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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE RETIREMENT BENEFIT PLAN OF AMERICAN AIRLINES, INC. FOR AGENT, MANAGEMENT, SPECIALIST, SUPPORT PERSONNEL AND OFFICERS

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1941

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)
AMERICAN AIRLINES, INC. - RETIREMENT

MAIL DROP 8A209
1 SKYVIEW DRIVE
FORT WORTH, TX 76155-1801

2b Employer Identification Number (EIN) 13-1502798

2c Plan Sponsor's telephone number 682-278-4774

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.	10/13/2026	LAKRESA BROWN
	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

AMERICAN AIRLINES, INC. - HR SERVICES

MAIL DROP 8A207
1 SKYVIEW DRIVE
FORT WORTH, TX 76155-1801

3b Administrator's EIN
13-1502798

3c Administrator's telephone number
800-447-2000

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**	24831
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)**	4446
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4162
b	Retired or separated participants receiving benefits	**6b**	14356
c	Other retired or separated participants entitled to future benefits	**6c**	4487
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	23005
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1394
f	Total. Add lines **6d** and **6e**.	**6f**	24399
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**	0
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:

1A 1I 3H

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

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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE RETIREMENT BENEFIT PLAN OF AMERICAN AIRLINES, INC. FOR AGENT, MANAGEMENT, SPECIALIST, SUPPORT PERSONNEL AND OFFICERS

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AMERICAN AIRLINES, INC. - RETIREMENT

D Employer Identification Number (EIN)
13-1502798

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	2658558278
b Actuarial value	**2b**	2600559773

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	15621	2198675221	2198675221
b For terminated vested participants	5244	339271239	339271239
c For active participants	4446	423888133	426235496
d Total	25311	2961834593	2964181956

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	20853452
c Target normal cost	**6c**	20853452

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/24/2026
Date

MATT KRUSZ
Type or print name of actuary

26-08716
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

214-530-4200
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.49 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		235008
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.06 %		11891
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		246899
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	87.73 %
15	Adjusted funding target attainment percentage	15	87.73 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.84 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2025	50000000	0			
01/15/2026	70000000	0			
			Totals ► 18(b)	120000000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	116216133

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	20853452
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	363622183	47943214
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	68796666

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	68796666
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	116216133
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	47419467
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

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
THE RETIREMENT BENEFIT PLAN OF AMERICAN AIRLINES, INC. FOR AGENT, MANAGEMENT, SPECIALIST, SUPPORT PERSONNEL AND OFFICERS

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN AIRLINES, INC. - RETIREMENT

D Employer Identification Number (EIN)
13-1502798

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIDELITY

04-3532603

(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 15 50	ADMINISTRATION	1016124	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET

04-1867445

(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	NONE	164725	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON

53-0181291

(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?
11 50	NONE	125254	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)

NEWPORT TRUST

27-2037969

(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?
99 50	NONE	32500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ERNST & YOUNG

34-6565596

(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	NONE	28607	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CBIZ CPAS P.C.

43-1947695

(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	NONE	22683	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HAYNES AND BOONE, LLP

75-1312888

(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?
29 50	NONE	6646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

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
THE RETIREMENT BENEFIT PLAN OF AMERICAN AIRLINES, INC. FOR AGENT, MANAGEMENT, SPECIALIST, SUPPORT PERSONNEL AND OFFICERS

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMERICAN AIRLINES, INC. - RETIREMENT

D Employer Identification Number (EIN)
13-1502798

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

a Name of MTIA, CCT, PSA, or 103-12 IE: MASTER FIXED BENEFIT PENSION TRUST

b Name of sponsor of entity listed in (a): AMERICAN AIRLINES, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1502798-020	M	2729777711

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
THE RETIREMENT BENEFIT PLAN OF AMERICAN AIRLINES, INC. FOR AGENT, MANAGEMENT, SPECIALIST, SUPPORT PERSONNEL AND OFFICERS

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN AIRLINES, INC. - RETIREMENT

D Employer Identification Number (EIN)
13-1502798

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8000000	70000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	2650713019	2729777711
(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	2658713019	2799777711
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	422111	256797
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	422111	256797
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2658290908	2799520914

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)	120000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		120000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		0
(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)		279657528
(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		1117615
d Total income. Add all **income** amounts in column (b) and enter total	2d		400775143
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	239391244	
(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)		239391244
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)		
(3) Recordkeeping fees	2i(3)	1050617	
(4) IQPA audit fees	2i(4)	22683	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	164725	
(7) Actuarial fees	2i(7)	125254	
(8) Legal fees	2i(8)	8981	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	18781633	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		20153893
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		259545137
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		141230006
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: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

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	
e Was this plan covered by a fidelity bond?	**4e**	X		15000000
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		886163950
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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 580815.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 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
THE RETIREMENT BENEFIT PLAN OF AMERICAN AIRLINES, INC. FOR AGENT, MANAGEMENT, SPECIALIST, SUPPORT PERSONNEL AND OFFICERS

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN AIRLINES, INC. - RETIREMENT

D Employer Identification Number (EIN)
13-1502798

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-3275867

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 18

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☒ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b	Enter the amount contributed by the employer to the plan for this plan year	6b	
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☒ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 19.0 % Private Equity: 22.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 48.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 10.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

THE RETIREMENT BENEFIT PLAN OF AMERICAN AIRLINES, INC. FOR AGENT, MANAGEMENT, SPECIALIST, SUPPORT PERSONNEL AND OFFICERS

FINANCIAL STATEMENTS

December 31, 2025 and 2024

THE RETIREMENT BENEFIT PLAN OF AMERICAN AIRLINES, INC. FOR AGENT, MANAGEMENT, SPECIALIST, SUPPORT PERSONNEL AND OFFICERS

FINANCIAL STATEMENTS

December 31, 2025 and 2024

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All assets of ***The Retirement Benefit Plan of American Airlines, Inc. for Agent, Management, Specialist, Support Personnel and Officers*** (the "Plan") are held in the American Airlines, Inc. Master Fixed Benefit Pension Trust (the "Master Trust"). Therefore, neither a Schedule of Assets (Held at End of Year) nor a Schedule of Reportable Transactions is included since only those assets held by the Plan outside the Master Trust would be required under regulations issued by the Department of Labor.

CBIZ CPAs P.C.

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INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of

THE RETIREMENT BENEFIT PLAN OF AMERICAN AIRLINES, INC. FOR AGENT, MANAGEMENT, SPECIALIST, SUPPORT PERSONNEL AND OFFICERS

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

We have performed the audits of the financial statements of ***The Retirement Benefit Plan of American Airlines, Inc. for Agent, Management, Specialist, Support Personnel and Officers*** ("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) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements (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 Rules and Regulations for Reporting and Disclosure under ERISA. 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, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

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 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the "Auditors' Responsibilities for the Audit of the Financial Statements" section:

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the "Auditors' 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 audit. 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, 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.

