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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN

1b Three-digit plan number (PN) ▶ 547

1c Effective date of plan 11/01/1952

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.	07/20/2026	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

ADMINISTRATIVE COMMITTEE OF DELTA AIR LINES, INC.

1030 DELTA BOULEVARD,DEPARTMENT 216
ATLANTA, GA 30354

3b Administrator's EIN
58-1282408

3c Administrator's telephone number
404-715-2600

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**	880
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**	785
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	785
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 Characteristic Codes in the instructions:

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

4A 4D 4Q

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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN

B Three-digit plan number (PN) ▶ 547

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

D Employer Identification Number (EIN)
58-0218548

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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	192963	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	98242	Yes ☐ No ☒	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	34319	Yes ☐ No ☒	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)

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	24172	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CVS PHARMACY, INC.

05-0340626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	OWNER OF THE PLAN'S PBM	19063	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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE G (Form 5500)

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN

B Three-digit plan number (PN) ▶ 547

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	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
		267168			

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

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

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

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

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

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

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

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

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

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

SCHEDULE H
(Form 5500)

Department of the Treasury
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN

B Three-digit plan number (PN) ▶ 547

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	207964	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10555	75888
(2) Participant contributions	1b(2)	30905	26641
(3) Other	1b(3)	613870	644015
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5260984	6065823
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	6124278	6812367
Liabilities			
1g Benefit claims payable	1g	191031	212784
1h Operating payables	1h	196400	87320
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	136279	92130
1k Total liabilities (add all amounts in lines 1g through1j)	1k	523710	392234
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	5600568	6420133

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)	2113148	
(B) Participants	2a(1)(B)	2632816	
(C) Others (including rollovers)	2a(1)(C)	92502	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4838466
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	247028	
(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)		247028
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		160
d Total income. Add all **income** amounts in column (b) and enter total	2d		5085654
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3794330	
(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)		3794330
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)	334440	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	34319	
(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)	95000	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		471759
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4266089
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		819565
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		267168
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 _____.

Northwest Airlines, Inc.
Group Medical Plan

Financial Statements and Supplemental Schedules
As of December 31, 2025 and 2024
and for the Year Ended December 31, 2025

With Independent Auditor's Report

NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN

Table of Contents	Page
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024	5
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2025	6
Statements of Plan Benefit Obligations as of December 31, 2025 and 2024	7
Statement of Changes in Plan Benefit Obligations for the Year Ended December 31, 2025	8
Notes to Financial Statements	9
SUPPLEMENTAL SCHEDULES:	
Form 5500, Schedule H, Part IV, Line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2025	
Form 5500, Schedule H, Part IV, Line 4j, Schedule of Reportable Transactions for the Year Ended December 31, 2025	
Form 5500, Schedule G, Part III, Schedule of Non-Exempt Transactions for the Year Ended December 31, 2025	

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: 303-830-1120
Fax: 303-830-8130
www.bdo.com

303 E. 17th Avenue, Suite 600
Denver, CO 80203

Independent Auditor's Report

To the Plan Administrator
Northwest Airlines, Inc. Group Medical Plan
Atlanta, Georgia

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

We have performed audits of the financial statements of Northwest Airlines, Inc. Group Medical Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 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 December 31, 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 December 31, 2025 and 2024, and for the year ended December 31, 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); and

- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA refers to BDO USA, P.C., a Virginia professional corporation, also doing business in certain jurisdictions with an alternative identifying abbreviation, such as Corp. or P.S.C.

BDO USA, P.C. is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



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 December 31, 2025, Schedule H, Line 4j- Schedule of Reportable Transactions for the year ended December 31, 2025, and Schedule G, Part III – Schedule of Non-Exempt Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the

supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- the certified investment information in the supplemental schedules agrees to, or are derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

July 15, 2026

NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2025 AND 2024

(In thousands)	2025	2024
Assets:		
Cash	$ —	$ 208
Investments - at fair value (Notes 3, 7, and 8):		
Money Market Fund	6,066	5,261
Receivables:		
Rebates, Subsidies and Other Receivable	624	592
Contributions Receivable - Participants	27	31
Contributions Receivable - Employer	76	11
Accrued Interest & Dividends	19	21
Total Receivables	746	655
Total Assets	6,812	6,124
Liabilities:		
Accrued Expenses and Other Payables	(110)	(206)
Payables to Claims Administrators	(69)	(126)
Total Liabilities	(179)	(332)
Net Assets Available for Benefits	$ 6,633	$ 5,792

See notes to financial statements.

NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025

(In thousands)	2025
Additions to Net Assets Attributed to:	
Investment Income:	
Interest & Dividends (Notes 7 and 8)	$ 247
Total Investment Income	247
Contributions:	
Employer Contributions	2,113
Participant Contributions	2,633
Other Contributions	92
Total Contributions	4,838
Total Additions	5,085
Deductions From Net Assets Attributed to:	
Benefit Payments, net of rebates and reimbursements	(3,772)
Administrative Expenses, net of credits	(472)
Total Deductions	(4,244)
Net Increase	841
Net Assets Available for Benefits:	
Beginning of Year	5,792
End of Year	$ 6,633

See notes to financial statements.

NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN
STATEMENTS OF PLAN BENEFIT OBLIGATIONS
AS OF DECEMBER 31, 2025 AND 2024

(In thousands)	2025	2024
Plan Benefit Obligations (Note 4):		
Amounts Currently Payable:		
Claims Payable and Claims Incurred But Not Reported	$ 213	$ 191
Total Currently Payable	213	191
Postretirement Benefit Obligations, net of amounts currently in payment status:		
Retiree Participants	11,261	10,440
	11,261	10,440
Total Plan Benefit Obligations	$ 11,474	$ 10,631

See notes to financial statements.

NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN
STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

(In thousands)	2025
Amounts Currently Payable:	
Balance - Beginning of Year	$ 191
Increase (Decrease) During the Period Attributable to:	
Claims Incurred	3,794
Claims Paid	(3,772)
Balance - End of Year	213
Postretirement Benefit Obligations, net of amounts currently in payment status:	
Balance - Beginning of Year	10,440
Increase (Decrease) During the Period Attributable to:	
Increase for Interest Due to Decrease in Discount Period	520
Changes in Actuarial Assumptions (Note 4)	2,061
Changes in Demographics	975
Benefits Paid	(2,735)
Balance - End of Year	11,261
Total Plan Benefit Obligations - End of Year	$ 11,474

See notes to financial statements.

1. DESCRIPTION AND ADMINISTRATION OF THE PLAN

The following description of the Northwest Airlines, Inc. Group Medical Plan (the "Plan") and the administration thereof provides general information only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a welfare benefit plan established January 1, 1987, by Northwest Airlines, Inc. ("Northwest" or "NWA") that provides medical, mental health, prescription drug, and dental benefits. Prior to January 1, 2010, the Plan provided benefits to substantially all active employees and eligible retirees of NWA and their eligible family members.

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

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. A trust (the "Trust") was established by the Company in December 2009 and amended in January 2011 in accordance with Section 501(c)(9) of the Internal Revenue Code (the "Code") in which Plan assets are held and under which benefits of the Plan are paid.

If a participant was covered under the Plan and experiences a qualifying event (as defined by the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA")) that makes them lose coverage, then the participant may continue group health plan coverage pursuant to the provisions of the COBRA. COBRA coverage will last for a maximum of 18, 29 or 36 months depending on the qualifying event. In addition, certain participants may be eligible for lifetime COBRA continuation coverage if they elected that coverage when it was offered to them during NWA's bankruptcy, and have continued the coverage.

Administration - UMR is the Plan's primary claims processor for medical and mental health claims. 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.

JP Morgan Chase Bank, N.A. ("Trustee" or "JPMC") serves as Trustee. The claims for self-insured benefits were processed by the Plan's third-party claims processors under Third Party Administrator model arrangements. As of December 31, 2025, self-insured benefits are processed by UMR, Delta Dental, and CVS. The claims processor pays claims directly to or on behalf of participants and are then reimbursed by either the Plan's Voluntary Employees' Beneficiary Association ("VEBA") trust, or the general assets of the Company. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

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

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

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

- Generally, employees who retired on or after August 1, 2006, who participate in the Plan are required to contribute 50% to 100% of the cost of their selected coverage tier based on their age and years of service.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

Payment of Benefits - Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are included in payables to claims administrators in the accompanying Statement of Net Assets Available for Benefits.

Rebates - Rebates due from the Plan's pharmacy benefit manager are recorded when earned. Rebates due as of the financial statement date have been reported as a receivable and totaled approximately $265 thousand and $263 thousand for the years ended December 31, 2025 and 2024, respectively.

