

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: YELLOW CORPORATION MASTER PENSION PLANS TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): YELLOW CORPORATION
2b Employer Identification Number (EIN): 04-3852884
2c Plan Sponsor's telephone number: 913-696-6100
2d Business code (see instructions)

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BENEFITS ADMINISTRATIVE COMMITTEE 11500 OUTLOOK STREET SUITE 400 OVERLAND PARK, KS 66221	3b Administrator's EIN 48-0838293 3c Administrator's telephone number 913-696-6100
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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
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5 Total number of participants at the beginning of the plan year	5	
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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)
a(2) Total number of active participants at the end of the plan year	6a(2)
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
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
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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:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan YELLOW CORPORATION MASTER PENSION PLANS TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 YELLOW CORPORATION	D Employer Identification Number (EIN) 04-3852884	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 14 50	NONE	1506721	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NISA INVESTMENT ADVISORS, LLC

48-1140940

(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?
28 51	NONE	357487	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(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 28 62 63 99	TRUSTEE	129422	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PENSION BENEFIT INFORMATION, LLC

82-4722389

(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?
49 99	NONE	5751	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>YELLOW CORPORATION MASTER PENSION PLANS TRUST</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>YELLOW CORPORATION</u>	D Employer Identification Number (EIN) <u>04-3852884</u>	

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)
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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)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan YELLOW CORPORATION MASTER PENSION PLANS TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 YELLOW CORPORATION	D Employer Identification Number (EIN) 04-3852884

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
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 (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	483269076	442551929

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	483269076	442551929
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	483269076	442551929

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		23848736
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		89631
d Total income. Add all income amounts in column (b) and enter total.....	2d		23938367

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	60112621	
(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)		60112621
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	745155	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	1086269	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)	158360	
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	2553109	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4542893
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		64655514

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-40717147
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) 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) 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:

(2) EIN:

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:

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.)

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.)

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.)

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.)

e Was this plan covered by a fidelity bond?

f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

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?

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?

i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

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.)

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

l Has the plan failed to provide any benefit when due under the plan?

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

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.

	Yes	No	Amount
4a			
4b		X	
4c		X	
4d		X	
4e			
4f			
4g			
4h			
4i	X		
4j	X		
4k			
4l			
4m			
4n			

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 _____.

YELLOW CORPORATION MASTER TRUST PLAN
 EIN: 04-3852884 PN: 001
 SCHEDULE H, 4(j) SCHEDULE OF REPORTABLE TRANSACTIONS

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					483,269,076.06		
COMPARATIVE VALUE (5%)					24,163,453.80		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
Issue: 9SPMTJZU9 - Yellow Corp Master Trust							
01/31/2023	B	9,107.565	83.5456		- 760,897	760,897	
5000510-000							
01/31/2023	B	29,486.108	83.5456		- 2,463,433	2,463,433	
5000510-100							
01/31/2023	B	18.216	83.5456		- 1,522	1,522	
5000510-200							
01/31/2023	B	28,315.403	83.5456		- 2,365,626	2,365,626	
5000510-200							
02/28/2023	B	183.122	86.1941		- 15,784	15,784	
5000510-000							
02/28/2023	B	19.149	86.1942		- 1,651	1,651	
5000510-100							
02/28/2023	B	147.674	86.1941		- 12,729	12,729	
5000510-100							
03/31/2023	B	5.585	84.0119		- 469	469	
5000510-000							
03/31/2023	B	1.290	84.0105		- 108	108	
5000510-000							

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/31/2023 5000510-000	B	13,174.716	84.0112		- 1,106,824	1,106,824	
03/31/2023 5000510-200	B	24.438	84.0111		- 2,053	2,053	
03/31/2023 5000510-200	B	14.348	84.0113		- 1,205	1,205	
04/01/2023 5000510-100	B	41,853.297	84.0112		- 3,516,146	3,516,146	
04/01/2023 5000510-200	B	40,141.718	84.0112		- 3,372,354	3,372,354	
04/28/2023 5000510-000	B	9,493.226	85.8297		- 814,801	814,801	
04/28/2023 5000510-100	B	29,922.228	85.8297		- 2,568,217	2,568,217	
04/28/2023 5000510-200	B	14.307	85.8295		- 1,228	1,228	
04/28/2023 5000510-200	B	29.971	85.8297		- 2,572	2,572	
04/28/2023 5000510-200	B	.967	85.8325		- 83	83	
04/28/2023 5000510-200	B	19.011	85.8297		- 1,632	1,632	
04/28/2023 5000510-200	B	28,602.199	85.8297		- 2,454,919	2,454,919	
06/30/2023 5000510-200	B	17.498	85.0123		- 1,488	1,488	
07/31/2023 5000510-100	B	14.391	85.5674		- 1,231	1,231	

