,342 02/03/25 BUY 71147485	1.0004	0	484,536	484,536	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 484,391 02/03/25 BUY 71147486	1.0003	0	484,536	484,536	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 484,342 02/03/25 SELL 71147487	1.0004	0	484,520	484,536	16
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 414,317 03/03/25 BUY 71147536	1.0003	0	414,441	414,441	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 376,320 04/02/25 BUY 71147617	1.0003	0	376,433	376,433	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 374,636 04/30/25 BUY 71147677	1.0002	0	374,711	374,711	0

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DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	7,068,046 EXPENSES	5% VALUE OF COST OF ASSET	353,402 CURRENT VALUE	NET GAIN OR (LOSS)
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
370,354 05/30/25 BUY 71147758	1.0001	0	370,391	370,391	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
430,590 06/02/25 BUY 71147761	1.0001	0	430,633	430,633	0

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DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	7,068,046 EXPENSES	5% VALUE OF COST OF ASSET	353,402 CURRENT VALUE	NET GAIN OR (LOSS)
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
23,043 07/01/24 B BUY 71147038	1.0002	0	23,048	23,048	0
3,012 07/03/24 S SELL 71147044	1.0002	0	3,013	3,012	0
926 07/05/24 S SELL 71147047	1.0002	0	926	926	0
8,515 07/08/24 S SELL 71147050	1.0002	0	8,518	8,517	(1)
25,827 07/09/24 S SELL 71147053	1.0002	0	25,836	25,833	(4)
8,762 07/10/24 S SELL 71147056	1.0002	0	8,765	8,764	(1)
3,159 07/11/24 S SELL 71147058	1.0002	0	3,160	3,160	0
2,214 07/12/24 S SELL 71147060	1.0002	0	2,215	2,215	0
12,667 07/15/24 B BUY 71147062	1.0002	0	12,669	12,669	0
3,824 07/16/24 S SELL 71147065	1.0002	0	3,825	3,825	(1)
6,703 07/17/24 S SELL 71147069	1.0002	0	6,706	6,705	(1)
2,185 07/18/24 S SELL 71147072	1.0002	0	2,186	2,186	0
4,580 07/19/24 S SELL 71147075	1.0002	0	4,582	4,581	(1)
5,619 07/23/24 S SELL 71147079	1.0002	0	5,621	5,620	(1)
25,215 07/24/24 S SELL 71147083	1.0002	0	25,223	25,220	(4)
4,554 07/26/24 S SELL 71147086	1.0002	0	4,556	4,555	(1)
778 07/29/24 S SELL 71147088	1.0002	0	779	778	0
15,151 07/31/24 S SELL 71147092	1.0002	0	15,156	15,154	(2)
551,681 08/01/24 B BUY 71147095	1.0002	0	551,791	551,791	0
551,681 08/02/24 S SELL 71147105	1.0002	0	551,867	551,791	(76)
551,626 08/02/24 B BUY 71147106	1.0003	0	551,791	551,791	0
3,786 08/02/24 S SELL 71147107	1.0004	0	3,787	3,787	0
2,884 08/05/24 S SELL 71147109	1.0005	0	2,885	2,886	0
686 08/06/24 S SELL 71147111	1.0004	0	686	687	0
9,832 08/07/24 S SELL 71147114	1.0004	0	9,835	9,835	1
19,759 08/09/24 S SELL 71147118	1.0004	0	19,766	19,767	1
320 08/12/24 S SELL 71147121	1.0004	0	320	320	0
1,832 08/13/24 S SELL 71147123	1.0004	0	1,832	1,832	0
9,628 08/14/24 S SELL 71147128	1.0004	0	9,631	9,632	1
6,030 08/15/24 S SELL 71147132	1.0004	0	6,032	6,033	0
1,424 08/16/24 S SELL 71147134	1.0004	0	1,425	1,425	0
1,803 08/20/24 S SELL 71147136	1.0004	0	1,804	1,804	0
15,931 08/21/24 S SELL 71147140	1.0004	0	15,936	15,937	1
642 08/22/24 S SELL 71147142	1.0004	0	642	642	0
29,376 08/23/24 S SELL 71147145	1.0004	0	29,386	29,388	2
247 08/26/24 B BUY 71147146	1.0004	0	248	248	0
213,144 08/27/24 S SELL 71147150	1.0004	0	213,216	213,230	14
8,987 08/28/24 S SELL 71147153	1.0004	0	8,990	8,991	1
59,784 08/29/24 B BUY 71147156	1.0004	0	59,808	59,808	0
2,608 08/30/24 S SELL 71147160	1.0004	0	2,608	2,609	0
420,911 09/03/24 B BUY 71147162	1.0004	0	421,079	421,079	0
14,117 09/04/24 S SELL 71147174	1.0004	0	14,122	14,122	1
1,755 09/05/24 S SELL 71147177	1.0005	0	1,755	1,756	0
3,270 09/06/24 S SELL 71147179	1.0005	0	3,271	3,272	1