The Retiree Drug Subsidy ("RDS") program is administered by the Center for Medicare and Medicaid Services ("CMS") and permits the Plan Sponsor to continue providing drug coverage to their Medicare-eligible retirees, and CMS reimburses for a portion of Plan Sponsors' eligible expense for retiree prescription drug benefits. RDS payments due as of the financial statement date have been reported as a receivable and totaled approximately $2 thousand and $76 thousand for the years ended December 31, 2025 and 2024, respectively.

Subsequent Events - The Plan has evaluated all events events through July 15, 2026, which is the date these financial statements were available to be issued.

There were no subsequent events that require recognition as of December 31, 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 December 31, 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 Securities and Exchange Commission. The fund is required to publish their daily net asset value and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

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

All plan investments are classified in Level 1 of the fair value hierarchy. At December 31, 2025 and 2024, the Plan held approximately $6.1 million and $5.3 million of a money market fund at fair value, respectively.

4. PLAN BENEFIT OBLIGATIONS

Obligations for Current Benefit Coverage - Plan obligations at December 31, 2025 and 2024 for inactive and retired participants for medical, mental health, and pharmacy claims incurred but not reported and for claims payable at December 31, 2025 and 2024, are determined using actual claims paid in the months following year-end. Plan obligations at December 31, 2025 and 2024 for inactive and retired participants for dental claims incurred but not reported, are estimated by the claims processors based on historical claims experience. These amounts are paid by the Plan only when claims are submitted and approved for payment. Plan benefit obligations at December 31, 2025 and 2024 for current benefit coverage for retirees and inactives as calculated by the actuaries are included in the postretirement benefit obligations.

Postretirement Benefit Obligation - The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered by December 31, 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) inactive employees and their beneficiaries and dependents after retirement from service with the Company. Prior to an inactive employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service with the Company rendered to the valuation date.

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

Actuarial Assumptions - For measurement purposes, healthcare cost trend rates as of December 31, 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. Healthcare cost trend rates as of December 31, 2024 were assumed to be 6.50% for 2025-2027, gradually decreasing 0.25% per year to 5.00% in 2033 and then remaining at that level. The dental care cost trend rate as of December 31, 2025 and 2024 was 4.00%. The healthcare cost trend rate assumption has a significant effect on the postretirement amounts reported. If the assumed healthcare cost trend rates increased by one percentage point in each year, it would increase the postretirement obligation as of December 31, 2025 and 2024 by $530 thousand and $516 thousand, respectively.

The following were other significant actuarial assumptions used in the postretirement valuation, as applicable as of December 31, 2025 and 2024:

	2025	2024
Weighted average discount rates:		
Postretirement	5.36%	5.72%

	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 converging to a long-term mortality improvement of 0.75%. Initial improvement rate of 0.75% declining from age 85 to 0% at age 115.
Postretirement - Disabled Pilot	Same - Set forward 5 years.
Postretirement - Disabled Flight Attendant & Ground	Same - Set forward 10 years.

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

At this time, it is the Company's intent that the Plan benefit obligations at December 31, 2025 and 2024 will be met through future participant and employer contributions to the Plan.

5. TAX STATUS

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

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

6. PLAN TERMINATION

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

7. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

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

- Investments and cash as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024.
- Total investment income as shown in the statement of changes in net assets available for benefits for the year ended December 31, 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 ending December 31, 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 such certified investment information to the related investment information presented and disclosed in the financial statements and reading the disclosures relating to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of US GAAP and Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.

8. PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of JPMC Prime Money Market Fund managed by the Trustee. These transactions qualify as exempt party-in-interest transactions. At December 31, 2025 and 2024, the Plan held approximately 6.1 million and 5.3 million shares, respectively, of the JPMC Prime Money Market Fund with a cost basis of approximately $6.1 million and $5.3 million, respectively.

During the year ended December 31, 2025, the Plan recorded interest and dividend income of approximately $247 thousand related to such investment.

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

During the year ended December 31, 2025, 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. These transactions were deemed to be prohibited transactions and are reported in the supplemental Schedule of Non-Exempt Transactions for the year ended December 31, 2025. See supplemental schedule for details.

9. RISKS AND UNCERTAINTIES

The Plan utilizes a money market fund (Note 3). Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Cash consists of monies held in non-interest bearing transaction accounts. The Plan places its cash with a financial institution deemed to be creditworthy. Balances are insured by the FDIC up to $250,000. At December 31, 2025, the Plan's cash did not exceed FDIC insured limits.

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

10. FORM 5500 RECONCILIATION

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2025 and 2024 (in thousands):

	2025	2024
Net assets available for benefits per financial statements	$ 6,633	$ 5,792
Benefit obligation amounts currently payable	(213)	(191)
Net assets available for benefits per Form 5500	$ 6,420	$ 5,601

The following is a reconciliation of benefit payments per the financial statements to the Form 5500 for the year ended December 31, 2025 (in thousands):

	Benefit Payments
Per financial statements	$ 3,772
Plus: Benefit obligation amounts currently payable at December 31, 2025	213
Less: Benefit obligation amounts accrued at December 31, 2024	(191)
Per Form 5500	$ 3,794

SUPPLEMENTAL SCHEDULES

NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN

EIN 58-0218548
Plan Number - 547
December 31, 2025

FORM 5500, 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	$ 6,064,037	$ 6,065,823

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

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 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	EXPENSES	5,490,668 COST OF ASSET	5% VALUE OF CURRENT VALUE	274,533 NET GAIN OR (LOSS)
4812A0367 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 288,808 11/05/25 BUY 12472	1.0004	0	288,924	288,924	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 687,899 01/02/25 BUY 11725	1.0004	0	688,174	688,174	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 366,982 02/03/25 BUY 11801	1.0004	0	367,129	367,129	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 366,982 02/03/25 SELL 11802	1.0004	0	367,123	367,129	5
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 367,019 02/03/25 BUY 11803	1.0003	0	367,129	367,129	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 481,235 05/28/25 BUY 12067	1.0001	0	481,283	481,283	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 293,642 06/02/25 BUY 12080	1.0001	0	293,671	293,671	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 324,453 08/01/25 BUY 12240	1.0001	0	324,485	324,485	0

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 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	EXPENSES	5,490,668 COST OF ASSET	5% VALUE OF CURRENT VALUE	274,533 NET GAIN OR (LOSS)
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 324,453 08/01/25 SELL 12241	1.0001	0	324,489	324,485	(4)
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 324,420 08/01/25 BUY 12242	1.0002	0	324,485	324,485	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 393,251 08/22/25 BUY 12293	1.0002	0	393,330	393,330	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 393,251 08/22/25 SELL 12294	1.0002	0	393,321	393,330	9
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 393,212 08/22/25 BUY 12295	1.0003	0	393,330	393,330	0

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 2025
Schedule H, Part IV, Line 4j- Schedule of Reportable Transactions