Auditors' 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 auditors' 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 these 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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.



October 6, 2026

THE RETIREMENT BENEFIT PLAN OF AMERICAN AIRLINES, INC. FOR AGENT, MANAGEMENT, SPECIALIST, SUPPORT PERSONNEL AND OFFICERS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	2025	2024
ASSETS:		
Interest in American Airlines, Inc.		
Master Fixed Benefit Pension Trust	$ 2,729,777,711	$ 2,650,713,019
Employer contributions receivable	70,000,000	8,000,000
Total assets	2,799,777,711	2,658,713,019
LIABILITIES:		
Accounts payable	256,797	422,111
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,799,520,914	$ 2,658,290,908

See Notes to Financial Statements.

THE RETIREMENT BENEFIT PLAN OF AMERICAN AIRLINES, INC. FOR AGENT, MANAGEMENT, SPECIALIST, SUPPORT PERSONNEL AND OFFICERS

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2025

ADDITIONS:		
Allocated net income of American Airlines, Inc. Master Fixed Benefit Pension Trust	$	279,657,528
Employer contributions		120,000,000
Other		1,117,615
Total additions		400,775,143
DEDUCTIONS:		
Benefit payments		239,391,244
Pension Benefit Guaranty Corporation premiums		18,745,920
Administrative expenses		1,407,973
Total deductions		259,545,137
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		141,230,006
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR		2,658,290,908
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$	2,799,520,914

See Notes to Financial Statements.

(1) Description of the Plan

General

American Airlines, Inc. ("American"), or its authorized delegate, is the Plan administrator of ***The Retirement Benefit Plan of American Airlines, Inc. for Agent, Management, Specialist, Support Personnel and Officers*** (the "Plan"). The following brief description of the Plan, a noncontributory defined benefit plan, is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

Noncontract team members hired prior to January 1, 2002, were given a one-time choice between participation in the Plan or receiving a company match up to 5.5% of pensionable pay (as defined by the Plan) in the American Airlines, Inc. 401(k) Plan (the "401(k) Plan"). For electing noncontract team members hired prior to January 1, 2000, the 401(k) Plan company match was effective January 1, 2001, and no further credited service accrued under the Plan. For noncontract team members hired during 2000 and 2001 who did not elect to participate in the Plan, the 401(k) Plan company match was available after the completion of one year of eligibility service. Effective January 1, 2002, the Plan was closed to new team members first hired on or after January 1, 2002.

Effective November 1, 2012, the Plan was frozen to future benefit accruals.

Willis Towers Watson provides actuarial services for the Plan. State Street Bank and Trust Company (the "Trustee") serves as the Plan's trustee. American Beacon Advisors serves as the Master Trust's investment advisor and is responsible for the oversight of all investments of the Master Trust.

Benefits

Benefits are payable to vested participants, as defined by the Plan, upon attainment of the normal retirement age of 65, upon attainment of an early retirement age (age 55 and completion of 15 years of retirement eligibility service, as defined by the Plan, age 62 and completion of 10 years of retirement eligibility service, or age 60 and completion of 10 years of retirement eligibility service, provided the participant was an eligible team member and was on active payroll or an authorized leave of absence with reinstatement rights on or after August 31, 2002, as defined by the Plan), or upon attainment of a late retirement age (after age 65). Participants are vested once they have five years of vesting service, reach age 65, or are permanently and totally disabled.

Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service ("IRS") stating that the Plan, as amended, is qualified under Section 401(a) of the Internal Revenue Code (the "Code"), and, therefore, the related trust continues to be exempt from taxation. The Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator has indicated that it will take the necessary steps to maintain the Plan's qualified status.

Accounting principles generally accepted in the United States of America require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Plan Termination

While American has not expressed any intent to discontinue its contributions or to terminate the Plan, it is free to do so at any time, subject to the requirements of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). If such discontinuance results in the termination of the Plan, the participant's accumulated plan benefits will be paid dependent on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

(2) Significant Accounting Policies

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting, except for benefit payments, in accordance with accounting principles generally accepted in the United States of America.

Benefit Payments

Benefit payments are recorded when paid.

Investments

American maintains the investments of the Plan and its other defined benefit plans in the American Airlines, Inc. Master Fixed Benefit Pension Trust (the "Master Trust"). The Master Trust is maintained to maximize the investment and income potential for all plans and to limit the exposure to loss for any single plan. Investment managers, subject to certain restrictions on the composition of the Master Trust's investment portfolio, exercise full discretionary authority for the purchase and sale of securities.

Investments held by the Master Trust are stated at fair value. Fair value is defined as 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 (an exit price). See Note 5 for further discussion of fair value measurements.

The Employee Benefits Committee (the "Committee") has responsibility for all fiduciary duties related to the administration and investment of the Plan. As of December 31, 2025, there were five members of the Committee.

Purchases and sales are reflected on a trade-date basis.

Allocations from Master Trust

Net income from the Master Trust, including net appreciation in fair value of investments, dividend and interest income and investment expenses, are allocated to all participating plans based on the fair value of each plan's interest in the Master Trust at the end of each month. The Plan's interest in the Master Trust at December 31 represents the prior year's ending balance plus the allocation of net income from the Master Trust adjusted for certain plan-specific transactions, including employer contributions, benefit payments, PBGC premiums and certain administrative expenses.

Net Appreciation in Fair Value of Investments

Net appreciation in fair value of investments held in the Master Trust includes realized and unrealized investment gains and losses. Realized gains and losses on the sale of securities are determined based on average cost of securities sold, while unrealized gains and losses are determined based on average cost of securities held at the end of the year.

Dividend and Interest Income

Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned on the accrual basis.

Funding Policy

American is required to make minimum contributions to the Plan under the ERISA minimum funding requirements, including the Pension Funding Equity Act of 2004, the Pension Protection Act of 2006, and the Pension Relief Act of 2010. American's funding policy is generally to make the minimum required contribution in quarterly installments, not in excess of the maximum deductible contribution for the Plan year. From time to time, American may make additional contributions above the ERISA minimum funding requirements. The Plan satisfied the ERISA minimum funding requirements for the 2025 Plan year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 8) represent the actuarial present value of estimated future periodic payments that are attributable under the Plan's provisions for services rendered by the team members to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated team members or their beneficiaries, (b) beneficiaries of team members who have died, and (c) present team members or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to eligible team members' service rendered to the valuation date.

