CRI CARR RIGGS & INGRAM
CPAs and Advisors
CRIcpa.com

June 1, 2021

Delta Pilots Mutual Aid
100 Hartsfield Centre Pkwy
Atlanta, GA 30354
Attention: Mr. Nathan Butcher

Dear Mr. Butcher:

Enclosed is 2020 Form 5500 for Delta Pilots Mutual Aid, Plan Number 501.

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and retain an original of the signed return for the plan's records. Please return a signed and dated copy of the return to our office. We will then submit your return electronically. Do NOT mail a paper copy of the return to EFAST2.

We prepared the return from information you furnished to us, without verifying the data. After examining the return, government authorities may request supporting data. We therefore recommend that you preserve all records that you would be required to produce in the event such an examination were to occur.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the return.

Very truly yours,

Stanley M. Smith, II
Carr, Riggs & Ingram, LLC

2020 ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN FILING INSTRUCTIONS

Delta Pilots Mutual Aid

FOR THE PLAN YEAR ENDING
December 31, 2020

Prepared For:

Delta Pilots Mutual Aid, Inc.
100 Hartsfield Centre Pkwy
Atlanta, GA 30354

Prepared By:

Carr, Riggs & Ingram, LLC
4004 Summit Blvd NE, Suite 800
Atlanta, GA 30319

Mail Tax Return To:

Not applicable

Return Must be Mailed On or Before:

Do not mail the paper copy of this return to EFAST2.

Special Instructions:

The return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return the necessary forms to our office. We will then submit your return electronically.

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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
DELTA PILOTS MUTUAL AID

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/1996

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

100 HARTSFIELD CENTRE PKWY
SUITE 630
ATLANTA GA 30354

2b Employer Identification Number (EIN) 58-2308503

2c Plan Sponsor's telephone number 404-559-9421

2d Business code (see instructions) 525100

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		05/17/2021	NATHAN BUTCHER
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2020)
v. 200204

018401 12-03-20

12190601 794202 60-00361.000 2020.03050 DELTA PILOTS MUTUAL AID, 60-00361

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

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	14366
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)**	14366
a (2) Total number of active participants at the end of the plan year	**6a(2)**	14421
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	14421
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4F 4H 4L

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information - Small Plan)
- (3) [ ] ____ **A** (Insurance Information)
- (4) [X] **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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	**2020**
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
DELTA PILOTS MUTUAL AID

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
DELTA PILOTS MUTUAL AID, INC.

D Employer Identification Number (EIN)
58-2308503

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 on page 1, 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)

EMPLOYEE A 58-2308503

(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?
30 50	EMPLOYEE	133504.	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE B 58-2308503

(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?
30 50	EMPLOYEE	100375.	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE C 58-2308503

(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?
30 50	EMPLOYEE	77907.	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 on page 1, 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)

EMPLOYEE E 58-2308503

(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?
30 50	EMPLOYEE	54916.	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE D 58-2308503

(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?
30 50	EMPLOYEE	52360.	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAGEVIEW ADVISORY GROUP, LLC 33-0818667

(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?
27 50	NONE	48000.	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 on page 1, 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)

CLAIMVANTAGE INC 30-0369631

(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?
15 50	NONE	47651.	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARR RIGGS & INGRAM, LLC 72-1396621

(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	43500.	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERLINOS & ASSOCIATES, INC. 58-2512336

(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	13469.	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 on page 1, 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)

RELIANCE TRUST COMPANY 58-1428634

(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?
25 50	NONE	12076.	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AFS ADVISORS, LLC 27-4398433

(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?
16 50	NONE	10000.	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FERENCZY BENEFITS LAW CENTER, LLP 45-4623632

(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	8373.	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 on page 1, 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)

TRUSTEE A 58-2308503

(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	BOARD OF TRUSTEE	7353.	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRUSTEE B 58-2308503

(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	BOARD OF TRUSTEE	5537.	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 ☐

SCHEDULE H (Form 5500)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
DELTA PILOTS MUTUAL AID

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
DELTA PILOTS MUTUAL AID, INC.