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
BASED ON MARKET VALUE OF		5,490,668	5% VALUE OF		274,533
4812A0367 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
18,412 10/01/25 B BUY 525	1.0004	0	18,419	18,419	0
28,039 10/01/25 S SELL 12390	1.0004	0	28,046	28,050	4
97,845 10/02/25 B BUY 12399	1.0004	0	97,884	97,884	0
97,835 10/02/25 B BUY 12400	1.0005	0	97,884	97,884	0
97,845 10/02/25 S SELL 12401	1.0004	0	97,876	97,884	8
12,716 10/06/25 S SELL 12405	1.0004	0	12,720	12,721	1
2,734 10/07/25 S SELL 12407	1.0004	0	2,735	2,735	0
100,049 10/09/25 S SELL 12413	1.0004	0	100,081	100,089	9
6,769 10/10/25 S SELL 12415	1.0004	0	6,771	6,772	1
3,621 10/14/25 S SELL 12417	1.0005	0	3,622	3,623	1
26,877 10/15/25 S SELL 12422	1.0005	0	26,885	26,890	5
4,539 10/16/25 S SELL 12424	1.0005	0	4,540	4,541	1
10,268 10/17/25 S SELL 12426	1.0005	0	10,271	10,273	2
10,692 10/20/25 S SELL 12428	1.0005	0	10,695	10,697	2
1,708 10/21/25 S SELL 12430	1.0005	0	1,709	1,709	0
13,760 10/22/25 S SELL 12434	1.0005	0	13,765	13,767	3
5,067 10/23/25 S SELL 12436	1.0005	0	5,069	5,070	1
92,812 10/24/25 S SELL 12440	1.0005	0	92,841	92,858	17
100,833 10/27/25 B BUY 12444	1.0005	0	100,883	100,883	0
1,757 10/28/25 S SELL 12446	1.0005	0	1,757	1,758	0
18,436 10/29/25 S SELL 12450	1.0005	0	18,442	18,445	3
2,005 10/30/25 S SELL 12452	1.0004	0	2,006	2,006	0
0 10/31/25 S SELL 12454	1.0000	0	0	0	0
18,664 11/03/25 B BUY 527	1.0004	0	18,672	18,672	0
2,251 11/03/25 B BUY 12455	1.0004	0	2,252	2,252	0
9,596 11/04/25 S SELL 12462	1.0004	0	9,600	9,600	1
288,808 11/05/25 B BUY 12472	1.0004	0	288,924	288,924	0
5,132 11/06/25 S SELL 12474	1.0004	0	5,134	5,135	0
14,961 11/07/25 S SELL 12478	1.0004	0	14,966	14,967	1
73,757 11/10/25 S SELL 12481	1.0004	0	73,783	73,786	3
56,243 11/12/25 S SELL 12486	1.0004	0	56,264	56,266	2
7,837 11/14/25 S SELL 12490	1.0004	0	7,840	7,840	0
8,135 11/18/25 S SELL 12492	1.0003	0	8,138	8,137	(1)
18,270 11/19/25 S SELL 12497	1.0003	0	18,276	18,275	(1)
26,536 11/20/25 B BUY 12501	1.0003	0	26,544	26,544	0
9,934 11/21/25 S SELL 12503	1.0004	0	9,937	9,938	0
56,819 11/24/25 S SELL 12557	1.0004	0	56,840	56,842	2
105,273 11/25/25 B BUY 12561	1.0004	0	105,315	105,315	0
74,305 11/26/25 B BUY 12579	1.0004	0	74,335	74,335	0
17,403 12/01/25 B BUY 537	1.0004	0	17,410	17,410	0
1,237 12/01/25 S SELL 12585	1.0004	0	1,238	1,238	0
3,439 12/02/25 S SELL 12597	1.0004	0	3,441	3,441	0
32,573 12/03/25 S SELL 12605	1.0004	0	32,585	32,586	1
11,835 12/04/25 S SELL 12609	1.0004	0	11,839	11,840	0

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 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	5,490,668 EXPENSES	5% VALUE OF COST OF ASSET	274,533 CURRENT VALUE	NET GAIN OR (LOSS)
3,100	12/05/25 S SELL	12613		1.0004	0	3,101	3,101	0
4,808	12/08/25 S SELL	12617		1.0004	0	4,809	4,810	0
83,372	12/09/25 S SELL	12621		1.0004	0	83,403	83,406	2
60,919	12/10/25 S SELL	12631		1.0004	0	60,941	60,943	2
119,072	12/12/25 S SELL	12635		1.0004	0	119,116	119,119	4
17,615	12/16/25 S SELL	12643		1.0004	0	17,621	17,622	1
26,062	12/17/25 S SELL	12653		1.0004	0	26,072	26,072	1
2,281	12/18/25 S SELL	12661		1.0004	0	2,282	2,282	0
74,702	12/19/25 B BUY	12667		1.0004	0	74,732	74,732	0
7,217	12/22/25 S SELL	12671		1.0004	0	7,219	7,219	0
215,714	12/23/25 B BUY	12677		1.0004	0	215,800	215,800	0
106,645	12/24/25 S SELL	12689		1.0004	0	106,686	106,688	2
4,801	12/26/25 S SELL	12693		1.0004	0	4,803	4,803	0
3,545	12/29/25 S SELL	12697		1.0004	0	3,546	3,546	0
33,319	12/30/25 B BUY	12703		1.0004	0	33,332	33,332	0
83,823	12/31/25 B BUY	12721		1.0004	0	83,857	83,857	0
1,255,723		15	TOTAL BUYS		0	1,256,243	1,256,243	0
1,188,899		45	TOTAL SELLS		0	1,189,311	1,189,390	78
2,444,622			SECURITY TOTAL		0	2,445,554	2,445,633	78
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049								
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS								
19,840	01/02/25 B BUY	497		1.0004	0	19,848	19,848	0
687,899	01/02/25 B BUY	11725		1.0004	0	688,174	688,174	0
741	01/03/25 S SELL	11734		1.0004	0	741	741	0
4,522	01/06/25 S SELL	11737		1.0004	0	4,524	4,524	0
3,474	01/07/25 B BUY	11739		1.0004	0	3,475	3,475	0
20,612	01/08/25 S SELL	11746		1.0004	0	20,620	20,620	1
121,792	01/09/25 S SELL	11747		1.0004	0	121,837	121,840	3
13,919	01/10/25 S SELL	11749		1.0004	0	13,925	13,925	0
5,797	01/13/25 S SELL	11751		1.0003	0	5,799	5,798	0
6,866	01/14/25 S SELL	11753		1.0003	0	6,869	6,868	(1)
17,425	01/15/25 S SELL	11758		1.0003	0	17,431	17,430	(1)
6,303	01/16/25 S SELL	11760		1.0004	0	6,305	6,305	0
13,917	01/17/25 S SELL	11762		1.0004	0	13,922	13,922	0
8,292	01/21/25 S SELL	11764		1.0004	0	8,295	8,296	0
26,972	01/22/25 B BUY	11769		1.0004	0	26,983	26,983	0
26,975	01/22/25 B BUY	11770		1.0003	0	26,983	26,983	0
26,972	01/22/25 S SELL	11771		1.0004	0	26,982	26,983	1
7,225	01/23/25 S SELL	11773		1.0003	0	7,228	7,227	(1)
82,800	01/24/25 S SELL	11777		1.0004	0	82,831	82,833	2
8,845	01/27/25 S SELL	11780		1.0004	0	8,848	8,849	0
1,659	01/28/25 S SELL	11782		1.0004	0	1,660	1,660	0
30,690	01/29/25 S SELL	11785		1.0004	0	30,702	30,703	1

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 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	5,490,668 EXPENSES	5% VALUE OF COST OF ASSET	274,533 CURRENT VALUE	NET GAIN OR (LOSS)
16,699 01/30/25 B BUY	11788	1.0004	0	16,706	16,706	0
16,699 01/30/25 S SELL	11789	1.0004	0	16,705	16,706	0
16,701 01/30/25 B BUY	11790	1.0003	0	16,706	16,706	0
132,531 01/31/25 S SELL	11794	1.0004	0	132,580	132,584	4
19,286 02/03/25 B BUY	499	1.0004	0	19,294	19,294	0
19,288 02/03/25 B BUY	500	1.0003	0	19,294	19,294	0
19,286 02/03/25 S SELL	501	1.0004	0	19,287	19,294	7
366,982 02/03/25 B BUY	11801	1.0004	0	367,129	367,129	0
366,982 02/03/25 S SELL	11802	1.0004	0	367,123	367,129	5
367,019 02/03/25 B BUY	11803	1.0003	0	367,129	367,129	0
8,934 02/04/25 S SELL	11806	1.0003	0	8,937	8,937	0
2,952 02/05/25 B BUY	11808	1.0003	0	2,953	2,953	0
37,346 02/06/25 S SELL	11813	1.0003	0	37,359	37,357	(2)
5,216 02/07/25 S SELL	11815	1.0003	0	5,217	5,217	0
97,163 02/10/25 S SELL	11818	1.0003	0	97,196	97,192	(4)
12,339 02/11/25 S SELL	11820	1.0003	0	12,343	12,343	(1)
18,506 02/12/25 S SELL	11823	1.0003	0	18,513	18,512	(1)
17,872 02/14/25 S SELL	11827	1.0003	0	17,879	17,878	(1)
50,517 02/18/25 S SELL	11830	1.0003	0	50,534	50,532	(2)
34,129 02/19/25 S SELL	11833	1.0003	0	34,141	34,139	(1)
7,783 02/20/25 S SELL	11835	1.0003	0	7,785	7,785	0
5,266 02/21/25 S SELL	11837	1.0003	0	5,268	5,268	0
102,222 02/24/25 S SELL	11842	1.0003	0	102,257	102,253	(4)
29,095 02/26/25 S SELL	11845	1.0003	0	29,105	29,104	(1)
75,957 02/28/25 B BUY	11851	1.0003	0	75,980	75,980	0
17,368 03/03/25 B BUY	503	1.0003	0	17,374	17,374	0
113,482 03/03/25 B BUY	11853	1.0003	0	113,516	113,516	0
32,537 03/04/25 S SELL	11860	1.0004	0	32,548	32,551	2
37,735 03/05/25 S SELL	11867	1.0004	0	37,747	37,750	3
30,295 03/06/25 S SELL	11869	1.0004	0	30,305	30,307	2
85,265 03/07/25 S SELL	11873	1.0004	0	85,293	85,299	6
7,639 03/10/25 S SELL	11876	1.0004	0	7,642	7,642	1
3,666 03/11/25 S SELL	11878	1.0004	0	3,667	3,667	0
12,941 03/12/25 S SELL	11881	1.0003	0	12,945	12,945	0
5,763 03/13/25 S SELL	11883	1.0003	0	5,765	5,764	0
7,791 03/14/25 S SELL	11885	1.0003	0	7,793	7,793	0
28,686 03/17/25 S SELL	11889	1.0003	0	28,696	28,695	(1)
2,047 03/18/25 S SELL	11891	1.0003	0	2,047	2,047	0
27,759 03/19/25 S SELL	11896	1.0003	0	27,768	27,767	(1)
28,899 03/20/25 S SELL	11899	1.0003	0	28,908	28,908	(1)
3,780 03/21/25 S SELL	11901	1.0003	0	3,782	3,782	0
115,366 03/24/25 B BUY	11905	1.0003	0	115,401	115,401	0
36,338 03/26/25 S SELL	11910	1.0003	0	36,349	36,349	(1)
22,149 03/27/25 B BUY	11913	1.0003	0	22,155	22,155	0
27,257 03/28/25 S SELL	11916	1.0003	0	27,266	27,265	0
2,727 03/31/25 S SELL	11918	1.0003	0	2,728	2,728	0
19,194 04/01/25 B BUY	505	1.0003	0	19,200	19,200	0