YELLOW CORPORATION MASTER TRUST PLAN
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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/31/2023 5000510-100	B	17.018	85.5672		- 1,456	1,456	
08/31/2023 5000510-000	B	32.357	84.9358		- 2,748	2,748	
08/31/2023 5000510-100	B	1.038	84.9378		- 88	88	
08/31/2023 5000510-100	B	29.252	84.9359		- 2,485	2,485	
08/31/2023 5000510-200	B	.409	84.9292		- 35	35	
08/31/2023 5000510-200	B	13.013	84.9355		- 1,105	1,105	
08/31/2023 5000510-200	B	30.943	84.9357		- 2,628	2,628	
09/29/2023 5000510-100	B	14.674	83.9488		- 1,232	1,232	
09/29/2023 5000510-100	B	21.245	83.9492		- 1,784	1,784	
09/29/2023 5000510-100	B	18.909	83.9490		- 1,587	1,587	
10/31/2023 5000510-100	B	4.109	81.6607		- 336	336	
11/30/2023 5000510-000	B	550.872	81.9537		- 45,146	45,146	
11/30/2023 5000510-000	B	17,242.219	81.9537		- 1,413,064	1,413,064	
11/30/2023 5000510-100	B	17.744	81.9539		- 1,454	1,454	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/30/2023 5000510-100	B	56.514	81.9538		- 4,632	4,632	
11/30/2023 5000510-100	B	49,983.986	81.9537		- 4,096,374	4,096,374	
11/30/2023 5000510-200	B	15.214	81.9538		- 1,247	1,247	
11/30/2023 5000510-200	B	5.849	81.9534		- 479	479	
11/30/2023 5000510-200	B	18.160	81.9538		- 1,488	1,488	
11/30/2023 5000510-200	B	62.618	81.9538		- 5,132	5,132	
11/30/2023 5000510-200	B	1.037	81.9514		- 85	85	
11/30/2023 5000510-200	B	47,370.366	81.9537		- 3,882,178	3,882,178	
12/29/2023 5000510-000	B	19,351.967	83.7259		- 1,620,261	1,620,261	
12/29/2023 5000510-100	B	55,572.172	83.7259		- 4,652,831	4,652,831	
12/29/2023 5000510-200	B	1.656	83.7237		- 139	139	
12/29/2023 5000510-200	B	52,603.167	83.7259		- 4,404,248	4,404,248	
Total For Buys				0	39,611,214	39,611,214	0
01/31/2023 5000510-000	S	- 631.938	83.5456		52,796	52,796	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/31/2023 5000510-000	S	- 123.357	83.5456		10,306	10,306	
01/31/2023 5000510-100	S	- 25,247.570	83.5456		2,109,322	2,109,322	
01/31/2023 5000510-100	S	- 11.877	83.5454		992	992	
01/31/2023 5000510-100	S	- 176.574	83.5455		14,752	14,752	
01/31/2023 5000510-200	S	- 29,213.169	83.5456		2,440,630	2,440,630	
01/31/2023 5000510-200	S	- 172.263	83.5455		14,392	14,392	
02/28/2023 5000510-000	S	- 1,254.912	86.1941		108,166	108,166	
02/28/2023 5000510-000	S	- 111.682	86.1941		9,626	9,626	
02/28/2023 5000510-000	S	- 9,889.222	86.1941		852,392	852,392	
02/28/2023 5000510-100	S	- 28,723.020	86.1941		2,475,754	2,475,754	
02/28/2023 5000510-100	S	- 9.292	86.1936		801	801	
02/28/2023 5000510-100	S	- 157.267	86.1941		13,556	13,556	
02/28/2023 5000510-100	S	- 72.511	86.1941		6,250	6,250	
02/28/2023 5000510-100	S	- 31,731.030	86.1941		2,735,026	2,735,026	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/28/2023 5000510-200	S	- 25,500.180	86.1941		2,197,964	2,197,964	
02/28/2023 5000510-200	S	- 168.721	86.1941		14,543	14,543	
02/28/2023 5000510-200	S	- 72.511	86.1941		6,250	6,250	
02/28/2023 5000510-200	S	- 30,409.786	86.1941		2,621,143	2,621,143	
03/31/2023 5000510-000	S	- 32.713	84.0112		2,748	2,748	
03/31/2023 5000510-000	S	- 1,094.956	84.0112		91,989	91,989	
03/31/2023 5000510-000	S	- 154.312	84.0112		12,964	12,964	
03/31/2023 5000510-000	S	- 130.590	84.0112		10,971	10,971	
03/31/2023 5000510-100	S	- 23,913.110	84.0112		2,008,969	2,008,969	
03/31/2023 5000510-100	S	- 207.407	84.0112		17,424	17,424	
03/31/2023 5000510-100	S	- 123.150	84.0112		10,346	10,346	
03/31/2023 5000510-200	S	- 31,037.101	84.0112		2,607,464	2,607,464	
03/31/2023 5000510-200	S	- 215.489	84.0112		18,103	18,103	
03/31/2023 5000510-200	S	- 123.150	84.0112		10,346	10,346	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/28/2023 5000510-000	S	- 1,298.802	85.8297		111,476	111,476	
04/28/2023 5000510-000	S	- 156.207	85.8297		13,407	13,407	
04/28/2023 5000510-000	S	- 738.741	85.8297		63,406	63,406	
04/28/2023 5000510-100	S	- 23,956.943	85.8297		2,056,218	2,056,218	
04/28/2023 5000510-100	S	- 214.032	85.8297		18,370	18,370	
04/28/2023 5000510-100	S	- 423.578	85.8297		36,356	36,356	
04/28/2023 5000510-200	S	- 30,687.897	85.8297		2,633,934	2,633,934	
04/28/2023 5000510-200	S	- 218.136	85.8297		18,723	18,723	
05/31/2023 5000510-000	S	- 1,386.304	86.0581		119,303	119,303	
05/31/2023 5000510-000	S	- 128.815	86.0581		11,086	11,086	
05/31/2023 5000510-000	S	- 37.173	86.0580		3,199	3,199	
05/31/2023 5000510-000	S	- 146.471	86.0580		12,605	12,605	
05/31/2023 5000510-000	S	- 3,958.149	86.0581		340,631	340,631	
05/31/2023 5000510-100	S	- 27,272.115	86.0581		2,346,986	2,346,986	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/31/2023 5000510-100	S	- 210.140	86.0581		18,084	18,084	
05/31/2023 5000510-100	S	- 37.173	86.0580		3,199	3,199	
05/31/2023 5000510-100	S	- 139.208	86.0581		11,980	11,980	
05/31/2023 5000510-100	S	- 12,388.840	86.0581		1,066,160	1,066,160	
05/31/2023 5000510-200	S	- 26,772.068	86.0581		2,303,953	2,303,953	
05/31/2023 5000510-200	S	- 190.326	86.0581		16,379	16,379	
05/31/2023 5000510-200	S	- 37.173	86.0580		3,199	3,199	
05/31/2023 5000510-200	S	- 139.208	86.0581		11,980	11,980	
05/31/2023 5000510-200	S	- 11,806.193	86.0581		1,016,018	1,016,018	
06/30/2023 5000510-000	S	- 800.186	85.0123		68,026	68,026	
06/30/2023 5000510-000	S	- 111.132	85.0123		9,448	9,448	
06/30/2023 5000510-000	S	- 3,910.611	85.0123		332,450	332,450	
06/30/2023 5000510-100	S	- 22,213.905	85.0123		1,888,455	1,888,455	
06/30/2023 5000510-100	S	- 156.533	85.0123		13,307	13,307	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/30/2023 5000510-100	S	- 12,130.575	85.0123		1,031,248	1,031,248	
06/30/2023 5000510-200	S	- 37,619.082	85.0123		3,198,085	3,198,085	
06/30/2023 5000510-200	S	- 153.172	85.0123		13,021	13,021	
06/30/2023 5000510-200	S	- 11,556.247	85.0123		982,423	982,423	
07/31/2023 5000510-000	S	- 784.953	85.5672		67,166	67,166	
07/31/2023 5000510-000	S	- 117.901	85.5672		10,088	10,088	
07/31/2023 5000510-000	S	- 22.065	85.5673		1,888	1,888	
07/31/2023 5000510-000	S	- 4,916.083	85.5672		420,655	420,655	
07/31/2023 5000510-100	S	- 38,550.925	85.5672		3,298,694	3,298,694	
07/31/2023 5000510-100	S	- 160.302	85.5672		13,717	13,717	
07/31/2023 5000510-100	S	- 22.065	85.5673		1,888	1,888	
07/31/2023 5000510-100	S	- 15,128.391	85.5672		1,294,494	1,294,494	
07/31/2023 5000510-200	S	- 26,018.191	85.5672		2,226,304	2,226,304	
07/31/2023 5000510-200	S	- 171.267	85.5672		14,655	14,655	