D Employer Identification Number (EIN)
58-2308503

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)		
c General investments:			
(1) Interest-bearing cash (incl. money market accounts & certificates of deposit)	1c(1)	3078173	3198166
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	34551845	31855955
(14) Value of funds held in insurance co. general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule H (Form 5500) 2020
v. 200204

018501 12-03-20

12190601 794202 60-00361.000 2020.03050 DELTA PILOTS MUTUAL AID, 60-00361

			(a) Beginning of Year	(b) End of Year
1 d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	80834	82916
f	Total assets (add all amounts in lines 1a through 1e)	1f	37710852	35137037
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	27605	28309
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	27605	28309
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	37683247	35108728

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)		
(B) Participants	2a(1)(B)	19172047	
(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)		19172047
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	35410	
(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)		35410
(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)	675696	
(D) Total dividends. Add lines **2b(2)(A), (B),** and **(C)**	2b(2)(D)		675696
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	17120533	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	18089570	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-969037
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3269856
c Other income SEE STATEMENT 1	2c		25192
d Total income. Add all **income** amounts in column (b) and enter total	2d		22209164
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23518455	
(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)		23518455
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	490130	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	105310	
(4) Other SEE STATEMENT 2	2i(4)	669788	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1265228
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		24783683
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2574519
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: CARR, RIGGS & INGRAM, LLC **(2)** EIN: 72-1396621

d The opinion of an independent qualified public accountant is **not attached** because:
(1) [ ] This form is filed for a CCT, PSA, 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.

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	

		Yes	No	Amount
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
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		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year .

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

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 _____.

SCHEDULE H OTHER INCOME STATEMENT 1

DESCRIPTION	AMOUNT
OTHER INCOME	25192.
TOTAL TO SCHEDULE H, LINE 2C	25192.

SCHEDULE H OTHER ADMINISTRATIVE EXPENSES STATEMENT 2

DESCRIPTION	AMOUNT
OTHER ADMINISTRATIVE EXPENSES	669788.
TOTAL TO SCHEDULE H, LINE 2I(4)	669788.

Delta Pilots Mutual Aid, Inc.
EIN# 58-2308503 Plan#501
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2020

	(a)(b)(c) Description of Investment	(d) Cost	(e) Current Value
	Investment in mutual funds:		
	American Funds Euro Pacific GrowthCl R6	$ 2,855,438	$ 3,432,540
	Baird Core Plus Bond	3,938,101	4,129,630
	DFA Emerging Mkt Core Equity	1,464,837	1,637,157
*	Fidelity 500 Index Fund	2,963,358	3,444,752
*	Fidelity Mid Cap Index Fund	1,714,173	1,954,987
*	Fidelity Small Cap Index Fund	1,189,258	1,411,276
	Goldman Sach Intl Sm Cap Insight	1,699,496	1,766,217
	Invesco Balanced - Risk Commodity	910,769	983,631
	Lord Abbett Short Duration	2,207,550	2,059,193
	Vanguard Equity Income	3,176,612	3,201,998
	Western Asset Total Return	4,066,024	4,211,249
	MFS Growth Fund Class R6+	2,356,375	2,983,582
*	Fidelity Treasury Only Portfolio CL I	556,239	556,239
*	Fidelity Government Cash Reserves	79,794	79,794
		29,178,024	31,852,245
	Investment in interest-bearing cash	3,198,166	3,198,166
	Total	$ 32,376,190	$ 35,050,411

*Fidelity Investments is a party-in-interest.