The Plan's actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits is the amount that results from the application of actuarial assumptions to the benefit formula and census data as of the valuation date. The significant actuarial assumptions used in the valuations as of December 31, 2025 and 2024 were:

- Retirement rates that vary by age, with an average retirement age of 63 for 2025 and 2024
- Assumed interest rate of 7.30% for 2025 and 7.75% for 2024
- Life expectancy based on separate rates for non-annuitants based on the Pri-2012 "Employees" table with white collar adjustment, no quartile adjustment, increased 3.0%, and then projected generationally from 2012 using Scale MP-2021 for 2025 and 2024.
- Annuitant mortality rates are based on the Pri-2012 "Nondisabled Annuitants" table with white collar adjustment, no quartile adjustment, increased 3.0%, and then projected generationally from 2012 using Scale MP-2021 for 2025 and 2024.

The retirement and turnover decrement assumptions reflect the Plan administrator's best estimate of future experience.

Accumulated plan benefits, including actuarial adjustments, include the effects of actuarial experience gains and losses.

These 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 accumulated plan benefits. The actuary estimated the accumulated plan benefits as of January 1, 2025 and January 1, 2024, and projected the benefit obligations to December 31, 2025 and December 31, 2024. There were no significant changes to the Plan after the measurement date that would have affected the valuations as of December 31, 2025 and 2024.

Administrative Expenses

Certain plan expenses, including PBGC premiums and noninvestment-related expenses, are paid by the Plan.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Risks and Uncertainties

The Master Trust invests in various investment securities, financial contracts and securities lending activities, which, in general, are exposed to various risks, such as interest rate, market volatility and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. As a result of these risks, it is at least reasonably possible that changes in the values of investments will occur and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and team member demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Subsequent Events

The Plan's management has evaluated subsequent events through October 6, 2026, which is the date the financial statements were available to be issued, and determined that there were no subsequent events or transactions that required recognition or disclosure in the financial statements.

(3) Investments

Investments and other net assets of the Master Trust and Plan's interest in the Master Trust at December 31, 2025 are summarized as follows:

	Master Trust Balances		Plan's Interest in Master Trust Balances	
Investments:				
Cash and cash equivalents	$ 123,313,235	*	$ 26,594,146	*
Common and preferred stocks	2,072,527,674	*	446,968,280	*
Registered investment companies	465,198,186	*	100,326,205	*
Corporate debt	3,649,741,490	*	787,115,511	*
U.S. Government and agency securities	1,507,285,666	*	325,066,290	*
Mortgage backed securities	43,806,112	*	9,447,373	*
Limited partnerships	4,109,014,868	*	886,163,950	*
Common/collective trusts	693,280,823	*	149,515,271	*
Other investments**	187,485,403	*	40,433,732	*
Securities on loan – common stock	10,930,429		2,357,293	
Total investments	12,862,583,886		2,773,988,051	
Non-interest bearing cash	6,498,343	*	1,401,454	*
Dividends and interest receivable	69,867,451	*	15,067,849	*
Due from brokers for sale of securities	254,531,178	*	54,893,049	*
Cash collateral for initial margin	15,371,000	*	3,314,961	*
Other receivable	13,626,586	*	2,938,755	*
Collateral held on loaned securities:				
Money market mutual fund and U.S. Government and agency securities	11,295,586		2,436,044	
Margin variation payable, net	(4,505,469)	*	(971,665)	*
Foreign exchange payable	(940,913)	*	(202,920)	*
Obligation to return collateral on loaned securities:				
Money market mutual fund and U.S. Government and agency securities	(11,295,586)		(2,436,044)	
Accounts payable	(6,675,856)		(1,439,738)	
Due to brokers for purchase of securities	(552,769,304)	*	(119,212,085)	*
Net assets	$ 12,657,586,902		$ 2,729,777,711	
Net income for the year ended December 31, 2025 is summarized as follows:				
Net appreciation in fair value of investments	$ 1,093,090,562	*	$ 237,878,337	*
Dividend and interest income	284,202,891	*	61,549,867	*
Investment expenses	(89,183,570)		(19,770,676)	
Net income	$ 1,288,109,883		$ 279,657,528	

* Certified by the Plan's trustee

** Other investments primarily include foreign government debt instruments, domestic municipal debt instruments and credit default swap and total return swap derivative instruments as of December 31, 2025.

Investments and other net assets of the Master Trust and Plan's interest in the Master Trust at December 31, 2024 are summarized as follows:

	Master Trust Balances		Plan's Interest in Master Trust Balances	
Investments:				
Cash and cash equivalents	$ 92,500,721	*	$ 20,233,933	*
Common and preferred stocks	2,491,531,457	*	545,006,340	*
Registered investment companies	427,372,362	*	93,484,931	*
Corporate debt	2,311,300,217	*	505,581,926	*
U.S. Government and agency securities	1,285,693,401	*	281,237,090	*
Mortgage backed securities	2,403,853	*	525,827	*
Limited partnerships	4,184,310,271	*	915,290,723	*
Common/collective trusts	1,357,406,109	*	296,923,779	*
Other investments**	109,428,621	*	23,936,801	*
Securities on loan – common stock	7,470,317		1,634,083	
Total investments	12,269,417,329		2,683,855,433	
Non-interest bearing cash	17,968,718	*	3,930,540	*
Dividends and interest receivable	51,390,289	*	11,241,292	*
Due from brokers for sale of securities	114,862,498	*	25,125,426	*
Foreign exchange receivable	63,629	*	13,918	*
Collateral held on loaned securities:				
Money market mutual fund and U.S. Government and agency securities	7,724,021		1,689,579	
Margin variation payable, net	(19,412,547)	*	(4,246,369)	*
Obligation to return collateral on loaned securities:				
Money market mutual fund and U.S. Government and agency securities	(7,724,021)		(1,689,579)	
Accounts payable	(8,593,719)		(1,879,820)	
Due to brokers for purchase of securities	(307,791,534)	*	(67,327,401)	*
Net assets	$ 12,117,904,663		$ 2,650,713,019	

* Certified by the Plan's trustee

** Other investments primarily include foreign government debt instruments, domestic municipal debt instruments and credit default swap and total return swap derivative instruments as of December 31, 2024.

(4) Derivatives

In the normal course of operations, the Master Trust's assets and liabilities may include derivative financial instruments (futures, foreign currency forwards, credit default swap agreements and total return swap agreements). These derivatives involve, in varying degrees, elements of credit and market volatility risks in excess of more traditional investment holdings, such as equity and debt instruments. The contract or notional amounts disclosed in this footnote provide a measure of the Master Trust's involvement in such instruments but are not indicative of potential value. The intent is to use derivative financial instruments for a variety of reasons, including to hedge or reduce, rather than increase, market volatility risk when considered together with the Master Trust's investment assets as a whole and to manage certain investment risks or to substitute for the purchase or sale of the underlying securities or currencies. The Master Trust's fiduciaries do not anticipate any material adverse effect on the Plan's financial position resulting from its involvement in these instruments.