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 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	5,490,668 EXPENSES	5% VALUE OF COST OF ASSET	274,533 CURRENT VALUE	NET GAIN OR (LOSS)
82,650 04/01/25 B BUY	11922	1.0003	0	82,675	82,675	0
81,057 04/02/25 B BUY	11934	1.0003	0	81,081	81,081	0
20,208 04/03/25 S SELL	11936	1.0003	0	20,215	20,214	0
1,812 04/04/25 S SELL	11939	1.0004	0	1,812	1,813	0
16,089 04/07/25 S SELL	11942	1.0004	0	16,094	16,096	1
3,706 04/08/25 S SELL	11945	1.0003	0	3,707	3,707	0
105,278 04/09/25 S SELL	11950	1.0003	0	105,310	105,309	(1)
5,081 04/10/25 S SELL	11952	1.0002	0	5,082	5,082	(1)
7,734 04/11/25 S SELL	11954	1.0003	0	7,736	7,736	0
8,864 04/14/25 S SELL	11956	1.0002	0	8,867	8,866	(1)
1 04/15/25 S SELL	11957	1.0000	0	1	1	0
29,128 04/16/25 S SELL	11963	1.0002	0	29,137	29,134	(3)
25,795 04/17/25 S SELL	11966	1.0002	0	25,803	25,801	(3)
29,163 04/21/25 S SELL	11969	1.0002	0	29,172	29,169	(3)
11,011 04/22/25 S SELL	11971	1.0002	0	11,015	11,014	(1)
24,485 04/23/25 S SELL	11975	1.0002	0	24,493	24,490	(3)
71,926 04/24/25 S SELL	11978	1.0002	0	71,948	71,940	(8)
5,120 04/25/25 S SELL	11981	1.0002	0	5,122	5,121	(1)
18,588 04/28/25 S SELL	11984	1.0002	0	18,594	18,592	(2)
14,073 04/29/25 B BUY	11986	1.0002	0	14,076	14,076	0
127,718 04/30/25 B BUY	11994	1.0002	0	127,744	127,744	0
18,592 05/01/25 B BUY	507	1.0002	0	18,596	18,596	0
18,592 05/01/25 S SELL	508	1.0002	0	18,594	18,596	3
18,591 05/01/25 B BUY	509	1.0003	0	18,596	18,596	0
63,712 05/01/25 B BUY	12000	1.0002	0	63,725	63,725	0
63,712 05/01/25 S SELL	12001	1.0002	0	63,726	63,725	(2)
63,706 05/01/25 B BUY	12002	1.0003	0	63,725	63,725	0
9,145 05/02/25 S SELL	12011	1.0002	0	9,147	9,147	0
3,612 05/05/25 S SELL	12015	1.0002	0	3,613	3,613	0
218,082 05/06/25 B BUY	12018	1.0002	0	218,125	218,125	0
38,456 05/07/25 S SELL	12023	1.0002	0	38,465	38,464	(1)
5,017 05/08/25 S SELL	12025	1.0002	0	5,019	5,018	0
98,309 05/09/25 S SELL	12028	1.0002	0	98,330	98,328	(2)
6,430 05/12/25 S SELL	12032	1.0001	0	6,432	6,431	(1)
5,269 05/13/25 S SELL	12034	1.0001	0	5,270	5,270	(1)
25,228 05/14/25 S SELL	12038	1.0001	0	25,234	25,231	(3)
99,792 05/15/25 S SELL	12041	1.0001	0	99,814	99,802	(12)
1,377 05/16/25 S SELL	12043	1.0002	0	1,377	1,377	0
5,871 05/19/25 S SELL	12045	1.0001	0	5,872	5,872	(1)
8,387 05/20/25 S SELL	12048	1.0001	0	8,389	8,387	(1)
23,969 05/21/25 S SELL	12052	1.0001	0	23,975	23,972	(3)
7,284 05/22/25 S SELL	12054	1.0001	0	7,285	7,284	(1)
50,119 05/23/25 S SELL	12057	1.0001	0	50,131	50,124	(6)
18,955 05/27/25 B BUY	12061	1.0001	0	18,957	18,957	0
481,235 05/28/25 B BUY	12067	1.0001	0	481,283	481,283	0
33,695 05/29/25 S SELL	12070	1.0001	0	33,699	33,699	(1)
75,705 05/30/25 B BUY	12077	1.0001	0	75,713	75,713	0

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 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	5,490,668 EXPENSES	5% VALUE OF COST OF ASSET	274,533 CURRENT VALUE	NET GAIN OR (LOSS)
19,173	06/02/25 B BUY	511	1.0001	0	19,174	19,174	0
293,642	06/02/25 B BUY	12080	1.0001	0	293,671	293,671	0
54	06/03/25 S SELL	12089	1.0001	0	54	54	0
41,486	06/04/25 S SELL	12094	1.0001	0	41,491	41,490	0
2,584	06/05/25 B BUY	12098	1.0002	0	2,585	2,585	0
2,585	06/05/25 B BUY	12099	1.0001	0	2,585	2,585	0
2,585	06/05/25 S SELL	12100	1.0001	0	2,585	2,585	0
8,855	06/06/25 S SELL	12103	1.0001	0	8,856	8,856	0
83,497	06/09/25 S SELL	12105	1.0001	0	83,506	83,505	(1)
20,448	06/10/25 S SELL	12110	1.0001	0	20,451	20,450	0
15,127	06/11/25 S SELL	12114	1.0001	0	15,128	15,128	0
8,718	06/13/25 S SELL	12117	1.0002	0	8,719	8,719	1
18,463	06/17/25 S SELL	12121	1.0001	0	18,465	18,465	0
19,093	06/18/25 B BUY	12127	1.0001	0	19,095	19,095	0
6,900	06/20/25 S SELL	12129	1.0001	0	6,901	6,901	0
21,994	06/23/25 S SELL	12133	1.0002	0	21,997	21,999	2
53,599	06/24/25 S SELL	12135	1.0002	0	53,605	53,610	5
24,412	06/25/25 S SELL	12139	1.0002	0	24,414	24,416	2
2,295	06/26/25 S SELL	12142	1.0002	0	2,295	2,295	0
66,758	06/27/25 B BUY	12146	1.0002	0	66,771	66,771	0
1,001	06/30/25 S SELL	12148	1.0002	0	1,001	1,001	0
18,565	07/01/25 B BUY	513	1.0002	0	18,569	18,569	0
79,362	07/01/25 B BUY	12152	1.0002	0	79,378	79,378	0
29,032	07/02/25 S SELL	12169	1.0002	0	29,035	29,037	2
7,423	07/03/25 S SELL	12171	1.0002	0	7,424	7,424	1
6,026	07/07/25 S SELL	12177	1.0002	0	6,026	6,027	0
158,420	07/09/25 S SELL	12184	1.0001	0	158,440	158,435	(4)
6,673	07/10/25 S SELL	12186	1.0002	0	6,674	6,674	0
20,445	07/11/25 S SELL	12189	1.0002	0	20,448	20,449	1
3,193	07/14/25 S SELL	12191	1.0001	0	3,193	3,193	0
15,289	07/15/25 S SELL	12194	1.0001	0	15,291	15,291	0
18,009	07/16/25 S SELL	12198	1.0001	0	18,011	18,011	(1)
3,343	07/17/25 S SELL	12200	1.0001	0	3,344	3,344	0
19,374	07/18/25 S SELL	12203	1.0001	0	19,377	19,376	(1)
2,323	07/21/25 S SELL	12205	1.0001	0	2,323	2,323	0
22,896	07/22/25 S SELL	12207	1.0001	0	22,899	22,898	(1)
21,156	07/23/25 S SELL	12211	1.0001	0	21,159	21,158	(1)
110,378	07/24/25 S SELL	12214	1.0001	0	110,392	110,389	(3)
111,717	07/25/25 B BUY	12219	1.0001	0	111,729	111,729	0
42,176	07/28/25 B BUY	12222	1.0001	0	42,180	42,180	0
4,900	07/29/25 S SELL	12225	1.0001	0	4,901	4,901	0
19,653	07/30/25 S SELL	12229	1.0002	0	19,655	19,657	2
8,231	07/31/25 S SELL	12233	1.0001	0	8,232	8,232	0
19,253	08/01/25 B BUY	515	1.0001	0	19,255	19,255	0
19,253	08/01/25 S SELL	516	1.0001	0	19,255	19,255	1
19,252	08/01/25 B BUY	517	1.0002	0	19,255	19,255	0
324,453	08/01/25 B BUY	12240	1.0001	0	324,485	324,485	0

