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
FEDEX PILOTS POST-MEDICARE RETIREE PREMIUM REIMBURSEMENT PLAN

1b Three-digit plan number (PN) ▶ 530

1c Effective date of plan 05/15/2007

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)
AIR LINE PILOTS ASSOCIATION INTERNATIONAL

7950 JONES BRANCH DRIVE, SUITE 400S
MCLEAN, VA 22102

2b Employer Identification Number (EIN)
36-0710830

2c Plan Sponsor's telephone number
703-689-2270

2d Business code (see instructions)
813930

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	DAN WHITE
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	4765
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	3966
c	Other retired or separated participants entitled to future benefits	**6c**	807
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4773
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
FEDEX PILOTS POST-MEDICARE RETIREE PREMIUM REIMBURSEMENT PLAN

B Three-digit plan number (PN) ▶ 530

C Plan sponsor's name as shown on line 2a of Form 5500
AIR LINE PILOTS ASSOCIATION INTERNATIONAL

D Employer Identification Number (EIN)
36-0710830

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).. . . . . [X] 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

NORTHERN TRUST COMPANY

36-3608252

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

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

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

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

NORTHERN TRUST COMPANY

36-3608252

(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	264156	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CENTRAL DATA SERVICES, INC

25-1352803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	169993	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LOOMIS SAYLES

27-6848787

(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?
20 51	NONE	103733	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)

THE SEGAL COMPANY

13-2619259

(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	41906	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WITHUMSMITH+BROWN

22-2027092

(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	33800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAVID JETTER

7950 JONES BRANCH DRIVE
SUITE 400S
MCLEAN, VA 22102

(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?
20 50	TRUSTEE	12549	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)

GRADY, AARON

7950 JONES BRANCH DRIVE
SUITE 400S
MCLEAN, VA 22102

(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?
20 50	TRUSTEE	11633	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEID, STEPHEN

7950 JONES BRANCH DRIVE
SUITE 400S
MCLEAN, VA 22102

(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?
20 50	TRUSTEE	11547	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
FEDEX PILOTS POST-MEDICARE RETIREE PREMIUM REIMBURSEMENT PLAN

B Three-digit plan number (PN) ▶ 530

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AIR LINE PILOTS ASSOCIATION INTERNATIONAL

D Employer Identification Number (EIN)
36-0710830

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: CORE PLUS FIXED INCOME FUND

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC

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)
20-8080381-018	C	41991354

a Name of MTIA, CCT, PSA, or 103-12 IE: COMMON SHORT TERM INV. FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, 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)
36-6452394-001	C	629268

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

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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
FEDEX PILOTS POST-MEDICARE RETIREE PREMIUM REIMBURSEMENT PLAN

B Three-digit plan number (PN) ▶ 530

C Plan sponsor's name as shown on line 2a of Form 5500
AIR LINE PILOTS ASSOCIATION INTERNATIONAL

D Employer Identification Number (EIN)
36-0710830

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	97811	123286
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)	21773348	29192114
(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)	133757766	42620622
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	42605367	156351850
(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	198234292	228287872
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	94344	56647
1k Total liabilities (add all amounts in lines 1g through1j)	1k	94344	56647
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	198139948	228231225

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)	7187058	
(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)		7187058
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)	3821425	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3821425
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	111891	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	90679	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		21212
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	480801	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		480801

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		13338555
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		11475058
c Other income	2c		771885
d Total income. Add all **income** amounts in column (b) and enter total	2d		37095994
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6307209	
(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)		6307209
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)	0	
(2) Contract administrator fees	2i(2)	169993	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	33800	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	367889	
(7) Actuarial fees	2i(7)	41906	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	36812	
(11) Other expenses	2i(11)	47108	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		697508
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7004717
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		30091277
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: WITHUMSMITH&BROWN PC **(2)** EIN: 22-2027092

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		3000000
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		29192114
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

FedEx Pilots Post-Medicare Retiree Premium Reimbursement Plan
Financial Statements - Modified Cash Basis
December 31, 2025 and 2024
With Independent Auditor's Report

withum
ADVISORY TAX AUDIT

FedEx Pilots Post-Medicare Retiree Premium Reimbursement Plan
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December 31, 2025 and 2024