Futures Contracts

On behalf of the Master Trust, investment managers enter into various futures contracts as cost-effective ways to manage the overall asset allocation of the investment portfolio and to implement and manage duration and yield curve strategies in the fixed income portfolio. These contracts, which are considered derivatives under Financial Accounting Standards Board Accounting Standards Codification 815, *Derivatives and Hedging,* are agreements between two parties to buy or sell a security or financial interest at a set price on a future date and are standardized and exchange-traded. Upon entering into such a contract on behalf of the Master Trust, the investment manager is required to pledge to the broker an amount of cash or securities equal to the minimum "initial margin" requirements of the exchange on which the contract is traded. Pursuant to the contract, the investment manager agrees to receive from or pay to the broker an amount of cash equal to the daily fluctuation in the value of the contract. Such receipts or payments are known as margin variation receivable (payable) in the net assets of the Master Trust and are recognized as a realized gain or loss in the allocated net income of the Master Trust equal to the difference in the value of the contract between daily closing prices.

With futures, there is minimal counterparty credit risk to the Master Trust because those contracts are exchange-traded and settled on a daily basis, and the exchange's clearinghouse, as counterparty to all exchange-traded futures, guarantees the futures against default.

The following tables present the Master Trust's open futures contracts at December 31, 2025 and 2024. The margin variation receivable (payable) presented in these tables includes cumulative appreciation (depreciation) of futures contracts.

At December 31, 2025, the Master Trust's open futures contracts were as follows:

Type of Contract	Number of Contracts Buy (Sell)	Expiration	Notional Value	Margin Variation Receivable (Payable)
US 10 Year Ultra Future	5,197	3/2026	$ 597,736,203	$ (2,905,369)
US Ultra Bond (CBT)	984	3/2026	116,112,000	(1,859,733)
US 2 Year Note (CBT)	335	3/2026	69,944,336	6,820
US 5 Year Note (CBT)	285	3/2026	31,151,836	(127,004)
US 10 Year Note (CBT)	(452)	3/2026	(50,821,750)	345,059
US 5 Year Note (CBT)	(375)	3/2026	(40,989,258)	(44,658)
US 10 Year Ultra Future	(282)	3/2026	(32,434,406)	155,385
Various futures	713	3/2026	88,325,180	(75,969)
Total futures contracts				$ (4,505,469)

At December 31, 2024, the Master Trust's open futures contracts were as follows:

Type of Contract	Number of Contracts Buy	Expiration	Notional Value	Margin Variation Payable
US 2 Year Note (CBT)	5,591	3/2025	$ 1,149,562,021	$ (215,625)
US 5 Year Note (CBT)	6,580	3/2025	699,484,847	(4,051,593)
US 10 Year Ultra Future	3,562	3/2025	396,495,125	(7,107,246)
S&P 500 E-Mini index futures	507	3/2025	150,471,263	(4,390,332)
US Ultra Bond (CBT)	383	3/2025	45,541,094	(1,594,112)
US 10 Year Note (CBT)	189	3/2025	20,553,750	(308,946)
Various futures	165	3/2025	22,279,116	(1,744,693)
Total futures contracts				$ (19,412,547)

Credit Default Swap Agreements

On behalf of the Master Trust, investment managers enter into credit default swap agreements, which involve one party making a stream of payments (referred to as the buyer of protection) to another party (the seller of protection) in exchange for the right to receive a specified return in the event of a default or other credit event for the referenced entity, obligation or index. The Master Trust utilizes credit default swap agreements to mitigate the risk of market fluctuations on assets due to the change in creditworthiness of the issuer of a security or basket of securities (credit risk).

The maximum potential amount of future payments (undiscounted) that the Master Trust, as a seller of protection, could be required to make under a credit default swap agreement would be an amount equal to the notional amount of the agreement. These potential amounts would be partially offset by any recovery values of the respective obligations, upfront payments received upon entering into the agreement, or net amounts received from the settlement of buy protection credit default swap agreements entered into by the Master Trust for the same referenced entity or entities.

As of December 31, 2025 and 2024, the gross notional value for the Master Trust's outstanding credit default swap agreements was $156,540,000 and $154,300,000, respectively. The Master Trust records credit default swap agreements at their fair value and reports the net value within other investments. The fair value measurement of the agreements is discussed in Note 5 and was not material as of December 31, 2025 and 2024. Realized gains and losses and changes in unrealized gains and losses are included in net appreciation in fair value of investments of the Master Trust and were not material for the year ended December 31, 2025.

Total Return Swap Agreements

On behalf of the Master Trust, investment managers may also enter into total return swap agreements wherein one party makes a series of payments based on the change in market value of an underlying reference asset, which may include a specified security, basket of securities or security index, to another party for a specified period of time. This side of the swap is commonly referred to as the "float" leg. In exchange, the other party makes a series of payments based on a fixed or variable interest rate. This side is commonly referred to as the "fixed" leg. The economic effect of a swap is similar to that of buying or selling the underlying reference asset, without exchanging physical custody. Total return swaps are subject to the risks associated with an investment in the underlying reference asset as well as the risk that the other party (the "counterparty") may not fulfill its obligation under the agreement.

The Master Trust determines the fair value of its total return swaps based on the published reference-asset price or index value on a daily basis. The total market value of the swap is the sum of the market value of both the fixed and the float legs, and the swap value is collateralized daily.

As of December 31, 2025 and 2024, the gross notional value for the Master Trust's outstanding total return swap agreements was $4,003,709,106 and $954,773,195, respectively. The Master Trust records total return swap agreements at their fair value and reports the net value within other investments. The fair value measurement of the agreements is discussed in Note 5 and was not material as of December 31, 2025 and 2024. Realized gains and losses and changes in unrealized gains and losses are included in net appreciation in fair value of investments of the Master Trust. For the year ended December 31, 2025, net realized and unrealized gains related to total return swaps were $77,979,713.

(5) Fair Value Measurements

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to observable inputs in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 - Observable inputs such as quoted prices available in active markets for identical assets and liabilities;

Level 2 - Inputs other than quoted prices in active markets for similar assets or liabilities, that are observable either directly or indirectly; and

Level 3 - Unobservable inputs for the asset or liability that are supported by little or no market activity, which require the reporting entity to develop its own assumptions.

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is most significant to the fair value measure in its entirety.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2025 and 2024.

Cash and cash equivalents contain interest bearing cash.

Common and preferred stocks held by the Master Trust are valued based on quoted market prices on the last business day of the year.

Registered investment company investments contain mutual funds. The fair value of mutual funds is calculated once daily through a net asset value ("NAV") calculation that is provided at the end of each trade day.

Fixed income investments contain corporate debt, mortgage backed securities, and U.S. Government and agency securities. Corporate debt and mortgage backed securities are valued using pricing models maximizing the use of observable inputs for similar securities. U.S. Government and agency securities are valued at the closing price reported on the active market on which the individual securities are traded.