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 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	5,490,668 EXPENSES	5% VALUE OF COST OF ASSET	274,533 CURRENT VALUE	NET GAIN OR (LOSS)
324,453	08/01/25 S SELL	12241	1.0001	0	324,489	324,485	(4)
324,420	08/01/25 B BUY	12242	1.0002	0	324,485	324,485	0
7,061	08/04/25 S SELL	12253	1.0003	0	7,062	7,063	1
134	08/05/25 B BUY	12256	1.0003	0	134	134	0
15,091	08/06/25 S SELL	12260	1.0003	0	15,093	15,096	2
9,688	08/07/25 S SELL	12262	1.0003	0	9,689	9,691	1
26,487	08/08/25 B BUY	12264	1.0003	0	26,495	26,495	0
221,964	08/11/25 S SELL	12268	1.0003	0	221,998	222,030	33
6,421	08/12/25 S SELL	12270	1.0003	0	6,422	6,423	1
18,258	08/13/25 S SELL	12274	1.0003	0	18,261	18,264	3
14,662	08/14/25 S SELL	12277	1.0003	0	14,665	14,667	2
13,755	08/15/25 S SELL	12280	1.0003	0	13,757	13,759	2
125,348	08/19/25 S SELL	12282	1.0003	0	125,367	125,385	18
21,965	08/20/25 S SELL	12287	1.0003	0	21,968	21,972	3
26,971	08/21/25 S SELL	12289	1.0002	0	26,975	26,977	1
393,251	08/22/25 B BUY	12293	1.0002	0	393,330	393,330	0
393,251	08/22/25 S SELL	12294	1.0002	0	393,321	393,330	9
393,212	08/22/25 B BUY	12295	1.0003	0	393,330	393,330	0
4,714	08/25/25 S SELL	12297	1.0003	0	4,715	4,715	0
7,980	08/26/25 S SELL	12299	1.0003	0	7,982	7,983	0
62,610	08/27/25 B BUY	12304	1.0003	0	62,629	62,629	0
1,743	08/28/25 S SELL	12306	1.0003	0	1,743	1,743	0
19,790	08/29/25 B BUY	12309	1.0003	0	19,795	19,795	0
19,268	09/02/25 B BUY	519	1.0003	0	19,273	19,273	0
6,142	09/02/25 S SELL	12313	1.0003	0	6,144	6,144	0
96,034	09/03/25 B BUY	12326	1.0003	0	96,063	96,063	0
1,370	09/04/25 S SELL	12332	1.0003	0	1,370	1,370	0
4,339	09/05/25 S SELL	12335	1.0004	0	4,340	4,341	1
4,521	09/08/25 S SELL	12339	1.0004	0	4,522	4,523	1
59,521	09/09/25 S SELL	12342	1.0004	0	59,536	59,544	9
21,381	09/10/25 S SELL	12346	1.0004	0	21,386	21,389	3
10,339	09/11/25 S SELL	12348	1.0004	0	10,342	10,343	2
12,019	09/12/25 S SELL	12350	1.0005	0	12,022	12,025	3
1	09/15/25 B BUY	12351	1.0008	0	1	1	0
1	09/15/25 B BUY	12352	1.0000	0	1	1	0
1	09/15/25 S SELL	12353	1.0008	0	1	1	0
6,739	09/16/25 S SELL	12356	1.0004	0	6,741	6,742	1
24,991	09/17/25 S SELL	12360	1.0005	0	24,997	25,004	6
359	09/18/25 B BUY	12362	1.0005	0	359	359	0
20,385	09/19/25 S SELL	12365	1.0005	0	20,390	20,395	5
6,122	09/22/25 S SELL	12367	1.0004	0	6,124	6,125	1
1	09/23/25 S SELL	12368	1.0000	0	1	1	0
76,570	09/24/25 S SELL	12373	1.0004	0	76,589	76,601	11
9,284	09/25/25 S SELL	12375	1.0004	0	9,287	9,288	1
97,565	09/26/25 B BUY	12377	1.0004	0	97,604	97,604	0
23,589	09/29/25 S SELL	12379	1.0004	0	23,596	23,599	3

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 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	5,490,668 EXPENSES	COST OF ASSET	5% VALUE OF CURRENT VALUE	274,533 NET GAIN OR (LOSS)
5,653,424	56	TOTAL BUYS		0	5,654,827	5,654,827	0
4,915,731	153	TOTAL SELLS		0	4,916,919	4,917,004	80
10,569,155		SECURITY TOTAL		0	10,571,746	10,571,831	80

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

NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN

EIN 58-0218548
Plan Number - 547
Year Ended December 31, 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	Claim review fees paid in error	$ 267,168

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

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 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	5,490,668 EXPENSES	5% VALUE OF COST OF ASSET	274,533 CURRENT VALUE	NET GAIN OR (LOSS)
4812A0367 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
288,808 11/05/25 BUY 12472	1.0004	0	288,924	288,924	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
687,899 01/02/25 BUY 11725	1.0004	0	688,174	688,174	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
366,982 02/03/25 BUY 11801	1.0004	0	367,129	367,129	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
366,982 02/03/25 SELL 11802	1.0004	0	367,123	367,129	5
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
367,019 02/03/25 BUY 11803	1.0003	0	367,129	367,129	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
481,235 05/28/25 BUY 12067	1.0001	0	481,283	481,283	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
293,642 06/02/25 BUY 12080	1.0001	0	293,671	293,671	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
324,453 08/01/25 BUY 12240	1.0001	0	324,485	324,485	0

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 2025
Schedule H, Part IV, Line 4j- Schedule of Reportable Transactions

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	PURCHASE PRICE SELLING PRICE	BASED ON MARKET VALUE OF EXPENSES	5,490,668 COST OF ASSET	5% VALUE OF CURRENT VALUE	274,533 NET GAIN OR (LOSS)
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 324,453 08/01/25 SELL 12241	1.0001	0	324,489	324,485	(4)
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 324,420 08/01/25 BUY 12242	1.0002	0	324,485	324,485	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 393,251 08/22/25 BUY 12293	1.0002	0	393,330	393,330	0
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 393,251 08/22/25 SELL 12294	1.0002	0	393,321	393,330	9
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 393,212 08/22/25 BUY 12295	1.0003	0	393,330	393,330	0