Delta Pilots Mutual Aid, Inc.
EIN# 58-2308503 Plan#501
Schedule H, Line 4j – Schedule of Reportable Transactions
For the year ended December 31, 2020

For the year ended December 31, 2020

(a)(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series of Transactions					
Fidelity Government Cash Reserves	$ 4,700,000	$ -	$ -	$ 4,700,000	$ -
Fidelity Government Cash Reserves	-	11,445,280	11,445,280	11,445,280	-
MFS Growth Fund Class R6	2,460,023	-	-	2,460,023	-
MFS Growth Fund Class R6	-	640,950	438,665	641,000	202,335
Single Transactions					
Fidelity Government Cash Reserves	2,356,375	-	-	2,356,375	-
Fidelity Government Cash Reserves	-	2,356,420	2,356,420	2,356,420	-
Fidelity Government Cash Reserves	1,996,300	-	-	1,996,300	-
Fidelity Government Cash Reserves	-	2,000,000	2,000,000	2,000,000	-
American Funds Euro Pacific Growth	-	2,356,375	2,775,601	2,356,400	(419,201)
MFS Growth Fund Class R6	2,356,420	-	-	2,356,420	-

Columns (e) and (f) are not included above because they are not applicable

Delta Pilots Mutual Aid, Inc.

FINANCIAL STATEMENTS

December 31, 2020 and 2019

Table of Contents

	Page
REPORT	
Independent Auditors' Report	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Plan Benefit Obligations	6
Statements of Changes in Plan Benefit Obligations	7
Notes to Financial Statements	8
Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	17
Schedule H, Line 4j – Schedule of Reportable Transactions	18

Note: Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because the conditions under which they are required are not present.

REPORT

CRI CARR RIGGS & INGRAM
CPAs and Advisors

Carr, Riggs & Ingram, LLC
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Atlanta, GA 30319

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CRIcpa.com

INDEPENDENT AUDITORS' REPORT

Board of Trustees of
Delta Pilots Mutual Aid, Inc.

Opinion

We have audited the financial statements of Delta Pilots Mutual Aid, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan benefit obligations as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Delta Pilots Mutual Aid, Inc. as of December 31, 2020 and 2019 and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

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 Delta Pilots Mutual Aid, Inc. 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 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.

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 Delta Pilots Mutual Aid, Inc.'s ability to continue as a going concern for one year after the date the financial statements are 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

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, including omissions, 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 Delta Pilots Mutual Aid, Inc.'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 Delta Pilots Mutual Aid, Inc.'s ability to continue as a going concern for a reasonable period of time.

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

Other Matter—Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of schedule H, Line 4i – schedule of assets (held at end of year) as of December 31, 2020, and schedule H, Line 4j – schedule of reportable transactions for the year ended December 31, 2020, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor'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 has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Carr, Riggs & Ingram, L.L.C

CARR, RIGGS & INGRAM, LLC

Atlanta, Georgia
April 27, 2021

FINANCIAL STATEMENTS

Delta Pilots Mutual Aid, Inc.
Statements of Net Assets Available for Benefits

December 31,	**2020**	2019
Assets		
Investments, at fair value:		
Interest-bearing cash	**$ 3,198,166**	$ 3,078,173
Exchange traded funds	**-**	1,026,059
Mutual funds	**31,852,245**	33,525,786
Total investments	**35,050,411**	37,630,018
Prepaid expenses	**3,710**	3,710
Property and equipment, net	**82,916**	80,834
Total assets	**35,137,037**	37,714,562
Liabilities		
Accounts payable and accrued expenses	**28,309**	31,315
Total liabilities	**28,309**	31,315
Net assets available for benefits	**$ 35,108,728**	$ 37,683,247

The accompanying notes are an integral part of these financial statements.

Delta Pilots Mutual Aid, Inc.
Statements of Changes in Net Assets Available for Benefits

For the years ended December 31,	**2020**	2019
Additions		
Investment income		
Net appreciation in fair value of investments	**$ 2,303,522**	$ 4,329,322
Interest and dividend income	**710,232**	1,208,120
Total investment income	**3,013,754**	5,537,442
Contributions		
Participant contributions	**19,172,047**	18,579,859
Total additions	**22,185,801**	24,117,301
Deductions		
Disability and death benefits paid to participants	**23,518,455**	19,365,130
Administrative and other	**1,241,865**	1,593,701
Total deductions	**24,760,320**	20,958,831
Net increase (decrease) in net assets	**(2,574,519)**	3,158,470
Net Assets Available for Benefits		
Beginning of year	**37,683,247**	34,524,777
End of year	**$ 35,108,728**	$ 37,683,247

The accompanying notes are an integral part of these financial statements.