YELLOW CORPORATION MASTER TRUST PLAN
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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/31/2023 5000510-200	S	- 22.065	85.5673		1,888	1,888	
07/31/2023 5000510-200	S	- 14,310.223	85.5672		1,224,486	1,224,486	
08/31/2023 5000510-000	S	- 174.125	84.9358		14,789	14,789	
08/31/2023 5000510-000	S	- 1,087.442	84.9358		92,363	92,363	
08/31/2023 5000510-000	S	- 139.465	84.9357		11,846	11,846	
08/31/2023 5000510-000	S	- 19.568	84.9359		1,662	1,662	
08/31/2023 5000510-000	S	- 11,401.660	84.9358		968,409	968,409	
08/31/2023 5000510-100	S	- 54,817.575	84.9358		4,655,973	4,655,973	
08/31/2023 5000510-100	S	- 188.138	84.9358		15,980	15,980	
08/31/2023 5000510-100	S	- 19.568	84.9359		1,662	1,662	
08/31/2023 5000510-100	S	- 34,567.438	84.9358		2,936,012	2,936,012	
08/31/2023 5000510-200	S	- 56,594.284	84.9358		4,806,879	4,806,879	
08/31/2023 5000510-200	S	- 186.543	84.9358		15,844	15,844	
08/31/2023 5000510-200	S	- 19.568	84.9359		1,662	1,662	