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 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	5,490,668 VALUE OF EXPENSES	5% VALUE OF COST OF ASSET	274,533 CURRENT VALUE	NET GAIN OR (LOSS)
4812A0367 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049								
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS								
18,412	10/01/25	B BUY	525	1.0004	0	18,419	18,419	0
28,039	10/01/25	S SELL	12390	1.0004	0	28,046	28,050	4
97,845	10/02/25	B BUY	12399	1.0004	0	97,884	97,884	0
97,835	10/02/25	B BUY	12400	1.0005	0	97,884	97,884	0
97,845	10/02/25	S SELL	12401	1.0004	0	97,876	97,884	8
12,716	10/06/25	S SELL	12405	1.0004	0	12,720	12,721	1
2,734	10/07/25	S SELL	12407	1.0004	0	2,735	2,735	0
100,049	10/09/25	S SELL	12413	1.0004	0	100,081	100,089	9
6,769	10/10/25	S SELL	12415	1.0004	0	6,771	6,772	1
3,621	10/14/25	S SELL	12417	1.0005	0	3,622	3,623	1
26,877	10/15/25	S SELL	12422	1.0005	0	26,885	26,890	5
4,539	10/16/25	S SELL	12424	1.0005	0	4,540	4,541	1
10,268	10/17/25	S SELL	12426	1.0005	0	10,271	10,273	2
10,692	10/20/25	S SELL	12428	1.0005	0	10,695	10,697	2
1,708	10/21/25	S SELL	12430	1.0005	0	1,709	1,709	0
13,760	10/22/25	S SELL	12434	1.0005	0	13,765	13,767	3
5,067	10/23/25	S SELL	12436	1.0005	0	5,069	5,070	1
92,812	10/24/25	S SELL	12440	1.0005	0	92,841	92,858	17
100,833	10/27/25	B BUY	12444	1.0005	0	100,883	100,883	0
1,757	10/28/25	S SELL	12446	1.0005	0	1,757	1,758	0
18,436	10/29/25	S SELL	12450	1.0005	0	18,442	18,445	3
2,005	10/30/25	S SELL	12452	1.0004	0	2,006	2,006	0
0	10/31/25	S SELL	12454	1.0000	0	0	0	0
18,664	11/03/25	B BUY	527	1.0004	0	18,672	18,672	0
2,251	11/03/25	B BUY	12455	1.0004	0	2,252	2,252	0
9,596	11/04/25	S SELL	12462	1.0004	0	9,600	9,600	1
288,808	11/05/25	B BUY	12472	1.0004	0	288,924	288,924	0
5,132	11/06/25	S SELL	12474	1.0004	0	5,134	5,135	0
14,961	11/07/25	S SELL	12478	1.0004	0	14,966	14,967	1
73,757	11/10/25	S SELL	12481	1.0004	0	73,783	73,786	3
56,243	11/12/25	S SELL	12486	1.0004	0	56,264	56,266	2
7,837	11/14/25	S SELL	12490	1.0004	0	7,840	7,840	0
8,135	11/18/25	S SELL	12492	1.0003	0	8,138	8,137	(1)
18,270	11/19/25	S SELL	12497	1.0003	0	18,276	18,275	(1)
26,536	11/20/25	B BUY	12501	1.0003	0	26,544	26,544	0
9,934	11/21/25	S SELL	12503	1.0004	0	9,937	9,938	0
56,819	11/24/25	S SELL	12557	1.0004	0	56,840	56,842	2
105,273	11/25/25	B BUY	12561	1.0004	0	105,315	105,315	0
74,305	11/26/25	B BUY	12579	1.0004	0	74,335	74,335	0
17,403	12/01/25	B BUY	537	1.0004	0	17,410	17,410	0
1,237	12/01/25	S SELL	12585	1.0004	0	1,238	1,238	0
3,439	12/02/25	S SELL	12597	1.0004	0	3,441	3,441	0
32,573	12/03/25	S SELL	12605	1.0004	0	32,585	32,586	1
11,835	12/04/25	S SELL	12609	1.0004	0	11,839	11,840	0

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 2025
Schedule H, Part IV, Line 4j- Schedule of Reportable Transactions

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED				BASED ON MARKET PURCHASE PRICE SELLING PRICE	VALUE OF EXPENSES	5,490,668 COST OF ASSET	5% VALUE OF CURRENT VALUE	274,533 NET GAIN OR (LOSS)
3,100	12/05/25 S SELL	12613		1.0004	0	3,101	3,101	0
4,808	12/08/25 S SELL	12617		1.0004	0	4,809	4,810	0
83,372	12/09/25 S SELL	12621		1.0004	0	83,403	83,406	2
60,919	12/10/25 S SELL	12631		1.0004	0	60,941	60,943	2
119,072	12/12/25 S SELL	12635		1.0004	0	119,116	119,119	4
17,615	12/16/25 S SELL	12643		1.0004	0	17,621	17,622	1
26,062	12/17/25 S SELL	12653		1.0004	0	26,072	26,072	1
2,281	12/18/25 S SELL	12661		1.0004	0	2,282	2,282	0
74,702	12/19/25 B BUY	12667		1.0004	0	74,732	74,732	0
7,217	12/22/25 S SELL	12671		1.0004	0	7,219	7,219	0
215,714	12/23/25 B BUY	12677		1.0004	0	215,800	215,800	0
106,645	12/24/25 S SELL	12689		1.0004	0	106,686	106,688	2
4,801	12/26/25 S SELL	12693		1.0004	0	4,803	4,803	0
3,545	12/29/25 S SELL	12697		1.0004	0	3,546	3,546	0
33,319	12/30/25 B BUY	12703		1.0004	0	33,332	33,332	0
83,823	12/31/25 B BUY	12721		1.0004	0	83,857	83,857	0
1,255,723		15	TOTAL BUYS		0	1,256,243	1,256,243	0
1,188,899		45	TOTAL SELLS		0	1,189,311	1,189,390	78
2,444,622			SECURITY TOTAL		0	2,445,554	2,445,633	78
481992JQ9 JPMORGAN PRIME MONEY MARKET FUND FUNDS VARIABLE MONTHLY VARIABLE 12/31/2049								
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS								
19,840	01/02/25 B BUY	497		1.0004	0	19,848	19,848	0
687,899	01/02/25 B BUY	11725		1.0004	0	688,174	688,174	0
741	01/03/25 S SELL	11734		1.0004	0	741	741	0
4,522	01/06/25 S SELL	11737		1.0004	0	4,524	4,524	0
3,474	01/07/25 B BUY	11739		1.0004	0	3,475	3,475	0
20,612	01/08/25 S SELL	11746		1.0004	0	20,620	20,620	1
121,792	01/09/25 S SELL	11747		1.0004	0	121,837	121,840	3
13,919	01/10/25 S SELL	11749		1.0004	0	13,925	13,925	0
5,797	01/13/25 S SELL	11751		1.0003	0	5,799	5,798	0
6,866	01/14/25 S SELL	11753		1.0003	0	6,869	6,868	(1)
17,425	01/15/25 S SELL	11758		1.0003	0	17,431	17,430	(1)
6,303	01/16/25 S SELL	11760		1.0004	0	6,305	6,305	0
13,917	01/17/25 S SELL	11762		1.0004	0	13,922	13,922	0
8,292	01/21/25 S SELL	11764		1.0004	0	8,295	8,296	0
26,972	01/22/25 B BUY	11769		1.0004	0	26,983	26,983	0
26,975	01/22/25 B BUY	11770		1.0003	0	26,983	26,983	0
26,972	01/22/25 S SELL	11771		1.0004	0	26,982	26,983	1
7,225	01/23/25 S SELL	11773		1.0003	0	7,228	7,227	(1)
82,800	01/24/25 S SELL	11777		1.0004	0	82,831	82,833	2
8,845	01/27/25 S SELL	11780		1.0004	0	8,848	8,849	0
1,659	01/28/25 S SELL	11782		1.0004	0	1,660	1,660	0
30,690	01/29/25 S SELL	11785		1.0004	0	30,702	30,703	1

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 2025
Schedule H, Part IV, Line 4j- Schedule of Reportable Transactions