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withum
ADVISORY TAX AUDIT

Independent Auditor's Report

To the Plan Administrator of
FedEx Pilots Post-Medicare Retiree Premium Reimbursement Plan:

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

We have performed audits of the financial statements of the FedEx Pilots Post-Medicare Retiree Premium Reimbursement 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 —modified cash basis as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits—modified cash basis for the years ended December 31, 2025, and 2024 and the related notes to financial statements-modified cash basis.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the FedEx Pilots Post-Medicare Retiree Premium Reimbursement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. 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 DOL'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 years ended December 31, 2025, and 2024 stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's 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 the modified cash basis of accounting.
- 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of FedEx Pilots Post-Medicare Retiree Premium Reimbursement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the FedEx Pilots Post-Medicare Retiree Premium Reimbursement 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 FedEx Pilots Post-Medicare Retiree Premium Reimbursement 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 the modified cash basis of accounting.

EBSOCIATES 27-B

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 the modified cash basis of accounting.

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.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America and, as a result, the financial statements may not be suitable for another purpose. Our opinion is not modified with respect to this matter.

Other Matter - Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

Wilkerson Smith + Brown, PC

October 5, 2026

FedEx Pilots Post-Medicare Retiree Premium Reimbursement Plan
Statements of Net Assets Available for Benefits - Modified Cash Basis
December 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value	$ 228,164,586	$ 198,136,481
Accrued investment income	123,286	97,811
Total assets	228,287,872	198,234,292
Liabilities		
Due to broker for securities purchased	56,647	94,344
Total liabilities	56,647	94,344
Net assets available for benefits	$ 228,231,225	$ 198,139,948

The Notes to Financial Statements - Modified Cash Basis are an integral part of these statements.

FedEx Pilots Post-Medicare Retiree Premium Reimbursement Plan
Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis
Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value	$ 24,248,354	$ 11,806,007
Interest and dividends	5,660,582	4,060,345
Total investment income	29,908,936	15,866,352
Investment expenses	(367,889)	(356,573)
Net investment income	29,541,047	15,509,779
Contributions		
Employer contributions	7,187,058	7,773,947
Total additions	36,728,105	23,283,726
Deductions		
Benefits paid	6,307,209	4,966,055
Administrative expenses	329,619	326,772
Total deductions	6,636,828	5,292,827
Net change in net assets available for benefits	30,091,277	17,990,899
Net assets available for benefits		
Beginning of year	198,139,948	180,149,049
End of year	$ 228,231,225	$ 198,139,948

The Notes to Financial Statements - Modified Cash Basis are an integral part of these statements.

1. Description of Plan

The following description of the FedEx Pilots Post-Medicare Retiree Premium Reimbursement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established on October 30, 2006, with benefits commencing on January 1, 2008, to provide post-Medicare health benefits to eligible pilots and their eligible dependents. Pilots who retire from the Federal Express Corporation (the “Company”) and are covered by the collective bargaining agreement between the Company and the Air Line Pilots Association, International (“ALPA”) are eligible to participate in the Plan upon attainment of the age of Medicare eligibility. For those who retired prior to November 3, 2015, it is required that the pilot and spouse maintain Company-sponsored active or retiree group health plan coverage immediately prior to Medicare eligibility. Plan assets are held in a Voluntary Employees’ Beneficiary Association (“VEBA”) trust. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective January 1, 2019, the Plan was amended to clarify that the Administrative Board will report, at least annually, to the FedEx Master Executive Council (“MEC”) on the status of the Plan and the activities of the Administrative Board. The Retirement and Insurance Chairman shall report to the MEC or shall designate an active member of the Administrative Board to report on the Board’s behalf.

Plan Administration

The Administrative Board is responsible for oversight of the Plan and determines the appropriateness of the Plan's investments and monitors investment performance. Assets of the Plan are managed by the Northern Trust Company (“Northern Trust”), the trustee of the Plan. Central Data Services, Inc. provides third-party administrator services for the Plan.