Delta Pilots Mutual Aid, Inc.
Statements of Plan Benefit Obligations

For the years ended December 31,	**2020**	2019
Obligations for current benefit coverage, at estimated amounts	**$ 5,170,000**	$ 5,593,000

The accompanying notes are an integral part of these financial statements.

Delta Pilots Mutual Aid, Inc.
Statements of Changes in Plan Benefit Obligations

For the years ended December 31,	**2020**	2019
Obligations for current benefit coverage, at estimated amounts:		
Balance at beginning of year	**$ 5,593,000**	$ 4,379,000
Claims reported and approved for payment	**23,518,455**	19,365,130
Claims paid	**(23,518,455)**	(19,365,130)
Net increase (decrease) in claims experience	**(423,000)**	1,214,000
Balance at end of year	**$ 5,170,000**	$ 5,593,000

The accompanying notes are an integral part of these financial statements.

Note 1: DESCRIPTION OF PLAN

General

The following description of Delta Pilots Mutual Aid, Inc. (DPMA, the Plan) provides only general information. Participants should refer to the by-laws and to the Plan Document, as amended and restated January 1, 2020, for a complete description of the Plan's provisions and by-laws.

DPMA is an independent, non-profit association of Delta Air Lines, Inc. (Delta) pilots organized to self-administer financial aid to participating pilots in the event of a loss of earning power through sickness, disability or death, while employed by Delta. The Plan provides supplemental disability and death benefits to all eligible members. The Plan and related trust were established on January 1, 1996. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, as a health and welfare plan. The Plan is a separate entity from Delta Airlines, Inc. and Delta is not a plan sponsor with respect to this Plan.

Effective October 30, 2008, the Plan contracted with Delta to add a program with substantially similar benefits for the former Northwest Airlines, Inc. pilots (FNWAP), who became employees of Delta as a result of the consummation of a merger between Delta and Northwest Airlines, Inc. This agreement had an initial term that expired on December 31, 2012, and was automatically renewed pursuant to the terms of the agreement.

At December 31, 2020 and 2019, the Plan had a participation rate of approximately 97% and 99%, respective of active Delta pilots. For the years ended December 31, 2020 and 2019, the Plan had approximately 14,400 participants.

The Plan is administered by a voluntary board of trustees (the trustees).

Delta provides DPMA with a list of members who may be eligible for the Plan's death and disability benefits and provides payroll data and clerical assistance pursuant to a ministerial agreement between the two parties.

Effective April 2019, the Plan incorporated under the laws of the state of Georgia.

The Plan is a contributory health and welfare defined benefit plan and as such is subject to the provisions of ERISA.

Eligibility

All Delta employees who are classified as pilots on the Delta System Seniority List are eligible to participate as a member of DPMA, and all currently employed FNWAP are eligible to participate as a member of the DPMA/FNWAP portion of the Plan. The pilot must elect to participate within forty-five days of receipt of notice of eligibility, or permanently forfeit the privilege of membership in DPMA. Pilots who elected to participate but are no longer contributing to the Plan due to temporary or long-term disability, leave of absence (military or other) status or furlough status are considered inactive members.

Note 1: DESCRIPTION OF PLAN (Continued)

Funding and Accounting

The benefits provided under the Plan are funded through after-tax contributions from the Plan participants. The contribution is a fixed percentage of gross earnings. The contribution rate is intended to be sufficient to meet the Plan's benefit and expense obligations, and is adjusted from time to time by the Plan's trustees. The DPMA participants contributed 0.40% of gross earnings, as defined by the Plan document for the years ended December 31, 2020 and 2019. The FNWAP participants contributed 0.78% of gross earnings for the period January 1, 2020 through June 30, 2020. Effective July 1, 2020 through August 31, 2020, the FNWAP participants contributed 0.88% of gross earnings. Effective September 1, 2020 through December 31, 2020, the FNWAP participants contributed 1.71% of gross earnings. The FNWAP participants contributed 0.78% of gross earnings for the year ended December 31, 2019.