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DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	7,068,046 EXPENSES	5% VALUE OF COST OF ASSET	353,402 CURRENT VALUE	NET GAIN OR (LOSS)
27,501 09/09/24 S SELL 71147182	1.0005	0	27,510	27,515	4
5,635 09/10/24 S SELL 71147184	1.0005	0	5,637	5,638	1
10,409 09/11/24 S SELL 71147187	1.0005	0	10,413	10,415	2
309 09/12/24 S SELL 71147189	1.0005	0	309	309	0
3,467 09/13/24 S SELL 71147191	1.0005	0	3,468	3,468	1
3,721 09/16/24 S SELL 71147193	1.0006	0	3,723	3,724	1
7,868 09/17/24 S SELL 71147195	1.0006	0	7,871	7,873	2
7,923 09/18/24 S SELL 71147199	1.0006	0	7,926	7,928	2
2,507 09/19/24 S SELL 71147202	1.0006	0	2,508	2,509	1
5,976 09/20/24 S SELL 71147206	1.0007	0	5,978	5,980	2
969 09/23/24 S SELL 71147208	1.0007	0	970	970	0
23,859 09/24/24 S SELL 71147212	1.0006	0	23,867	23,874	6
6,252 09/25/24 S SELL 71147215	1.0007	0	6,254	6,256	2
11,512 09/26/24 S SELL 71147218	1.0007	0	11,516	11,520	4
367,452 09/30/24 B BUY 71147223	1.0007	0	367,709	367,709	0
367,489 09/30/24 B BUY 71147226	1.0006	0	367,709	367,709	0
367,452 09/30/24 S SELL 71147227	1.0007	0	367,586	367,709	123
31,954 10/01/24 B BUY 71147229	1.0006	0	31,973	31,973	0
51,064 10/02/24 B BUY 71147238	1.0006	0	51,094	51,094	0
5,997 10/04/24 S SELL 71147243	1.0005	0	5,999	6,000	1
1,710 10/07/24 S SELL 71147246	1.0004	0	1,711	1,711	0
1,531 10/08/24 S SELL 71147248	1.0004	0	1,532	1,532	0
31,493 10/09/24 S SELL 71147252	1.0004	0	31,505	31,506	1
6,760 10/10/24 S SELL 71147254	1.0004	0	6,763	6,763	0
1,142 10/11/24 S SELL 71147256	1.0004	0	1,142	1,142	0
29,420 10/15/24 S SELL 71147260	1.0004	0	29,431	29,432	1
9,889 10/16/24 S SELL 71147264	1.0004	0	9,893	9,893	0
13,705 10/17/24 S SELL 71147266	1.0004	0	13,710	13,710	0
3,705 10/18/24 S SELL 71147269	1.0004	0	3,706	3,706	0
3,411 10/21/24 S SELL 71147271	1.0004	0	3,412	3,412	0
2,879 10/22/24 S SELL 71147273	1.0004	0	2,880	2,880	0
8,002 10/23/24 S SELL 71147276	1.0004	0	8,004	8,005	0
28,691 10/24/24 S SELL 71147279	1.0004	0	28,701	28,702	1
2,037 10/25/24 S SELL 71147281	1.0004	0	2,038	2,038	0
286,846 10/28/24 B BUY 71147285	1.0004	0	286,961	286,961	0
2,552 10/30/24 S SELL 71147288	1.0004	0	2,553	2,553	0
53,667 10/31/24 B BUY 71147293	1.0004	0	53,689	53,689	0
31,451 11/01/24 B BUY 71147296	1.0004	0	31,463	31,463	0
374,031 11/04/24 B BUY 71147303	1.0004	0	374,181	374,181	0
13,106 11/05/24 S SELL 71147308	1.0004	0	13,111	13,111	0
5,822 11/06/24 S SELL 71147312	1.0004	0	5,825	5,825	0
8,716 11/07/24 S SELL 71147315	1.0004	0	8,719	8,719	0
43,412 11/08/24 S SELL 71147318	1.0004	0	43,428	43,429	1
2,224 11/12/24 S SELL 71147320	1.0004	0	2,224	2,224	0
284 11/13/24 S SELL 71147323	1.0004	0	284	284	0
2,175 11/14/24 S SELL 71147325	1.0004	0	2,176	2,176	0
17,655 11/18/24 S SELL 71147330	1.0003	0	17,662	17,661	(1)