Benefits

The Plan reimburses participants for premiums paid by the participant for a Medicare Supplement Policy, a Medicare Advantage Plan, and/or Medicare Part B and Part D coverage, up to $1,920 and $1,680 for the Plan years ended December 31, 2025 and 2024, respectively. The maximum annual reimbursement amount for each participant is determined annually prior to the beginning of each Plan year by the Administrative Board. The Plan pays the premium reimbursements on a monthly basis to the participant in increments of 1/12th of the annual benefit amount following verification that either a Medicare Supplement, a Medicare Advantage Plan and/or a Medicare Part B and a Part D Plan has been purchased and paid for by the participant. The reimbursement amount is pro-rated based on the month in which the participant becomes eligible to participate in the Plan and, for retirements on or after November 3, 2015, the number of years of pilot service, 4% per year up to a maximum of 25 years. The Plan will not reimburse for any premiums paid by the participant for Medicare Part B coverage prior to January 1, 2026, including any premium equal to the Medicare Part B amount that is included as part of the participant's premium for qualifying health coverage.

Contributions

The Company made an initial lump sum contribution of $8.7 million to the Plan to establish the Trust and contributed an additional $40 million in May 2007. Through October 2015, ongoing monthly contributions were made by the Company in the amount of fifty (50) cents of each paid credit hour for each pilot having a seniority list number. Effective with the first bid period of November 2015, the ongoing monthly Company contribution increased to one (1) dollar of each paid credit hour for each pilot having a seniority list number. Thereafter, with the first bid period of each November the ongoing monthly Company contribution will increase by five (5) cents of each paid credit hour for each pilot having a seniority list number. Any deficiency of the Plan’s net assets over benefit obligations is funded by the Company through future contributions to the Plan. ALPA is not required or permitted to make contributions to the Plan.

Participants are not required or permitted to make contributions to the Plan.

Administrative Expenses

Administrative expenses incurred to maintain and operate the Plan are paid by the Plan. This includes the travel, flight pay loss and other expenses, if any, of the Administrative Board that are reasonable and incidental to the holding of meetings and performing its fiduciary duties for the Plan.

2. Summary of Accounting Policies

Basis of Accounting
The accompanying financial statements have been prepared using the modified cash basis of accounting which is a basis of accounting other than accounting principles generally accepted in the United States of America ("U.S. GAAP"). Consequently, revenue and the related assets are recognized when received rather than when earned, other interest, which is recognized when earned, dividends, which are recorded on the ex-dividend date and changes in fair value, which are recognized in the period they occur. Expenses and their related liabilities are recognized when paid rather than when the obligation is incurred. The financial statements are not intended to present the Plan's net assets available for benefits and the changes in its net assets available for benefits in accordance with U.S. GAAP.

Use of Estimates
The preparation of financial statements in accordance with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Administrative Board determines the Plan's valuation policies utilizing information provided by the investment advisers and trustee. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recognized as of the date of the trade, and any related receivables or payables pending settlement at year end are reflected on the statements of net assets available for benefits-modified cash basis. Net appreciation (depreciation) includes the Plan’s gains on investments bought and sold as well as held during the year.

Benefit Obligations
The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to pilot service rendered to date at December 31, 2025 and 2024, respectively. Postretirement benefits include future benefits expected to be paid to or for: (1) currently retired pilots and their beneficiaries and dependents, and (2) active pilots and their beneficiaries and dependents after retirement from service with the Company. Prior to an active pilot’s full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that pilot’s service rendered to the valuation date.

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

Unclaimed benefits as of year-end represent eligible participant benefits that have not yet been paid as of December 31. Participant claims for a plan year must be submitted by March 31 of the following year to be eligible for reimbursement. The amount of unclaimed benefits as of year-end is determined by the Plan’s management.

Recognition of Benefits
Benefits are recognized when paid.

Subsequent Events
In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2025 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through October 5, 2026, the date the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

3. Benefit Obligations

Postretirement Benefit Obligation

The information regarding the present value of the Plan's postretirement benefit obligation as of December 31, 2025 and 2024, as determined by the Plan's actuaries, is shown below:

	2025	2024
Current retirees, beneficiaries and dependents	$ 113,508,004	$ 111,454,173
Other participants fully eligible for benefits	51,827,239	43,209,249
Other participants not yet fully eligible for benefits	70,475,490	68,849,103
	$ 235,810,733	$ 223,512,525

Information regarding the changes in benefit obligation as of December 31, 2025 and 2024, from the previous information date, is as follows:

	2025	2024
Benefits earned net of benefits paid	$ 12,478,038	$ 12,472,654
Actuarial experience (loss) gain	(16,398,725)	9,082,770
Changes in actuarial assumptions	16,218,445	(14,608,024)
Net increase	$ 12,297,758	$ 6,947,400