YELLOW CORPORATION MASTER TRUST PLAN
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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/31/2023 5000510-200	S	- 32,848.529	84.9358		2,790,015	2,790,015	
09/29/2023 5000510-000	S	- 489.457	83.9491		41,089	41,089	
09/29/2023 5000510-000	S	- 111.962	83.9490		9,399	9,399	
09/29/2023 5000510-000	S	- 201.098	83.9490		16,882	16,882	
09/29/2023 5000510-000	S	- 14,525.227	83.9491		1,219,379	1,219,379	
09/29/2023 5000510-100	S	- 24,799.051	83.9491		2,081,857	2,081,857	
09/29/2023 5000510-100	S	- 156.395	83.9490		13,129	13,129	
09/29/2023 5000510-100	S	- 189.186	83.9490		15,882	15,882	
09/29/2023 5000510-100	S	- 43,085.119	83.9491		3,616,955	3,616,955	
09/29/2023 5000510-200	S	- 21,731.785	83.9491		1,824,363	1,824,363	
09/29/2023 5000510-200	S	- 154.315	83.9491		12,955	12,955	
09/29/2023 5000510-200	S	- 189.186	83.9490		15,882	15,882	
09/29/2023 5000510-200	S	- 40,858.356	83.9491		3,430,020	3,430,020	
10/31/2023 5000510-000	S	- 501.422	81.6597		40,946	40,946	