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED		BASED ON MARKET PURCHASE PRICE SELLING PRICE	VALUE OF EXPENSES	5,490,668 COST OF ASSET	5% VALUE OF CURRENT VALUE	274,533 NET GAIN OR (LOSS)
16,699 01/30/25 B BUY	11788	1.0004	0	16,706	16,706	0
16,699 01/30/25 S SELL	11789	1.0004	0	16,705	16,706	0
16,701 01/30/25 B BUY	11790	1.0003	0	16,706	16,706	0
132,531 01/31/25 S SELL	11794	1.0004	0	132,580	132,584	4
19,286 02/03/25 B BUY	499	1.0004	0	19,294	19,294	0
19,288 02/03/25 B BUY	500	1.0003	0	19,294	19,294	0
19,286 02/03/25 S SELL	501	1.0004	0	19,287	19,294	7
366,982 02/03/25 B BUY	11801	1.0004	0	367,129	367,129	0
366,982 02/03/25 S SELL	11802	1.0004	0	367,123	367,129	5
367,019 02/03/25 B BUY	11803	1.0003	0	367,129	367,129	0
8,934 02/04/25 S SELL	11806	1.0003	0	8,937	8,937	0
2,952 02/05/25 B BUY	11808	1.0003	0	2,953	2,953	0
37,346 02/06/25 S SELL	11813	1.0003	0	37,359	37,357	(2)
5,216 02/07/25 S SELL	11815	1.0003	0	5,217	5,217	0
97,163 02/10/25 S SELL	11818	1.0003	0	97,196	97,192	(4)
12,339 02/11/25 S SELL	11820	1.0003	0	12,343	12,343	(1)
18,506 02/12/25 S SELL	11823	1.0003	0	18,513	18,512	(1)
17,872 02/14/25 S SELL	11827	1.0003	0	17,879	17,878	(1)
50,517 02/18/25 S SELL	11830	1.0003	0	50,534	50,532	(2)
34,129 02/19/25 S SELL	11833	1.0003	0	34,141	34,139	(1)
7,783 02/20/25 S SELL	11835	1.0003	0	7,785	7,785	0
5,266 02/21/25 S SELL	11837	1.0003	0	5,268	5,268	0
102,222 02/24/25 S SELL	11842	1.0003	0	102,257	102,253	(4)
29,095 02/26/25 S SELL	11845	1.0003	0	29,105	29,104	(1)
75,957 02/28/25 B BUY	11851	1.0003	0	75,980	75,980	0
17,368 03/03/25 B BUY	503	1.0003	0	17,374	17,374	0
113,482 03/03/25 B BUY	11853	1.0003	0	113,516	113,516	0
32,537 03/04/25 S SELL	11860	1.0004	0	32,548	32,551	2
37,735 03/05/25 S SELL	11867	1.0004	0	37,747	37,750	3
30,295 03/06/25 S SELL	11869	1.0004	0	30,305	30,307	2
85,265 03/07/25 S SELL	11873	1.0004	0	85,293	85,299	6
7,639 03/10/25 S SELL	11876	1.0004	0	7,642	7,642	1
3,666 03/11/25 S SELL	11878	1.0004	0	3,667	3,667	0
12,941 03/12/25 S SELL	11881	1.0003	0	12,945	12,945	0
5,763 03/13/25 S SELL	11883	1.0003	0	5,765	5,764	0
7,791 03/14/25 S SELL	11885	1.0003	0	7,793	7,793	0
28,686 03/17/25 S SELL	11889	1.0003	0	28,696	28,695	(1)
2,047 03/18/25 S SELL	11891	1.0003	0	2,047	2,047	0
27,759 03/19/25 S SELL	11896	1.0003	0	27,768	27,767	(1)
28,899 03/20/25 S SELL	11899	1.0003	0	28,908	28,908	(1)
3,780 03/21/25 S SELL	11901	1.0003	0	3,782	3,782	0
115,366 03/24/25 B BUY	11905	1.0003	0	115,401	115,401	0
36,338 03/26/25 S SELL	11910	1.0003	0	36,349	36,349	(1)
22,149 03/27/25 B BUY	11913	1.0003	0	22,155	22,155	0
27,257 03/28/25 S SELL	11916	1.0003	0	27,266	27,265	0
2,727 03/31/25 S SELL	11918	1.0003	0	2,728	2,728	0
19,194 04/01/25 B BUY	505	1.0003	0	19,200	19,200	0

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 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	EXPENSES	5,490,668 COST OF ASSET	5% VALUE OF CURRENT VALUE	274,533 NET GAIN OR (LOSS)
82,650 04/01/25 B BUY	11922	1.0003	0	82,675	82,675	0
81,057 04/02/25 B BUY	11934	1.0003	0	81,081	81,081	0
20,208 04/03/25 S SELL	11936	1.0003	0	20,215	20,214	0
1,812 04/04/25 S SELL	11939	1.0004	0	1,812	1,813	0
16,089 04/07/25 S SELL	11942	1.0004	0	16,094	16,096	1
3,706 04/08/25 S SELL	11945	1.0003	0	3,707	3,707	0
105,278 04/09/25 S SELL	11950	1.0003	0	105,310	105,309	(1)
5,081 04/10/25 S SELL	11952	1.0002	0	5,082	5,082	(1)
7,734 04/11/25 S SELL	11954	1.0003	0	7,736	7,736	0
8,864 04/14/25 S SELL	11956	1.0002	0	8,867	8,866	(1)
1 04/15/25 S SELL	11957	1.0000	0	1	1	0
29,128 04/16/25 S SELL	11963	1.0002	0	29,137	29,134	(3)
25,795 04/17/25 S SELL	11966	1.0002	0	25,803	25,801	(3)
29,163 04/21/25 S SELL	11969	1.0002	0	29,172	29,169	(3)
11,011 04/22/25 S SELL	11971	1.0002	0	11,015	11,014	(1)
24,485 04/23/25 S SELL	11975	1.0002	0	24,493	24,490	(3)
71,926 04/24/25 S SELL	11978	1.0002	0	71,948	71,940	(8)
5,120 04/25/25 S SELL	11981	1.0002	0	5,122	5,121	(1)
18,588 04/28/25 S SELL	11984	1.0002	0	18,594	18,592	(2)
14,073 04/29/25 B BUY	11986	1.0002	0	14,076	14,076	0
127,718 04/30/25 B BUY	11994	1.0002	0	127,744	127,744	0
18,592 05/01/25 B BUY	507	1.0002	0	18,596	18,596	0
18,592 05/01/25 S SELL	508	1.0002	0	18,594	18,596	3
18,591 05/01/25 B BUY	509	1.0003	0	18,596	18,596	0
63,712 05/01/25 B BUY	12000	1.0002	0	63,725	63,725	0
63,712 05/01/25 S SELL	12001	1.0002	0	63,726	63,725	(2)
63,706 05/01/25 B BUY	12002	1.0003	0	63,725	63,725	0
9,145 05/02/25 S SELL	12011	1.0002	0	9,147	9,147	0
3,612 05/05/25 S SELL	12015	1.0002	0	3,613	3,613	0
218,082 05/06/25 B BUY	12018	1.0002	0	218,125	218,125	0
38,456 05/07/25 S SELL	12023	1.0002	0	38,465	38,464	(1)
5,017 05/08/25 S SELL	12025	1.0002	0	5,019	5,018	0
98,309 05/09/25 S SELL	12028	1.0002	0	98,330	98,328	(2)
6,430 05/12/25 S SELL	12032	1.0001	0	6,432	6,431	(1)
5,269 05/13/25 S SELL	12034	1.0001	0	5,270	5,270	(1)
25,228 05/14/25 S SELL	12038	1.0001	0	25,234	25,231	(3)
99,792 05/15/25 S SELL	12041	1.0001	0	99,814	99,802	(12)
1,377 05/16/25 S SELL	12043	1.0002	0	1,377	1,377	0
5,871 05/19/25 S SELL	12045	1.0001	0	5,872	5,872	(1)
8,387 05/20/25 S SELL	12048	1.0001	0	8,389	8,387	(1)
23,969 05/21/25 S SELL	12052	1.0001	0	23,975	23,972	(3)
7,284 05/22/25 S SELL	12054	1.0001	0	7,285	7,284	(1)
50,119 05/23/25 S SELL	12057	1.0001	0	50,131	50,124	(6)
18,955 05/27/25 B BUY	12061	1.0001	0	18,957	18,957	0
481,235 05/28/25 B BUY	12067	1.0001	0	481,283	481,283	0
33,695 05/29/25 S SELL	12070	1.0001	0	33,699	33,699	(1)
75,705 05/30/25 B BUY	12077	1.0001	0	75,713	75,713	0