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

Assumptions	2025	2024
Discount rate	5.75	5.75%
Health trend rate	3.0	3.0%
Administrative expense increase rate	3.0	2.5%
Future retiree participation rate	100%	100%
Preretirement mortality rates	Headcount-weighted RP-2014 Top Quartile Employee Mortality Tables projected generationally with Scale SSA2023	Headcount-weighted RP-2014 Top Quartile Employee Mortality Tables projected generationally with Scale SSA2023

Assumptions	2025	2024
Healthy Postretirement mortality rates	Headcount-weighted RP-2014 Top Quartile Healthy Annuitant Mortality Tables projected generationally with Scale SSA2023	Headcount-weighted RP-2014 Top Quartile Healthy Annuitant Mortality Tables projected generationally with Scale SSA2023
Disabled Postretirement mortality rates	Healthy Mortality Tables Set forward 5 years	Healthy Mortality Tables Set forward 5 years
Actuarial cost method	Projected unit credit method	Projected unit credit method

Active retirement rates by age	2025	2024
55-57	0.5%	0.5%
58	0.5%	1.5%
59	2.0%	2.0%
60	7.5%	8.0%
61	7.5%	6.0%
62-63	8.5%	8.0%
64	40%	10.0%
64	100%	100.0%

Administrative expenses were assumed to be $220,000 for 2026 and $220,000 for 2025 and were assumed to increase by 2.5% each year. The present value of these expenses was added in developing the benefit obligations.

The changes in assumptions in 2025 resulted in an increase in the accumulated postretirement benefit obligation of $16,218,445. This increase was a net result of (1) an increase in obligations of $7.5 million due to the increase in the reimbursement amount from 2025 to 2026 being more than the assumed increase of 3.0%, (2) An increase in obligations of $1.2 million, (3) An increase in obligations of $7.6 million due to updating the assumed annual administrative expense.

The changes in assumptions in 2024 resulted in a decrease in the accumulated postretirement benefit obligation of $14,608,024. This increase was a net result of (1) an increase in obligations of $7.91 million due to the increase in the reimbursement amount from 2024 to 2025 being more than the assumed increase of 3.0%, (2) A decrease in obligations of $18.04 million due to an increase in the discount rate from 5.10% to 5.75%, (3) A decrease in obligations of $4.48 million due to updating the assumed annual administrative expense.

The health care cost-trend rate assumption has a significant effect on the amounts reported. If the assumed rates in each of the annual health care trend rates increase by one percentage point, the postretirement obligation as of December 31, 2025 and 2024 would increase by $42,114,988 and $40,691,209, respectively.

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

Unclaimed Benefits
The obligation for participant benefits not yet claimed as of December 31, 2025 and 2024 was $4,362 and $49,379, respectively. These amounts were determined by the Plan's management and are included in the overall benefit obligation determined by the Plan's actuaries.

4. Information Certified by Trustee

No auditing procedures were performed by the independent auditor as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA with respect to information certified as complete and accurate by the trustee, except for comparing such information with information reported in the financial statements. The following information included in the financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by the Northern Trust Company.

- Investments, accrued investment income, and due to broker for securities purchased, as shown on the statements of net assets available for benefits as of December 31, 2025 and 2024;
- Investment income and investment expenses, as shown on the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024;
- Schedule H, Line 4i - Schedule of Assets (Held at End of Year);
- Schedule H, Line 4j - Schedule of Reportable Transactions.

5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

Level 1 - Inputs to the valuation technique are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation technique include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation technique are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Registered Investment Companies Consisting of Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Investments Measured at Net Asset Value: Consisting of common-collective trusts and limited partnerships, valued at the NAV. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered investment companies	$ 156,351,850	$ -	$ -	$ 156,351,850
Investments valued at NAV (a)	-	-	-	71,812,736
Total investments at fair value	$ 156,351,850	$ -	$ -	$ 228,164,586

	December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered investment companies	$ 42,605,367	$ -	$ -	$ 42,605,367
Investments valued at NAV (a)	-	-	-	155,531,114
Total investments at fair value	$ 42,605,367	$ -	$ -	$ 198,136,481

(a) Common/collective trust ("CCT") funds and limited partnership are valued using NAV and 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 line items presented in the statements of net assets available for benefits. The Plan invested in three CCT funds in 2025 and 2024 within this category. All CCT funds may be redeemed daily with notice of 1 to 2 days.