Investments in limited partnerships are carried at estimated NAV as determined by and reported by the general partners of the partnerships and represent the proportionate share of the estimated fair value of the underlying assets of the limited partnerships. These investments include limited partnerships that invest primarily in domestic private equity and private income opportunities. The Master Trust does not have the right to redeem its limited partnership investment at its NAV, but rather receives distributions as the underlying assets are liquidated. It is estimated that the underlying assets of these funds will be gradually liquidated over the next 10 years. Additionally, as of December 31, 2025, the Master Trust has future funding commitments of approximately $1.0 billion, most of which are expected to be called over the next seven years.

Common/collective trusts are valued at NAV based on the fair values of the underlying investments of the trusts as determined by the sponsor of the trusts. As of December 31, 2025, this investment includes 71% in a collective interest trust investing primarily in short-term securities, 15% in common/collective trusts investing in small to mid-market capitalization equity securities within the U.S., 11% in common/collective trusts investing in equity securities of companies outside the U.S. and 3% in a common/collective trust investing in large market capitalization equity securities within the U.S. For some trusts, requests for withdrawals must meet specific requirements with advance notice of redemption preferred.

Other investments primarily include international government and U.S. municipal debt securities. These investments are valued at the closing price reported on the active market on which the individual securities are traded. The remaining investments include swap agreements which are valued using pricing models that represent the price a dealer would pay for these securities.

The Master Trust also participates in securities lending programs to generate additional income by loaning plan assets to borrowers on a fully collateralized basis. The Master Trust remains the beneficial owner of the securities loaned and, accordingly, classifies loaned securities as investments. Since the securities received as collateral may be re-pledged or sold, the Master Trust recognizes the amount of collateral received and a corresponding obligation to return such collateral on the statements of net assets available for benefits. The Master Trust bears the risk of gains or losses on the investment of cash collateral. The fair value of securities on loan was $10,930,429 and the fair value of collateral was $11,295,586 at December 31, 2025. The fair value of securities on loan was $7,470,317 and the fair value of collateral was $7,724,021 at December 31, 2024. Collateral held on loaned securities includes securities issued or guaranteed by the United States government or its agencies or instrumentalities and cash which is invested in a money market fund primarily holding U.S. Government securities.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investment assets at fair value, on a recurring basis, as of December 31, 2025:

	Fair Value Measurements			
Assets	**Level 1**	**Level 2**	**Level 3**	**Total**
Investments:				
Cash and cash equivalents	$ 123,313,235	$ —	$ —	$ 123,313,235
Common and preferred stocks*	2,082,888,586	—	569,517	2,083,458,103
Registered investment companies	465,198,186	—	—	465,198,186
Fixed income	—	5,200,758,110	75,158	5,200,833,268
Limited partnerships	—	—	58,174,276	58,174,276
Limited partnerships, at NAV**	—	—	—	4,050,840,592
Common/collective trusts	—	494,841,265	—	494,841,265
Common/collective trusts, at NAV**	—	—	—	198,439,558
Other investments	—	187,485,403	—	187,485,403
Total assets	$2,671,400,007	$ 5,883,084,778	$ 58,818,951	$12,862,583,886
Margin variation payable, net	$ 4,505,469	$ —	$ —	$ 4,505,469
Foreign exchange payables	940,913	—	—	940,913
Total liabilities	$ 5,446,382	$ —	$ —	$ 5,446,382

* Includes securities on loan

** Certain investments that are measured using NAV per share (or its equivalent) as a practical expedient for fair value have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

Changes in fair value measurements of Level 3 investments during the year ended December 31, 2025, were as follows:

Beginning balance at December 31, 2024	$ 70,826,665
Realized gain	18,249
Unrealized loss on investments held at the end of the year	(15,173,462)
Purchases	4,821,013
Sales	(1,677,504)
Transfers in	3,990
Ending balance at December 31, 2025	$ 58,818,951

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investment assets at fair value, on a recurring basis, as of December 31, 2024:

	Fair Value Measurements			
Assets	**Level 1**	**Level 2**	**Level 3**	**Total**
Investments:				
Cash and cash equivalents	$ 92,500,721	$ —	$ —	$ 92,500,721
Common and preferred stocks*	2,496,919,205	1,278,178	804,391	2,499,001,774
Registered investment companies	427,372,362	—	—	427,372,362
Fixed income	—	3,598,975,913	421,558	3,599,397,471
Limited partnerships	—	—	69,600,716	69,600,716
Limited partnerships, at NAV**	—	—	—	4,114,709,555
Common/collective trusts	—	271,709,282	—	271,709,282
Common/collective trusts, at NAV**	—	—	—	1,085,696,827
Other investments	—	109,428,621	—	109,428,621
Total investments	3,016,792,288	3,981,391,994	70,826,665	12,269,417,329
Foreign exchange receivable	63,629	—	—	63,629
Total assets	$ 3,016,855,917	$ 3,981,391,994	$ 70,826,665	$12,269,480,958
Margin variation payable, net	$ 19,412,547	$ —	$ —	$ 19,412,547
Total liabilities	$ 19,412,547	$ —	$ —	$ 19,412,547

* Includes securities on loan

** Certain investments that are measured using NAV per share (or its equivalent) as a practical expedient for fair value have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

(6) Information Certified by the 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, the Trustee has certified that the following data included in the accompanying financial statements is complete and accurate:

- Fair value of investments (except as noted in Note 3)
- Allocated net income (except as noted in Note 3)

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements.

(7) Parties-in-Interest

Certain Plan investments consist of common stock and fixed income securities issued by State Street Bank and Trust Company, the Plan's Trustee, as well as investments in the State Street Short Term Investment Fund. Accordingly, these transactions qualify as exempt party-in-interest transactions. These investments represented approximately 4% and 2% of the Master Trust's net assets as of December 31, 2025 and 2024, respectively. The Plan incurred administrative expenses totaling $1,407,973 to internal and external entities that provided professional services to the Plan during the year ended December 31, 2025, which also qualify as party-in-interest transactions.