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DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	7,068,046 EXPENSES	5% VALUE OF COST OF ASSET	353,402 CURRENT VALUE	NET GAIN OR (LOSS)
21,166 11/20/24 S SELL 71147334	1.0003	0	21,174	21,172	(2)
1,419 11/21/24 S SELL 71147336	1.0002	0	1,420	1,420	0
5,514 11/22/24 S SELL 71147339	1.0003	0	5,516	5,516	0
17,613 11/25/24 S SELL 71147342	1.0003	0	17,620	17,619	(1)
1,419 11/26/24 S SELL 71147344	1.0003	0	1,419	1,419	0
384,348 11/27/24 B BUY 71147350	1.0003	0	384,463	384,463	0
75,425 11/29/24 B BUY 71147352	1.0003	0	75,448	75,448	0
30,283 12/02/24 B BUY 71147357	1.0003	0	30,292	30,292	0
19,714 12/04/24 S SELL 71147366	1.0003	0	19,721	19,720	(1)
3,091 12/05/24 S SELL 71147368	1.0004	0	3,092	3,092	0
2,707 12/06/24 S SELL 71147371	1.0004	0	2,708	2,708	0
43,829 12/09/24 S SELL 71147375	1.0004	0	43,845	43,846	1
485 12/10/24 S SELL 71147377	1.0004	0	485	485	0
5,998 12/11/24 S SELL 71147380	1.0004	0	6,000	6,000	0
368 12/13/24 S SELL 71147382	1.0004	0	368	368	0
5,014 12/16/24 S SELL 71147386	1.0004	0	5,016	5,016	0
4,399 12/17/24 S SELL 71147388	1.0004	0	4,400	4,401	0
9,040 12/18/24 S SELL 71147391	1.0004	0	9,044	9,044	0
4,617 12/19/24 S SELL 71147393	1.0004	0	4,619	4,619	0
1,106 12/20/24 S SELL 71147396	1.0004	0	1,106	1,106	0
7,319 12/23/24 S SELL 71147399	1.0004	0	7,322	7,322	0
36,139 12/24/24 S SELL 71147404	1.0004	0	36,152	36,153	1
1,750 12/26/24 S SELL 71147406	1.0003	0	1,750	1,750	0
42,193 12/27/24 S SELL 71147409	1.0004	0	42,209	42,210	1
52,236 12/30/24 B BUY 71147411	1.0004	0	52,257	52,257	0
153,750 12/31/24 S SELL 71147417	1.0004	0	153,807	153,812	5
428,717 01/02/25 B BUY 71147421	1.0004	0	428,889	428,889	0
296 01/03/25 S SELL 71147429	1.0004	0	297	297	0
101 01/06/25 S SELL 71147431	1.0004	0	101	101	0
249 01/07/25 B BUY 71147433	1.0004	0	249	249	0
7,766 01/08/25 S SELL 71147439	1.0004	0	7,769	7,770	0
26,972 01/09/25 S SELL 71147440	1.0004	0	26,982	26,983	1
8,304 01/10/25 S SELL 71147442	1.0004	0	8,307	8,308	0
710 01/13/25 S SELL 71147444	1.0003	0	710	710	0
3,070 01/14/25 S SELL 71147446	1.0003	0	3,071	3,071	0
11,114 01/15/25 S SELL 71147450	1.0003	0	11,118	11,117	(1)
25,603 01/17/25 S SELL 71147453	1.0004	0	25,613	25,614	1
3,257 01/21/25 S SELL 71147455	1.0004	0	3,258	3,258	0
13,405 01/22/25 S SELL 71147459	1.0003	0	13,410	13,409	(1)
2,500 01/23/25 S SELL 71147461	1.0003	0	2,501	2,501	0
31,379 01/24/25 S SELL 71147465	1.0004	0	31,391	31,392	1
3,756 01/27/25 S SELL 71147467	1.0004	0	3,758	3,758	0
2,280 01/28/25 S SELL 71147469	1.0004	0	2,281	2,281	0
13,757 01/29/25 S SELL 71147472	1.0004	0	13,762	13,763	0
55,985 01/30/25 B BUY 71147477	1.0004	0	56,008	56,008	0
55,991 01/30/25 B BUY 71147478	1.0003	0	56,008	56,008	0
55,985 01/30/25 S SELL 71147479	1.0004	0	56,006	56,008	2