The limited partnership is a Cayman limited partnership with a primary purpose of providing investors with the ability to capitalize on perceived investment opportunities resulting from market dislocations. The limited partnership is valued daily and, except otherwise noted in the limited partner agreement, no limited partner may withdraw from the fund or make a demand for or receive paid-in-capital until the termination of the master fund.

There are no unfunded commitments with respect to the Plan’s investments in these funds.

6. Concentrations

As of December 31, 2025 and 2024, 3 investments and 2 investments, resptively represented a concentration of greater than 10% of the Plan's nest assets available for benefits.

7. Tax Status

As stated in its latest determination letter dated August 22, 2008, the Internal Revenue Service (“IRS”) recognized the trust, as then designed, as exempt from federal income taxation under Section 501(a) of the Internal Revenue Code (“IRC”), described in Section 501(c)(9). The Plan and the VEBA trust are required to operate in conformity with the IRC in order to maintain the VEBA's tax-exempt status. The Plan administrator is not aware of any course of action or series of events that has occurred that might adversely affect the VEBA’s tax-exempt status. The Plan has been amended since the most recent exemption letter was issued; however, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for income taxes has been made.

Management of the Plan evaluates tax positions taken and discloses a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has evaluated the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require disclosure of a liability in the financial statements. The Plan is subject to routine audits by taxing and regulatory jurisdictions; however, there are currently no audits for any tax periods in progress. In addition, there have been no tax related interest or penalties for periods presented in these financial statements.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits - modified cash basis.

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

9. Related Party and Party-In-Interest Transactions

All Plan investments are managed by Northern Trust Company, the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions that are exempt from the prohibited rules of ERISA. Fees paid by the Plan for the trustee and investment management services for the years ended December 31, 2025 and 2024 amounted to $367,889 and $356,573, respectively.

Certain administrative costs incurred by the Administrative Board that are reasonable and incidental to the holding of meetings and performing its fiduciary duties of the Plan were paid by the Plan. For the years ended December 31, 2025 and 2024, the costs totaled $36,812 and $38,014, respectively, and are included in administrative expenses on the statements of changes in net assets available for benefits - modified cash basis.

10. Priorities Upon Termination of the Plan

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, assets will be distributed to, or maintained on behalf of, Plan participants in accordance with the Plan document and applicable law. In no event will assets held by the Plan revert to ALPA or the Company upon termination of the Plan.

Supplementary Information

FedEx Pilots Post-Medicare Retiree Premium Reimbursement Plan
Schedule H, Line 4i - Schedule of Assets (Held at Year End)
EIN: 36-0710830 Plan Number: 530
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Registered Investment Companies				
*	Northern Trust Company	Multi-Manager Global Listed Infrastructure Fund	$ 7,218,320	$ 8,104,591
*	Northern Trust Company	Multi-Manager High Yield Opportunity Fund	22,728,848	22,707,149
*	Northern Trust Company	Global Real Estate Index Fund	5,825,925	6,094,737
	Vanguard	Short-Term Inflation-Protected Sec Index Admin Fund	9,637,476	9,821,968
	Vanguard	Total International Stock Index Fund	45,285,614	49,372,285
	Vanguard	Total Stock Market Index Fund Institutional Plus Shares	54,907,471	60,251,120
			145,603,654	156,351,850
Common/Collective Trusts				
	Loomis Sayles Trust Company, LLC	Core Plus Fixed Income Trust Class A	38,638,751	41,991,354
*	Northern Trust Company	Common Short-Term Investment Fund	629,268	629,268
			39,268,019	42,620,622
Limited Partnerships				
	Aldrich Eastman Watch	Core Property Trust (U.S.) LP	6,400,000	6,376,261
	Harrison Street	Core Property Fund C. LP	3,908,402	3,859,765
	Manulife	Investment Management Timberland & Agriculture INC	8,145,665	8,276,612
	Global Diversified	Infrastructure Fund	10,257,247	10,679,476
			28,711,314	29,192,114
	Total investments at fair value		$ 213,582,987	$ 228,164,586

*Denotes a party-in-interest.

See Independent Auditor's Report.