(8) Accumulated Plan Benefits

The Plan's accumulated plan benefits as of December 31 are summarized as follows:

	2025	2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 1,950,467,000	$ 1,918,564,000
Other participants	576,242,000	593,821,000
Total vested benefits	2,526,709,000	2,512,385,000
Nonvested benefits	1,592,000	2,181,000
Total actuarial present value of accumulated plan benefits	$ 2,528,301,000	$ 2,514,566,000

The changes in the Plan's accumulated plan benefits for the year ended December 31, 2025 are summarized as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 2,514,566,000
Increase (decrease) during the year attributable to:	
Benefits paid	(239,391,000)
Interest	185,776,000
Actuarial assumption changes*	83,389,000
Experience changes	(16,039,000)
Actuarial present value of accumulated plan benefits at end of year	$ 2,528,301,000

* See Note 2 for significant actuarial assumptions used for the year ended December 31, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	2	0	0	0	0	0	0	0	0	0	2
	-	-	-	-	-	-	-	-	-	-	-
35-39	2	0	0	0	0	0	0	0	0	0	2
	-	-	-	-	-	-	-	-	-	-	-
40-44	8	3	5	9	0	0	0	0	0	0	25
	-	-	-	-	-	-	-	-	-	-	4,725
45-49	25	80	41	133	9	0	0	0	0	0	288
	378	1,941	5,109	8,732	-	-	-	-	-	-	5,759
50-54	58	202	117	218	99	33	0	0	0	0	727
	560	2,162	5,615	9,057	13,090	16,683	-	-	-	-	6,805
55-59	64	179	187	327	301	327	33	0	0	0	1,418
	711	2,290	6,159	9,367	13,374	18,178	22,337	-	-	-	10,844
60-64	61	127	165	283	235	354	116	5	0	0	1,346
	1,618	2,319	6,114	9,991	14,404	18,723	23,150	-	-	-	12,686
65-69	23	52	57	90	67	118	59	31	1	0	498
	2,654	2,126	5,531	11,157	12,987	19,705	26,106	28,662	-	-	14,335
70 & over	11	13	20	26	12	22	20	10	4	2	140
	-	-	12,016	13,506	-	23,990	26,153	-	-	-	18,576
Total	254	656	592	1,086	723	854	228	46	5	2	4,446
	1,106	2,215	6,091	9,638	13,695	18,707	24,060	28,731	-	-	11,002

The plan is “hard frozen” and the average accrued benefits are displayed in lieu of compensation

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name:	The Retirement Benefit Plan of American Airlines, Inc. for Agent, Management, Specialist, Support Personnel and Officers
EIN / PN:	13-1502798/002
Plan Sponsor:	American Airlines, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: August 2024 segment rates published in September 2024

Interest rates	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.34%	5.31%

As permitted by law, rates reflecting stabilization are used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e. MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

SCHEDULE SB ATTACHMENTS

Termination

Rates are constant by age.

Representative Termination Rates

Sample rate (per 1,000 participants)	
Attained Age	Rate
All ages	5.0

Disability

None.

Retirement

Rates varying by age, average age 63. Terminated vested participants are assumed to retire at age 60 with unreduced benefits, if completed at least 10 years of retirement eligibility service, or at age 65 otherwise.

For purposes of determining the Funding Target (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Rate
55	7.5%
56-59	6.0%
60-61	7.0%
62-64	10.0%
65-69	20.0%
70+	100.0%

Benefit commencement date:

- Preretirement death benefit: The later of (i) the death of the participant or (ii) the earlier of date the participant would have attained age 55 with 15 years of retirement eligibility service, age 60 with 10 years of retirement eligibility service or age 65. Participants reported as deferred beneficiaries are assumed to commence at the participant's normal retirement age.
- Deferred vested benefit: The later of (i) termination of employment or (ii) the earlier of age 60 with 10 years of retirement eligibility service or age 65.
- Retirement benefit: Upon termination of employment

Form of payment

Of retirements, 15% are assumed to elect a joint and 50% survivor annuity, and 10% are assumed to elect a joint and 100% survivor annuity, and 75% are assumed to elect a life annuity.

Plan Name: The Retirement Benefit Plan of American Airlines, Inc. for Agent, Management, Specialist, Support Personnel and Officers
EIN / PN: 13-1502798/002
Plan Sponsor: American Airlines, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Percent married	70% of males; 70% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
Spouse age	Wife two years younger than husband.
Plan-related expenses	Current year plan-related expenses are assumed to be equal to last year's actual (adjusted for PBGC premiums and expected differences in benefit administration expenses). The expected plan-related expenses for 2025 are $20,853,452.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets [for determining minimum required contributions]	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.59% for 2024 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year. The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in Appendix B of this report were valued. WTW has reviewed the plan provisions with the plan sponsor, and based on that review, is not aware of any significant benefits required to be valued that were not. The plan pays small benefits (with a present value up to $7,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

The plan sponsor, through its third-party administrator/payroll administrator, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

Plan Name:	The Retirement Benefit Plan of American Airlines, Inc. for Agent, Management, Specialist, Support Personnel and Officers
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SCHEDULE SB ATTACHMENTS

Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. In consultation with American Airlines, Inc., the following assumptions were made for missing or apparently inconsistent data elements:

- Joint pensioners who were missing dates of birth were assumed to be two years younger if the participant was male, otherwise two years older than the participant.
- Deferred participants past the required minimum distribution benefit commencement date receive actuarial increases to age at April 1 following the year they turned 70.5. Back payments with an actuarial equivalence interest rate of 5% from that date to the valuation date were added to the liability.
- The benefit amount payable to unverified beneficiaries of deceased non-annuitant participants is assumed to be 45% of the participant's accrued benefit, which is based on an assumed 90% conversion to the QPSA amount.
- The annual benefit amount payable to records with missing benefits is $16,000, which is based on the average annual benefit of other records with similar status codes as the missing benefits.
- Missing survivor amounts payable to the joint pensioner upon the death of the participant are assumed to be $13,000.
- Missing inactive benefit record's gender assumed to be female if original participant, and male if alternate payee or beneficiary.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE RETIREMENT BENEFIT PLAN OF AMERICAN AIRLINES, INC. FOR AGENT, MANAGEMENT, SPECIALIST, SUPPORT PERSONNEL AND OFFICERS

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AMERICAN AIRLINES, INC. - RETIREMENT

D Employer Identification Number (EIN)
13-1502798

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	2,658,558,278
b Actuarial value	**2b**	2,600,559,773

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	15,621	2,198,675,221	2,198,675,221
b For terminated vested participants	5,244	339,271,239	339,271,239
c For active participants	4,446	423,888,133	426,235,496
d Total	25,311	2,961,834,593	2,964,181,956

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	20,853,452
c Target normal cost	**6c**	20,853,452

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Matt Krusz MMK
Signature of actuary

9/24/2026
Date

Matt Krusz
Type or print name of actuary

2608716
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

214-530-4200
Telephone number (including area code)

PO Box 674401
Houston TX 77267
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.49%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		235,008
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.06%		11,891
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		246,899
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	87.73%
15	Adjusted funding target attainment percentage	15	87.73%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.84%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2025	50,000,000	0			
01/15/2026	70,000,000	0			
			Totals ► 18(b)	120,000,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	116,216,133

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	20,853,452
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	363,622,183	47,943,214
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	68,796,666

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	68,796,666
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	116,216,133

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	47,419,467
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The weighted average retirement age was determined based on the retirement age and a weight component, which was the number of new retirees expected at each age.