During the year ended December 31, 2018, it came to the attention of Plan management that due to an error in the Delta payroll system, dues deductions were not restored for certain pilots returning to payroll status after a leave of absence. The Plan estimates the related amount of dues is approximately $88,000. The Plan expects the dues to be deducted from pilot pay, remitted to the Plan and recorded as Participant contributions when collected, as is the accounting policy of the Plan. No collections have occurred as of December 31, 2020.

Contributions to the Plan do not create a vested interest for any individual participant. During active membership with DPMA, a pilot may be entitled to disability or death benefits. However, upon termination of membership, there is no vested interest for the former member.

As part of the agreement to provide the FNWAP program, Delta made an initial cash contribution to the Plan of $8,000,000 in 2008 for the benefit of FNWAP.

The Delta program and the FNWAP program have separate accounting for the Plan activities related to each pilot group. Accordingly, separate bank and investment accounts are maintained for each program. To the extent that there are shared costs for administrative expenses, the shared costs are allocated 72% to the Delta program and 28% to the FNWAP program.

Termination of membership may occur at termination of employment, retirement, attainment of FAA mandatory retirement age, voluntary termination or failure to pay assessed contributions.

Benefit Payments

The Plan's benefits are designed to provide financial aid to its members in the event of death, sickness or disability while employed by Delta. Disability benefits paid under the Plan are defined by the plan document, based on the member's compensation. The compensation base is a percentage of after-tax final average earnings (FAE) of the highest 12 consecutive months out of the past 36 months, as defined, on active payroll status.

Over a participant's career, the Plan will pay up to 24 months of benefits, with a maximum of 12 consecutive months for a single illness.

Additionally, survivor benefits of $15,000 are provided covering each participant of the Plan with the named beneficiary selected by each respective participant for the year ended December 31, 2018. Effective April 2019, the survivor benefit was increased to $25,000.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies of the Plan applied in the accompanying financial statements follows.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the Accounting Standards Codification (ASC) and related Accounting Standards Updates (ASUs).

Use of Estimates

The preparation of U.S. GAAP financial statements requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities and the reported amounts of revenue and expenses. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include cash and all highly-liquid debt instruments with an original maturity of 90 days or less.

Investments

The Plan's investments, except for interest-bearing cash accounts, are held in a brokerage account with Fidelity Investments at December 31, 2020 and 2019. Reliance Trust Company is the trustee of these investments. The interest-bearing cash accounts are held pursuant to depository agreements with the Delta Community Credit Union. The investments are stated at fair value. Increases or decreases in the fair values of the investments, including realized gains or losses from investment transactions, are reflected in the statement of changes in net assets available for benefits as net appreciation in the fair value of investments.

Substantially all interest and dividend income for the years ended December 31, 2020 and 2019, was earned from investments in mutual funds and exchange traded funds.

Property and Equipment

Property and equipment is stated at cost less accumulated depreciation and amortization. Expenditures for additions, major renewals and betterments are capitalized and repairs and maintenance are charged to operations as incurred. Depreciation and amortization expense is recognized over the estimated useful lives of the assets using the straight-line method.

Contributions

Participant contributions are recognized in the period in which the dues payments are deducted from the participant's gross pay.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Benefit Payments

Benefits are recorded when paid. Any refunds due to overpayments or subrogation are recorded as a reduction of benefit payments. Subrogation refunds occur when the Plan recovers, from a third party, benefits paid to a participant. Subrogation refunds are recorded when the claim is approved and payment is imminent.

Accounting Guidance Not Yet Adopted

In February 2016, the FASB issued ASU 2016-02, *Leases* (Topic 842). The guidance in this ASU and its amendments supersedes the leasing guidance in Topic 840, entitled *Leases*. Under the guidance, lessees are required to recognize lease assets and lease liabilities on the balance sheet for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of changes in net assets available for benefits. For nonpublic entities, the standard is now effective for fiscal years beginning after December 15, 2021, as a delay in adoption was approved. Early adoption is permitted. The Company is currently evaluating the impact of the guidance on its financial statements.

Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, April 27, 2021, and determined there were no events that occurred that require disclosure.

Note 3: CONCENTRATIONS

The financial instruments, which potentially subject the Plan to concentrations of market and credit risk, are principally investments and cash deposits. The Plan's investments consist primarily of various mutual funds and exchange traded funds. To reduce concentrations of credit risk, the Plan's trustees have an established investment policy, and its investment advisor recommends various types of funds to ensure compliance with this policy. Accordingly, the trustees believe that the Plan's credit risk exposure is limited.

However, due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in risks in the near term could materially affect investment balances and the amounts reported in the financial statements.

The Plan has cash deposits with a financial institution, which fluctuate from time to time in excess of federally insured limits. If these financial institutions were not to honor their contractual liability, the Plan could incur losses. The Plan's management is of the opinion that there is no risk of loss because of the financial strength of the financial institution.

Note 4: PROPERTY AND EQUIPMENT

Depreciation and amortization expense of approximately $35,000 and $36,000 is included in administrative and other expenses for the years ended December 31, 2020 and 2019, respectively. The components of property and equipment at December 31, 2020 and 2019, are as follows:

Class of Asset	Estimated Useful Lives (in years)	**2020**	2019
Furniture and fixtures	3-7	**$ 215,303**	$ 215,303
Leasehold improvements	15	**38,943**	3,360
		254,246	218,663
Less accumulated depreciation and amortization		**171,330**	137,829
Total		**$ 82,916**	$ 80,834

Note 5: INVESTMENTS

At December 31, 2020, $32,460,798 in investments was allocated to the DPMA program and $2,589,613 to the FNWAP program. At December 31, 2019, $34,411,081 in investments was allocated to the DPMA program and $3,218,937 to the FNWAP program.

The investments in mutual funds and exchange traded funds (including gains and losses on investments sold, as well as held during the year) appreciated in value by $2,303,522 for the year ended December 31, 2020, and appreciated in value by $4,329,322 for the year ended December 31, 2019.

Note 6: FAIR VALUE MEASUREMENTS

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. There are three levels of inputs that may be used to measure fair values:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as:

- 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; or
  - can be corroborated by observable market data.

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.

Note 6: FAIR VALUE MEASUREMENTS

Level 3: Inputs to the valuation methodology 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 methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Exchange Traded Funds: Valued at the quoted closing price reported on the active market on which the security is traded.

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 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.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

Description	Level 1	Level 2	Level 3	Total
December 31, 2020				
Interest-bearing cash	$ 3,198,166	$ -	$ -	**$ 3,198,166**
Mutual funds	31,852,245	-	-	**31,852,245**
Total investment assets at fair value	$ 35,050,411	$ -	$ -	**$ 35,050,411**

Description	Level 1	Level 2	Level 3	Total
December 31, 2019				
Interest-bearing cash	$ 3,078,173	$ -	$ -	$ 3,078,173
Exchange traded funds	1,026,059	-	-	1,026,059
Mutual funds	33,525,786	-	-	33,525,786
Total investment assets at fair value	$ 37,630,018	$ -	$ -	$ 37,630,018

Note 7: TRUSTEE RESPONSIBILITY

The Plan is administered by the Executive Director, Board of Trustees and its officers. The trustees must be members of DPMA that are active or disabled and under the FAA mandatory retirement age. The trustees are volunteers who serve the DPMA without compensation.

The Plan's investments in mutual funds and exchange traded funds are held in trust by Reliance Trust Company.

Note 8: TAX STATUS

DPMA applied for and received a letter of determination of exempt tax status under Section 501(c)(9) of the Internal Revenue Code, effective April 1, 2002. Prior to that date, DPMA was classified as an insurance company for federal income tax purposes, pursuant to a private letter ruling dated March 23, 1995, and was taxable under Subchapter L of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Plan's Board of Trustees and the Plan's counsel believe that the trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore, the Plan was qualified and the related trust was tax-exempt at December 31, 2020 and 2019.