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DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	EXPENSES	7,068,046 COST OF ASSET	5% VALUE OF CURRENT VALUE	353,402 NET GAIN OR (LOSS)
484,342 02/03/25 B BUY 71147485	1.0004	0	484,536	484,536	0
484,391 02/03/25 B BUY 71147486	1.0003	0	484,536	484,536	0
484,342 02/03/25 S SELL 71147487	1.0004	0	484,520	484,536	16
26,609 02/04/25 S SELL 71147490	1.0003	0	26,618	26,617	(2)
206 02/05/25 B BUY 71147492	1.0003	0	206	206	0
15,507 02/06/25 S SELL 71147497	1.0003	0	15,513	15,512	(1)
2,858 02/07/25 S SELL 71147499	1.0003	0	2,859	2,859	0
43,447 02/10/25 S SELL 71147502	1.0003	0	43,462	43,460	(3)
167 02/11/25 S SELL 71147504	1.0003	0	167	167	0
6,484 02/12/25 S SELL 71147507	1.0003	0	6,486	6,486	0
4,640 02/14/25 S SELL 71147511	1.0003	0	4,642	4,642	0
12,135 02/18/25 S SELL 71147514	1.0003	0	12,140	12,139	(1)
10,252 02/19/25 S SELL 71147517	1.0003	0	10,256	10,255	(1)
2,432 02/20/25 S SELL 71147519	1.0003	0	2,433	2,433	0
41,335 02/21/25 S SELL 71147521	1.0003	0	41,350	41,347	(3)
34,912 02/24/25 S SELL 71147526	1.0003	0	34,925	34,923	(2)
30,632 02/26/25 S SELL 71147529	1.0003	0	30,644	30,642	(2)
64,211 02/28/25 B BUY 71147534	1.0003	0	64,230	64,230	0
414,317 03/03/25 B BUY 71147536	1.0003	0	414,441	414,441	0
11,728 03/04/25 S SELL 71147543	1.0004	0	11,732	11,733	0
38,269 03/05/25 S SELL 71147552	1.0004	0	38,283	38,285	1
2,277 03/06/25 S SELL 71147554	1.0004	0	2,278	2,278	0
41,903 03/07/25 S SELL 71147558	1.0004	0	41,918	41,920	2
7,811 03/10/25 S SELL 71147561	1.0004	0	7,814	7,814	0
1,574 03/11/25 S SELL 71147563	1.0004	0	1,575	1,575	0
1,548 03/12/25 S SELL 71147566	1.0003	0	1,549	1,549	0
612 03/13/25 S SELL 71147568	1.0003	0	613	612	0
1,613 03/14/25 S SELL 71147570	1.0003	0	1,614	1,614	0
11,720 03/17/25 S SELL 71147574	1.0003	0	11,724	11,724	(1)
258 03/18/25 S SELL 71147576	1.0003	0	258	258	0
22,162 03/19/25 S SELL 71147580	1.0003	0	22,170	22,169	(1)
5,462 03/20/25 S SELL 71147584	1.0003	0	5,464	5,464	0
1,019 03/21/25 S SELL 71147586	1.0003	0	1,020	1,020	0
35,453 03/24/25 S SELL 71147589	1.0003	0	35,466	35,463	(2)
9,843 03/26/25 S SELL 71147594	1.0003	0	9,846	9,846	(1)
57,552 03/27/25 B BUY 71147597	1.0003	0	57,570	57,570	0
5,575 03/28/25 S SELL 71147600	1.0003	0	5,577	5,577	0
3,797 03/31/25 S SELL 71147603	1.0003	0	3,799	3,799	0
34,456 04/01/25 B BUY 71147606	1.0003	0	34,466	34,466	0
376,320 04/02/25 B BUY 71147617	1.0003	0	376,433	376,433	0
672 04/03/25 S SELL 71147619	1.0003	0	672	672	0
362 04/04/25 S SELL 71147622	1.0004	0	362	362	0
2,638 04/07/25 S SELL 71147625	1.0004	0	2,639	2,640	0
11,137 04/08/25 S SELL 71147629	1.0003	0	11,141	11,141	(1)
42,736 04/09/25 S SELL 71147634	1.0003	0	42,751	42,749	(3)
26,016 04/10/25 S SELL 71147637	1.0002	0	26,025	26,021	(4)
2,899 04/11/25 S SELL 71147639	1.0003	0	2,900	2,900	0