Age	Retirement Probability	Population Remainder	Retirees	Weighted	Average Age
55	7.5%	100.00	7.50	412.50	
56	6.0%	92.50	5.55	310.80	
57	6.0%	86.95	5.22	297.37	
58	6.0%	81.73	4.90	284.43	
59	6.0%	76.83	4.61	271.97	
60	7.0%	72.22	5.06	303.32	
61	7.0%	67.16	4.70	286.79	
62	10.0%	62.46	6.24	387.27	
63	10.0%	56.22	5.63	354.16	
64	10.0%	50.59	5.05	323.81	
65	20.0%	45.54	9.11	591.96	
66	20.0%	36.43	7.29	480.85	
67	20.0%	29.14	5.83	390.51	
68	20.0%	23.31	4.66	317.07	
69	20.0%	18.65	3.73	257.39	
70	100.0%	14.92	14.92	1,044.47	
			100.00	6,314.66	63

Plan Name:	The Retirement Benefit Plan of American Airlines, Inc. for Agent, Management, Specialist, Support Personnel and Officers
EIN / PN:	13-1502798/002
Plan Sponsor:	American Airlines, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	3,566,550	13,800,473	234,277,798	251,644,821
2026	9,277,011	15,203,198	225,146,433	249,626,642
2027	13,583,742	17,448,311	216,153,961	247,186,014
2028	17,789,297	19,642,541	207,327,339	244,759,177
2029	21,634,277	21,596,599	198,486,180	241,717,056
2030	25,016,916	23,177,611	189,666,580	237,861,107
2031	28,037,200	24,398,149	180,900,363	233,335,712
2032	30,682,097	25,109,857	172,170,783	227,962,737
2033	32,951,033	25,475,381	163,483,048	221,909,462
2034	34,809,503	25,741,087	154,766,013	215,316,603
2035	36,244,371	25,919,125	146,033,817	208,197,313
2036	37,275,461	25,926,239	137,323,460	200,525,160
2037	37,948,233	25,785,934	128,632,630	192,366,797
2038	38,270,772	25,536,480	120,023,475	183,830,727
2039	38,229,780	25,218,320	111,501,989	174,950,089
2040	37,914,009	24,811,305	103,113,157	165,838,471
2041	37,364,722	24,315,102	94,908,150	156,587,974
2042	36,618,383	23,746,013	86,917,591	147,281,987
2043	35,719,720	23,124,223	79,198,559	138,042,502
2044	34,690,123	22,452,707	71,773,577	128,916,407
2045	33,552,119	21,721,797	64,671,348	119,945,264
2046	32,316,351	20,932,354	57,922,930	111,171,635
2047	30,986,278	20,093,549	51,545,274	102,625,101
2048	29,566,655	19,211,586	45,559,110	94,337,351
2049	28,062,515	18,287,791	39,981,418	86,331,724
2050	26,489,357	17,324,354	34,824,788	78,638,499
2051	24,860,066	16,324,540	30,096,582	71,281,188
2052	23,186,324	15,292,993	25,798,676	64,277,993
2053	21,483,766	14,235,863	21,927,379	57,647,008
2054	19,767,806	13,160,880	18,473,605	51,402,291
2055	18,054,461	12,077,250	15,423,026	45,554,737
2056	16,360,733	10,995,327	12,756,468	40,112,528
2057	14,704,100	9,926,369	10,450,590	35,081,059
2058	13,101,872	8,881,942	8,478,738	30,462,552
2059	11,570,429	7,873,457	6,811,930	26,255,816
2060	10,124,359	6,911,725	5,419,683	22,455,767
2061	8,775,866	6,006,440	4,270,859	19,053,165
2062	7,534,273	5,165,646	3,334,602	16,034,521
2063	6,405,662	4,395,314	2,581,155	13,382,131
2064	5,392,781	3,699,220	1,982,555	11,074,556
2065	4,495,149	3,078,884	1,513,104	9,087,137
2066	3,709,453	2,533,734	1,149,683	7,392,870
2067	3,030,101	2,061,320	871,921	5,963,342
2068	2,449,775	1,657,596	662,267	4,769,638
2069	1,959,956	1,317,332	505,903	3,783,191
2070	1,551,430	1,034,526	390,552	2,976,508
2071	1,214,726	802,759	306,233	2,323,718
2072	940,507	615,491	244,988	1,800,986
2073	719,851	466,299	200,599	1,386,749
2074	544,431	349,111	168,289	1,061,831

Plan Name: The Retirement Benefit Plan of American Airlines, Inc. for Agent, Management, Specialist, Support Personnel and Officers
EIN / PN: 13-1502798/002
Plan Sponsor: American Airlines, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The plan was amended and restated as of January 1, 2014, and was further amended as of January 1, 2014, April 29, 2014, September 1, 2015, November 10, 2015, August 1, 2017, November 15, 2017, April 1, 2018, September 1, 2024, and September 17, 2024.

Covered Employees	Any employee on the U.S. payroll of American Airlines, Inc. or a related employer who is classified as officer, management, specialist, agent, support staff or non-management salaried employee at a location for which coverage has been made available.
Participation Date	Completion of one year of service with a minimum of 1,000 hours worked in a year. The Plan was closed to new participants first hired on or after January 1, 2002.

Definitions

Vesting service	One year for each 1,000-hour calendar year of employment by American Airlines, Inc. or a related employer after the initial date of hire.
Credited service	Years of service as a member of the plan based on hours worked; excluding some furlough and approved unpaid leaves of absence. Participants who elected to participate in the $uper $aver Plus plan have their credited service frozen on the date of $uper $aver Plus participation. For all other participants, credited service was frozen effective October 31, 2012.
Retirement eligibility service	A member's credited service plus service earned while a member of $uper $aver Plus, retirement eligibility service earned under a related defined benefit plan, and for periods subsequent to October 31, 2012, service that would have been treated as credited service had the plan not been frozen.
Pensionable pay	A member's regular pay including commissions and 401(k) salary reduction amounts but excluding overtime, shift differentials, bonuses, and expenses.

Plan Name:	The Retirement Benefit Plan of American Airlines, Inc. for Agent, Management, Specialist, Support Personnel and Officers
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Plan Sponsor:	American Airlines, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Final average compensation

The average of the highest paid 48 consecutive calendar months out of the 120 consecutive calendar months of pensionable pay of plan membership preceding the date of retirement, disability, death or termination of employment. Final average compensation was frozen effective October 31, 2012.

Primary Insurance Amount (PIA)

The estimated projected monthly Social Security benefit payable at age 65 assuming level compensation from date of termination or October 31, 2012 to age 65, and the law in effect at the earlier of time of calculation or October 31, 2012.

Normal retirement date (NRD)

First of month coinciding with or next following the attainment of age 65.