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740, *Income Taxes* (ASC 740) requires the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the relevant taxing authorities.

The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2017.

Note 9: RELATED-PARTY TRANSACTIONS AND PARTIES-IN-INTEREST TRANSACTIONS

The Plan reimburses the trustees and client care specialists for reasonable expenses, and Delta is reimbursed for flight pay paid to the trustees or client care specialists for trip drops during their attendance of board meetings or otherwise performing duties as a trustee or client care specialist. The amounts reimbursed for the years ended December 31, 2020 and 2019, were approximately $377,000 and $592,000 respectively, included in administrative and other expenses.

These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

The Plan also engages various vendors to perform operating services to the Plan, including rent, accounting, actuarial, consulting, and legal and information technology, and pays reasonable compensation to these vendors.

Note 10: PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan has the right to modify the benefits provided to and contributions required of participants or to terminate the Plan subject to the provisions set forth in ERISA. The FNWAP program may be terminated at any time by either the DPMA or Delta or if the collective bargaining agreement covering those participants no longer provides funding for the program.

In the event of termination of the Plan, the remaining assets of the Plan will be distributed in the following order: (1) the payment of all accrued and outstanding liabilities for administrative expenses of DPMA; (2) the payment of pending death benefit claims; (3) the payment of up to three months' disability benefits to all DPMA members then receiving disability benefits; and (4) the payment to all DPMA members in good standing of their pro rata share of any remaining assets.

Note 11: PLAN BENEFIT OBLIGATION

The Plan's benefit obligations consist of the estimated benefit obligations of each program within the Plan. The Delta program benefit obligation at December 31, 2020 and 2019 of $3,653,000 and $3,542,000 respectively, represents approximately three months of claims, incurred but not paid, based on actual claims experienced. The FNWAP benefit obligation at December 31, 2020 and 2019 of $1,517,000 and $2,051,000 respectively, represents approximately three months of claims, incurred but not paid, based on actual claims experienced in 2020 and 2019.

Note 12: COMMITMENTS AND CONTINGENCY

The Plan entered into an office lease agreement, which expires in 2020. This lease has been classified as an operating lease under the provisions of FASB ASC 840, *Leases*.

The following is a schedule of the future minimum rental payments under this non-cancelable operating lease as of December 31, 2020:

For the years ending December 31,	
2021	$ 68,000
2022	70,000
2023	72,000
2024	74,000
2025	76,000
Thereafter	119,000
Total	$ 479,000

Rent expense for the years ended December 31, 2020 and 2019 was approximately $36,000 and $61,000 respectively, included in administrative and other expenses.

Note 12: COMMITMENTS AND CONTINGENCY (Continued)

COVID- 19 Pandemic

In March 2020, the World Health Organization made the assessment that the outbreak of a novel coronavirus (COVID-19) can be characterized as a pandemic. As a result, uncertainties have arisen that may have a significant negative impact on the operating activities and results of the Plan. The occurrence and extent of such an impact will depend on future developments, including (i) the duration and spread of the virus, (ii) government quarantine measures, (iii) voluntary and precautionary restrictions on travel or meetings, (iv) the effects on the financial markets, and (v) the effects on the economy overall, all of which are uncertain.

Note 13: EMPLOYEE BENEFIT PLAN

The Board of Trustees of the DPMA makes a discretionary contribution to the Simplified Employee Pension IRA (SEP IRA) of each eligible employee. The discretionary contributions for the years ended December 31, 2020 and 2019 were $19,403 and $14,757, respectively.