FedEx Pilots Post-Medicare Retiree Premium Reimbursement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 36-0710830 Plan Number: 530
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Single transactions (i):								
MFB	NTGI-QM Common Daily All Country World EX-US IMI Fund - Non Lending	$ -	$ 13	$ -	$ -	$ 30,794,795	$ 39,199,490	$ 8,404,695
MFB	NTGI-QM Com Daily Russell 3000 Eqty Index FD-Lending	-	479	-	-	29,717,230	46,541,928	16,824,698
MFO	Vanguard Star Fds Vanguard Total Intl Stock Index FD Instl SHS	148	-	-	-	37,550,000	37,550,000	-
MFO	Vanguard Index Funds Stk Mkt Inst	148	-	-	-	44,400,000	44,400,000	-
MFO	Vanguard S/T Infl Prot-Adm	-	25	-	-	8,446,437	8,525,806	79,369
Series of transactions (iii):								
MFB	NTGI-QM Common Daily All Country World EX-US IMI Fund- Non Lending	1,141,362	-	-	-	1,141,362	1,141,362	-
	NTGI-QM Common Daily All Country World EX-US IMI Fund- Non Lending	-	40,399,490	-	-	31,765,043	40,399,490	8,634,447
MFB	NTGI-QM Com Daily Russell 3000 Eqty Index FD-Lending	823,526	-	-	-	823,526	823,526	-
	NTGI-QM Com Daily Russell 3000 Eqty Index FD-Lending	-	50,341,928	-	-	32,227,720	50,341,928	18,114,208
MFO	Vanguard Index Funds STK MKT Inst	48,134,654	-	-	-	48,134,654	48,134,654	-
	Vanguard Index Funds STK MKT Inst	-	980,000	-	-	945,131	980,000	34,869
MFO	Vanguard Malvern FDS Short-Term Inflat Protected Secs Index FD Instl Sh	9,105,340	-	-	-	9,105,340	9,105,340	-
	Vanguard Malvern FDS Short-Term Inflat Protected Secs Index FD Instl Sh	-	600,000	-	-	599,662	600,000	338

See Independent Auditor's Report.

FedEx Pilots Post-Medicare Retiree Premium Reimbursement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 36-0710830 Plan Number: 530
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
MFO	Vanguard S/T Infl Prot-Adm	$ 16,017	$ -	$ -	$ -	$ 16,017	$ 16,017	$ -
	Vanguard S/T Infl Prot-Adm	-	8,525,806	-	-	8,446,437	8,525,806	79,369
MFO	Vanguard Star Fds Vanguard Total Intl Stock Index FD Instl Shs	40,711,357	-	-	-	40,711,357	40,711,357	-
	Vanguard Star Fds Vanguard Total Intl Stock Index FD Instl Shs	-	1,830,000	-	-	1,727,156	1,830,000	102,844
Northern Trust	Common Short Term Invt Fd	11,948,450	-	-	-	11,948,450	11,948,450	-
	Common Short Term Invt Fd	$ 111,881,002	$ 102,677,741	$ -	$ -	$ 338,500,317	$ 390,775,154	$ 52,274,837

There are no category (ii) or (iv) transactions.

See Independent Auditor's Report.

Fedex Pilots Post-Medicare Retiree Premium Reimbursement Plan

EIN 36-0710830
Plan No. 530
Plan Year Ended 12/31/2025

Form 5500, Schedule H, Part III
Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

Fedex Pilots Post-Medicare Retiree Premium Reimbursement Plan

EIN 36-0710830
Plan No. 530
Plan Year Ended 12/31/2025

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

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Fedex Pilots Post-Medicare Retiree Premium Reimbursement Plan

EIN 36-0710830
Plan No. 530
Plan Year Ended 12/31/2025

Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

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
FEDEX PILOTS POST-MEDICARE RETIREE
PREMIUM REIMBURSEMENT PLAN

1b Three-digit plan number (PN) ▶ 530

1c Effective date of plan 05/15/2007

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)
AIR LINE PILOTS ASSOCIATION
INTERNATIONAL

7950 JONES BRANCH DRIVE, SUITE 400S

MCLEAN VA 22102

2b Employer Identification Number (EIN) 36-0710830

2c Plan Sponsor's telephone number (703)689-2270

2d Business code (see instructions) 813930

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	Dan White	10/14/2026	DAN WHITE
	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