Monthly pension benefit

As of any date, the greater of (a), (b), (c) or (d)

(a) One-twelfth of the basic retirement benefit accrued April 1, 1978 under the provisions of the prior plan, plus 1.25% of pensionable pay for each subsequent calendar year not in excess of $6,600, plus 2% of such pensionable pay in excess of $6,600.

(b) 1.667% of final average compensation multiplied by credited service.

(c) The monthly amount shown below, multiplied by credited service.

Final Average Compensation	Monthly Amount
Less than $15,000	$23.50
$15,000 and over	$24.00

(d) 2% of final average compensation multiplied by credited service (the base benefit), less 1.5% of the PIA multiplied by credited service, not greater than 33-1/3 years.

If the annual base benefit exceeds $50,000, the benefit is offset by an additional amount of 2% of PIA (up to 50%) for each $1,000 that the base benefit exceeds $50,000.

Benefits were frozen effective October 31, 2012.

Qualified monthly preretirement spouse benefit

50% joint and survivor form of the monthly pension benefit payable as if the member had terminated on the date of death. Participants can elect an actuarially reduced $66^{2}/_{3}$%, 75% or 100% joint and survivor form prior to their death.

SCHEDULE SB ATTACHMENTS

Earliest retirement date

Earliest date on which participant could elect to commence benefits based upon service as of date of termination or death.

Charge for qualified preretirement survivor annuity

Unless a participant waives coverage under the qualified preretirement survivor annuity, the monthly pension benefit shall be permanently and cumulatively reduced to recognize the years of such coverage based upon the following chart.

Benefits will not be reduced to reflect charges for the qualified pre-retirement survivor annuity (QPSA) coverage for periods when a QPSA waiver was not provided to participants.

Age During Years of Coverage	Annual Reduction
Under 45	0.02%
45 - 49	0.05%
50 - 54	0.15%
55 - 59*	0.40%
60 - 64*	0.60%
65*	no charge

*Charge ceases upon eligibility for early retirement.

Actuarial equivalence

Form of payment conversions: 5% discount rate, UP84 mortality weighted 88% male and 12% female for the participant (12% male and 88% female for the joint annuitant).

Eligibility for Benefits

Normal retirement

Retirement on NRD.

Early retirement

Retirement before NRD and on or after attaining the earlier of (a) age 55 and completing 15 years of retirement eligibility service, or (b) age 60 and completing 10 years of retirement eligibility service.

Late retirement

Retirement after NRD.

Deferred vested termination

Termination for reasons other than death or retirement after completing five years of vesting service.

SCHEDULE SB ATTACHMENTS

Preretirement death benefit	Death of a participant who has elected coverage under the qualified preretirement survivor annuity while eligible for normal, early, late or deferred vested retirement benefits, with a surviving spouse who has been married to the participant for at least one year at date of death.

Monthly Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Monthly pension benefit determined as of early retirement date. Participants with 15 years of retirement eligibility service have their benefits reduced 3.0% for each year payment precedes age 60. Participants with at least 10, but less than 15, years of retirement eligibility service have their benefits reduced 3.0% for each year payment precedes age 65, unless they terminate after age 60 in which case benefits are unreduced.
Late retirement	Monthly pension benefit determined as of actual retirement date.
Deferred vested termination	Monthly pension benefit determined as of termination date, payable at normal retirement date. Participants with at least 10 years of retirement eligibility service can elect to commence benefit on their earliest retirement date with the benefit reduced in the same manner as for early retirement.
Death with preretirement spouse benefit	Qualified monthly preretirement spouse benefit is payable to eligible spouse for life starting at the earliest retirement date.

Other Plan Provisions

Qualified joint and survivor option	If a married participant retires under normal, early or deferred vested retirement provisions and does not elect to the contrary in writing, the benefit will be paid under the terms of the qualified joint and survivor option. Under this option, the participant will receive an actuarially equivalent reduced pension payable for life with payments in the amount of 50% of such reduced pension to be continued after participant's death to the spouse for the spouse's lifetime.

SCHEDULE SB ATTACHMENTS

Forms of payment	Preretirement spouse benefits are payable as described above. Monthly pension benefits are paid for life, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.
Optional forms of payment	Optional forms of payment include life annuity; 50%, 66-2/3%, 75% or 100% joint and survivor annuity; guaranteed period annuity; level income annuity; installment option; and qualified optional survivor annuity.
Pension increases	None.
Participant contributions	None.
Limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.
Transfers among American Airlines, Inc. Retirement Benefit Plans	As a participant transfers from one American Airlines Retirement Benefit Plan to another, service for plan eligibility, benefit eligibility, and vesting are retained and applied to all the plans under which the participant accrued a benefit. Credited service remains the responsibility of the Retirement Benefit Plan in which it was earned.
Former Combs Gates	Participants who were formerly in the Combs Gates pension plan receive their benefits accrued under the Combs Gates plan as of the date of freeze, August 31, 1991. All provisions applicable under the former plan continue for these participants with respect to their Combs Gates accrued benefit.

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name:	The Retirement Benefit Plan of American Airlines, Inc. for Agent, Management, Specialist, Support Personnel and Officers
EIN / PN:	13-1502798/002
Plan Sponsor:	American Airlines, Inc.
Valuation Date:	January 1, 2025

Attachment to Schedule H of Form 5500

Plan Name:	**The Retirement Benefit Plan of American Airlines, Inc. for Agent, Management, Specialist, Support Personnel and Officers**
EIN:	**13-1502798**
Three-digit plan number (PN) :	**002**
Plan sponsor's name:	**American Airlines, Inc. - Retirement**
Plan year ended:	**December 31, 2025**

SCHEDULE H, PART IV, Question 4i -

The Schedule of Assets (Held at End of Year) is attached to the master trust filing noted below:

PLAN NAME: American Airlines, Inc. Master Fixed Benefit Pension Trust
EIN: 13-1502798
PLAN NUMBER: 020
PLAN YEAR ENDED: December 31, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	63,062,031	15.00000	63,062,031	5,879,932
2. Shortfall	01/01/2024	5,591,105	14.00000	5,209,041	508,680
3. Shortfall	01/01/2023	171,541,045	13.00000	152,855,751	15,709,851
4. Shortfall	01/01/2022	(230,366,225)	12.00000	(195,693,260)	(21,288,477)
5. Shortfall	01/01/2021	(13,739,868)	11.00000	(11,051,552)	(1,281,127)
6. Shortfall	01/01/2020	(155,303,748)	10.00000	(117,090,140)	(14,580,951)
7. Shortfall	01/01/2019	681,340,850	9.00000	466,330,312	62,995,306
Total				363,622,183	47,943,214

Plan Name:	The Retirement Benefit Plan of American Airlines, Inc. for Agent, Management, Specialist, Support Personnel and Officers
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