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 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	5,490,668 VALUE OF EXPENSES	5% VALUE OF COST OF ASSET	274,533 CURRENT VALUE	NET GAIN OR (LOSS)
19,173 06/02/25 B BUY	511	1.0001	0	19,174	19,174	0
293,642 06/02/25 B BUY	12080	1.0001	0	293,671	293,671	0
54 06/03/25 S SELL	12089	1.0001	0	54	54	0
41,486 06/04/25 S SELL	12094	1.0001	0	41,491	41,490	0
2,584 06/05/25 B BUY	12098	1.0002	0	2,585	2,585	0
2,585 06/05/25 B BUY	12099	1.0001	0	2,585	2,585	0
2,585 06/05/25 S SELL	12100	1.0001	0	2,585	2,585	0
8,855 06/06/25 S SELL	12103	1.0001	0	8,856	8,856	0
83,497 06/09/25 S SELL	12105	1.0001	0	83,506	83,505	(1)
20,448 06/10/25 S SELL	12110	1.0001	0	20,451	20,450	0
15,127 06/11/25 S SELL	12114	1.0001	0	15,128	15,128	0
8,718 06/13/25 S SELL	12117	1.0002	0	8,719	8,719	1
18,463 06/17/25 S SELL	12121	1.0001	0	18,465	18,465	0
19,093 06/18/25 B BUY	12127	1.0001	0	19,095	19,095	0
6,900 06/20/25 S SELL	12129	1.0001	0	6,901	6,901	0
21,994 06/23/25 S SELL	12133	1.0002	0	21,997	21,999	2
53,599 06/24/25 S SELL	12135	1.0002	0	53,605	53,610	5
24,412 06/25/25 S SELL	12139	1.0002	0	24,414	24,416	2
2,295 06/26/25 S SELL	12142	1.0002	0	2,295	2,295	0
66,758 06/27/25 B BUY	12146	1.0002	0	66,771	66,771	0
1,001 06/30/25 S SELL	12148	1.0002	0	1,001	1,001	0
18,565 07/01/25 B BUY	513	1.0002	0	18,569	18,569	0
79,362 07/01/25 B BUY	12152	1.0002	0	79,378	79,378	0
29,032 07/02/25 S SELL	12169	1.0002	0	29,035	29,037	2
7,423 07/03/25 S SELL	12171	1.0002	0	7,424	7,424	1
6,026 07/07/25 S SELL	12177	1.0002	0	6,026	6,027	0
158,420 07/09/25 S SELL	12184	1.0001	0	158,440	158,435	(4)
6,673 07/10/25 S SELL	12186	1.0002	0	6,674	6,674	0
20,445 07/11/25 S SELL	12189	1.0002	0	20,448	20,449	1
3,193 07/14/25 S SELL	12191	1.0001	0	3,193	3,193	0
15,289 07/15/25 S SELL	12194	1.0001	0	15,291	15,291	0
18,009 07/16/25 S SELL	12198	1.0001	0	18,011	18,011	(1)
3,343 07/17/25 S SELL	12200	1.0001	0	3,344	3,344	0
19,374 07/18/25 S SELL	12203	1.0001	0	19,377	19,376	(1)
2,323 07/21/25 S SELL	12205	1.0001	0	2,323	2,323	0
22,896 07/22/25 S SELL	12207	1.0001	0	22,899	22,898	(1)
21,156 07/23/25 S SELL	12211	1.0001	0	21,159	21,158	(1)
110,378 07/24/25 S SELL	12214	1.0001	0	110,392	110,389	(3)
111,717 07/25/25 B BUY	12219	1.0001	0	111,729	111,729	0
42,176 07/28/25 B BUY	12222	1.0001	0	42,180	42,180	0
4,900 07/29/25 S SELL	12225	1.0001	0	4,901	4,901	0
19,653 07/30/25 S SELL	12229	1.0002	0	19,655	19,657	2
8,231 07/31/25 S SELL	12233	1.0001	0	8,232	8,232	0
19,253 08/01/25 B BUY	515	1.0001	0	19,255	19,255	0
19,253 08/01/25 S SELL	516	1.0001	0	19,255	19,255	1
19,252 08/01/25 B BUY	517	1.0002	0	19,255	19,255	0
324,453 08/01/25 B BUY	12240	1.0001	0	324,485	324,485	0

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 2025
Schedule H, Part IV, Line 4j- Schedule of Reportable Transactions

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED			BASED ON MARKET PURCHASE PRICE SELLING PRICE	VALUE OF EXPENSES	5,490,668 COST OF ASSET	5% VALUE OF CURRENT VALUE	274,533 NET GAIN OR (LOSS)
324,453 08/01/25 S SELL	12241		1.0001	0	324,489	324,485	(4)
324,420 08/01/25 B BUY	12242		1.0002	0	324,485	324,485	0
7,061 08/04/25 S SELL	12253		1.0003	0	7,062	7,063	1
134 08/05/25 B BUY	12256		1.0003	0	134	134	0
15,091 08/06/25 S SELL	12260		1.0003	0	15,093	15,096	2
9,688 08/07/25 S SELL	12262		1.0003	0	9,689	9,691	1
26,487 08/08/25 B BUY	12264		1.0003	0	26,495	26,495	0
221,964 08/11/25 S SELL	12268		1.0003	0	221,998	222,030	33
6,421 08/12/25 S SELL	12270		1.0003	0	6,422	6,423	1
18,258 08/13/25 S SELL	12274		1.0003	0	18,261	18,264	3
14,662 08/14/25 S SELL	12277		1.0003	0	14,665	14,667	2
13,755 08/15/25 S SELL	12280		1.0003	0	13,757	13,759	2
125,348 08/19/25 S SELL	12282		1.0003	0	125,367	125,385	18
21,965 08/20/25 S SELL	12287		1.0003	0	21,968	21,972	3
26,971 08/21/25 S SELL	12289		1.0002	0	26,975	26,977	1
393,251 08/22/25 B BUY	12293		1.0002	0	393,330	393,330	0
393,251 08/22/25 S SELL	12294		1.0002	0	393,321	393,330	9
393,212 08/22/25 B BUY	12295		1.0003	0	393,330	393,330	0
4,714 08/25/25 S SELL	12297		1.0003	0	4,715	4,715	0
7,980 08/26/25 S SELL	12299		1.0003	0	7,982	7,983	0
62,610 08/27/25 B BUY	12304		1.0003	0	62,629	62,629	0
1,743 08/28/25 S SELL	12306		1.0003	0	1,743	1,743	0
19,790 08/29/25 B BUY	12309		1.0003	0	19,795	19,795	0
19,268 09/02/25 B BUY	519		1.0003	0	19,273	19,273	0
6,142 09/02/25 S SELL	12313		1.0003	0	6,144	6,144	0
96,034 09/03/25 B BUY	12326		1.0003	0	96,063	96,063	0
1,370 09/04/25 S SELL	12332		1.0003	0	1,370	1,370	0
4,339 09/05/25 S SELL	12335		1.0004	0	4,340	4,341	1
4,521 09/08/25 S SELL	12339		1.0004	0	4,522	4,523	1
59,521 09/09/25 S SELL	12342		1.0004	0	59,536	59,544	9
21,381 09/10/25 S SELL	12346		1.0004	0	21,386	21,389	3
10,339 09/11/25 S SELL	12348		1.0004	0	10,342	10,343	2
12,019 09/12/25 S SELL	12350		1.0005	0	12,022	12,025	3
1 09/15/25 B BUY	12351		1.0008	0	1	1	0
1 09/15/25 B BUY	12352		1.0000	0	1	1	0
1 09/15/25 S SELL	12353		1.0008	0	1	1	0
6,739 09/16/25 S SELL	12356		1.0004	0	6,741	6,742	1
24,991 09/17/25 S SELL	12360		1.0005	0	24,997	25,004	6
359 09/18/25 B BUY	12362		1.0005	0	359	359	0
20,385 09/19/25 S SELL	12365		1.0005	0	20,390	20,395	5
6,122 09/22/25 S SELL	12367		1.0004	0	6,124	6,125	1
1 09/23/25 S SELL	12368		1.0000	0	1	1	0
76,570 09/24/25 S SELL	12373		1.0004	0	76,589	76,601	11
9,284 09/25/25 S SELL	12375		1.0004	0	9,287	9,288	1
97,565 09/26/25 B BUY	12377		1.0004	0	97,604	97,604	0
23,589 09/29/25 S SELL	12379		1.0004	0	23,596	23,599	3

Northwest Airlines, Inc. Group Medical Plan
EIN# 58-0218548 Plan Number -547
Year Ended December 31, 2025
Schedule H, Part IV, Line 4j- Schedule of Reportable Transactions

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET		BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	EXPENSES	5,490,668 COST OF ASSET	5% VALUE OF CURRENT VALUE	274,533 NET GAIN OR (LOSS)
5,653,424	56	TOTAL BUYS		0	5,654,827	5,654,827	0
4,915,731	153	TOTAL SELLS		0	4,916,919	4,917,004	80
10,569,155		SECURITY TOTAL		0	10,571,746	10,571,831	80

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

NORTHWEST AIRLINES, INC. GROUP MEDICAL PLAN

EIN 58-0218548
Plan Number - 547
December 31, 2025

FORM 5500, 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	$ 6,064,037	$ 6,065,823

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