DELTA FAMILY-CARE MEDICAL PLAN
EIN# 58-0218548
PLAN# 501
Year Ended June 30, 2025
SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	0 EXPENSES	7,068,046 COST OF ASSET	5% VALUE OF CURRENT VALUE	353,402 NET GAIN OR (LOSS)
727 04/14/25 S SELL 71147641	1.0002	0	727	727	0
0 04/15/25 S SELL 71147642	1.0000	0	0	0	0
54,479 04/16/25 S SELL 71147648	1.0002	0	54,499	54,490	(9)
5,654 04/17/25 S SELL 71147651	1.0002	0	5,656	5,655	(1)
35,956 04/21/25 S SELL 71147654	1.0002	0	35,969	35,964	(6)
17,225 04/22/25 S SELL 71147656	1.0002	0	17,231	17,229	(3)
7,137 04/23/25 S SELL 71147660	1.0002	0	7,140	7,139	(1)
13,058 04/24/25 B BUY 71147664	1.0002	0	13,061	13,061	0
1,219 04/25/25 S SELL 71147666	1.0002	0	1,219	1,219	0
358 04/28/25 S SELL 71147668	1.0002	0	358	358	0
12,404 04/29/25 S SELL 71147671	1.0002	0	12,408	12,407	(2)
374,636 04/30/25 B BUY 71147677	1.0002	0	374,711	374,711	0
25,625 05/01/25 B BUY 71147682	1.0002	0	25,630	25,630	0
25,623 05/01/25 B BUY 71147683	1.0003	0	25,630	25,630	0
25,625 05/01/25 S SELL 71147684	1.0002	0	25,634	25,630	(4)
3,904 05/02/25 S SELL 71147695	1.0002	0	3,906	3,905	(1)
123 05/05/25 S SELL 71147699	1.0002	0	123	123	0
94,083 05/06/25 B BUY 71147702	1.0002	0	94,102	94,102	0
7,541 05/07/25 S SELL 71147707	1.0002	0	7,544	7,542	(1)
861 05/08/25 S SELL 71147709	1.0002	0	862	862	0
52,237 05/09/25 S SELL 71147712	1.0002	0	52,256	52,248	(8)
2,345 05/12/25 S SELL 71147716	1.0001	0	2,346	2,346	(1)
407 05/13/25 S SELL 71147719	1.0001	0	407	407	0
4,788 05/14/25 S SELL 71147723	1.0001	0	4,789	4,788	(1)
220 05/15/25 S SELL 71147725	1.0001	0	220	220	0
262 05/16/25 S SELL 71147727	1.0002	0	262	262	0
3,995 05/19/25 S SELL 71147729	1.0001	0	3,997	3,996	(1)
287 05/20/25 B BUY 71147732	1.0001	0	287	287	0
9,129 05/21/25 S SELL 71147736	1.0001	0	9,132	9,130	(2)
20,932 05/22/25 S SELL 71147738	1.0001	0	20,940	20,934	(5)
25,284 05/23/25 S SELL 71147741	1.0001	0	25,293	25,287	(6)
43,504 05/27/25 B BUY 71147745	1.0001	0	43,509	43,509	0
11,189 05/28/25 S SELL 71147750	1.0001	0	11,193	11,190	(3)
2,090 05/29/25 S SELL 71147752	1.0001	0	2,091	2,090	(1)
370,354 05/30/25 B BUY 71147758	1.0001	0	370,391	370,391	0
430,590 06/02/25 B BUY 71147761	1.0001	0	430,633	430,633	0
92 06/03/25 S SELL 71147770	1.0001	0	92	92	0
7,074 06/04/25 S SELL 71147775	1.0001	0	7,076	7,074	(2)
1,846 06/05/25 B BUY 71147778	1.0001	0	1,847	1,847	0
1,846 06/05/25 B BUY 71147779	1.0002	0	1,847	1,847	0
1,846 06/05/25 S SELL 71147780	1.0001	0	1,847	1,847	0
4,542 06/06/25 S SELL 71147783	1.0001	0	4,544	4,543	(1)
56,934 06/09/25 S SELL 71147785	1.0001	0	56,953	56,940	(13)
5,019 06/10/25 S SELL 71147790	1.0001	0	5,021	5,020	(1)
10,093 06/11/25 S SELL 71147794	1.0001	0	10,096	10,094	(2)
3,993 06/12/25 S SELL 71147796	1.0002	0	3,994	3,994	(1)
1,422 06/13/25 S SELL 71147798	1.0002	0	1,423	1,423	0