SUPPLEMENTAL SCHEDULES

Delta Pilots Mutual Aid, Inc.
EIN# 58-2308503 Plan#501
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2020

	(a)(b)(c) Description of Investment	(d) Cost	(e) Current Value
	Investment in mutual funds:		
	American Funds Euro Pacific GrowthCl R6	$ 2,855,438	$ 3,432,540
	Baird Core Plus Bond	3,938,101	4,129,630
	DFA Emerging Mkt Core Equity	1,464,837	1,637,157
*	Fidelity 500 Index Fund	2,963,358	3,444,752
*	Fidelity Mid Cap Index Fund	1,714,173	1,954,987
*	Fidelity Small Cap Index Fund	1,189,258	1,411,276
	Goldman Sach Intl Sm Cap Insight	1,699,496	1,766,217
	Invesco Balanced - Risk Commodity	910,769	983,631
	Lord Abbett Short Duration	2,207,550	2,059,193
	Vanguard Equity Income	3,176,612	3,201,998
	Western Asset Total Return	4,066,024	4,211,249
	MFS Growth Fund Class R6+	2,356,375	2,983,582
*	Fidelity Treasury Only Portfolio CL I	556,239	556,239
*	Fidelity Government Cash Reserves	79,794	79,794
		29,178,024	31,852,245
	Investment in interest-bearing cash	3,198,166	3,198,166
	Total	$ 32,376,190	$ 35,050,411

*Fidelity Investments is a party-in-interest.

Delta Pilots Mutual Aid, Inc.
EIN# 58-2308503 Plan#501
Schedule H, Line 4j – Schedule of Reportable Transactions
For the year ended December 31, 2020

For the year ended December 31, 2020

(a)(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series of Transactions					
Fidelity Government Cash Reserves	$ 4,700,000	$ -	$ -	$ 4,700,000	$ -
Fidelity Government Cash Reserves	-	11,445,280	11,445,280	11,445,280	-
MFS Growth Fund Class R6	2,460,023	-	-	2,460,023	-
MFS Growth Fund Class R6	-	640,950	438,665	641,000	202,335
Single Transactions					
Fidelity Government Cash Reserves	2,356,375	-	-	2,356,375	-
Fidelity Government Cash Reserves	-	2,356,420	2,356,420	2,356,420	-
Fidelity Government Cash Reserves	1,996,300	-	-	1,996,300	-
Fidelity Government Cash Reserves	-	2,000,000	2,000,000	2,000,000	-
American Funds Euro Pacific Growth	-	2,356,375	2,775,601	2,356,400	(419,201)
MFS Growth Fund Class R6	2,356,420	-	-	2,356,420	-

Columns (e) and (f) are not included above because they are not applicable

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-0047

2020

Name of exempt organization or person subject to tax: DELTA PILOTS MUTUAL AID, INC.

Taxpayer Identification number: 58-2308503

Name and title of officer or person subject to tax
NATHAN BUTCHER
TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a,** or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b,** or **7b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	18,939,308.
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	**b Balance due** (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ [ ]	**b Total tax** (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ [ ]	**b Total tax** (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [ ] I am a person subject to tax with respect to (name of organization)_____, (EIN)_____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize CARR, RIGGS & INGRAM, LLC (ERO firm name) to enter my PIN 08503 (Enter five numbers, but do not enter all zeros)

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Nathan S. Butcher Date ▶ 05/17/2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 67075176621 (Do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ CARR, RIGGS & INGRAM, LLC Carr Riggs & Ingram Date ▶ 04/21/21

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA **For Paperwork Reduction Act Notice, see Instructions.** Form **8879-EO** (2020)

023051 11-03-20

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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
DELTA PILOTS MUTUAL AID

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/1996

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

100 HARTSFIELD CENTRE PKWY
SUITE 630
ATLANTA GA 30354

2b Employer Identification Number (EIN) 58-2308503

2c Plan Sponsor's telephone number 404-559-9421

2d Business code (see instructions) 525100

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	Signature of plan administrator	Date 05/17/2021	Enter name of individual signing as plan administrator: NATHAN BUTCHER
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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2020)
v. 200204

018401 12-03-20

06480430 794202 60-00361.000 2020.03040 DELTA PILOTS MUTUAL AID, 60-00361