DELTA FAMILY-CARE MEDICAL PLAN
EIN# 58-0218548
PLAN# 501
Year Ended June 30, 2025
SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED				BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	7,068,046 EXPENSES	5% VALUE OF COST OF ASSET	353,402 CURRENT VALUE	NET GAIN OR (LOSS)
6,137	06/17/25 S SELL	71147803		1.0001	0	6,139	6,137	(1)
4,203	06/18/25 S SELL	71147808		1.0001	0	4,205	4,204	(1)
1,148	06/20/25 S SELL	71147810		1.0001	0	1,148	1,148	0
5,117	06/23/25 S SELL	71147814		1.0002	0	5,119	5,118	(1)
22,453	06/24/25 S SELL	71147816		1.0002	0	22,461	22,458	(3)
10,647	06/25/25 S SELL	71147820		1.0002	0	10,650	10,649	(1)
49,735	06/26/25 B BUY	71147823		1.0002	0	49,745	49,745	0
3,338	06/27/25 B BUY	71147826		1.0002	0	3,339	3,339	0
266,107	06/30/25 B BUY	71147829		1.0002	0	266,160	266,160	0
7,883,574		45	TOTAL BUYS		0	7,886,137	7,886,137	0
3,802,749		196	TOTAL SELLS		0	3,804,111	3,804,130	0
11,686,323			SECURITY TOTAL		0	11,690,248	11,690,267	0

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

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

DELTA FAMILY-CARE MEDICAL PLAN

EIN 58-0218548
Plan Number - 501
June 30, 2025

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

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	JP Morgan Chase Bank, N.A.	JP Morgan Chase Prime Money Market Fund	$ 11,121,745	$ 11,120,309

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

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