YELLOW CORPORATION MASTER TRUST PLAN
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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/31/2023 5000510-000	S	- 6.723	81.6600		549	549	
10/31/2023 5000510-000	S	- 1,363.708	81.6597		111,360	111,360	
10/31/2023 5000510-000	S	- 936.124	81.6597		76,444	76,444	
10/31/2023 5000510-000	S	- 4,678.692	81.6597		382,061	382,061	
10/31/2023 5000510-100	S	- 690.931	81.6597		56,421	56,421	
10/31/2023 5000510-100	S	- 6.723	81.6600		549	549	
10/31/2023 5000510-100	S	- 1.530	81.6607		125	125	
10/31/2023 5000510-100	S	- 14,225.426	81.6597		1,161,644	1,161,644	
10/31/2023 5000510-100	S	- 21,433.084	81.6597		1,750,219	1,750,219	
10/31/2023 5000510-100	S	- 13,738.129	81.6597		1,121,851	1,121,851	
10/31/2023 5000510-200	S	- 691.103	81.6597		56,435	56,435	
10/31/2023 5000510-200	S	- 6.723	81.6600		549	549	
10/31/2023 5000510-200	S	- 14,133.826	81.6597		1,154,164	1,154,164	
10/31/2023 5000510-200	S	- 22,671.560	81.6597		1,851,353	1,851,353	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/31/2023 5000510-200	S	- 13,038.688	81.6597		1,064,735	1,064,735	
11/30/2023 5000510-000	S	- 877.414	81.9537		71,907	71,907	
11/30/2023 5000510-000	S	- 393.127	81.9537		32,218	32,218	
11/30/2023 5000510-000	S	- 137.956	81.9537		11,306	11,306	
11/30/2023 5000510-100	S	- 22,926.122	81.9537		1,878,881	1,878,881	
11/30/2023 5000510-100	S	- 543.658	81.9537		44,555	44,555	
11/30/2023 5000510-100	S	- 42.890	81.9536		3,515	3,515	
11/30/2023 5000510-200	S	- 24,228.103	81.9537		1,985,583	1,985,583	
11/30/2023 5000510-200	S	- 552.824	81.9537		45,306	45,306	
11/30/2023 5000510-200	S	- 42.890	81.9536		3,515	3,515	
12/29/2023 5000510-000	S	- 8,465.495	83.7259		708,781	708,781	
12/29/2023 5000510-000	S	- 491.429	83.7259		41,145	41,145	
12/29/2023 5000510-000	S	- 21.988	83.7260		1,841	1,841	
12/29/2023 5000510-100	S	- 22,708.867	83.7259		1,901,321	1,901,321	

YELLOW CORPORATION MASTER TRUST PLAN
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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/29/2023 5000510-100	S	- 281.892	83.7259		23,602	23,602	
12/29/2023 5000510-100	S	- 21.988	83.7260		1,841	1,841	
12/29/2023 5000510-100	S	- 477.749	83.7259		40,000	40,000	
12/29/2023 5000510-200	S	- 23,894.810	83.7259		2,000,615	2,000,615	
12/29/2023 5000510-200	S	- 265.783	83.7259		22,253	22,253	
12/29/2023 5000510-200	S	- 21.988	83.7260		1,841	1,841	
Total For Sells				0	95,085,342	95,085,342	0
Total Yellow Corp Master Trust				0	134,696,556	134,696,556	0
GRAND TOTAL				0	134,696,556	134,696,556	0

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
 NO TRANSACTIONS QUALIFIED FOR THIS SECTION

YELLOW CORPORATION MASTER TRUST PLAN
 EIN: 04-3852884 PN: 001
 SCHEDULE H, 4(i) SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

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ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Master Trusts						
Yellow Corp Master Trust 9SPMTJZU9 Asset Minor Code 60 ACCOUNT 5000510-000	778,558.868	67,123,242.45 86.2147	53,005,687.72	14,117,554.73 2,152,434.79	.00	0.00
Yellow Corp Master Trust 9SPMTJZU9 Asset Minor Code 60 ACCOUNT 5000510-100	2,238,046.313	192,952,558.04 86.2147	188,091,869.95	4,860,688.09 6,467,749.29	.00	0.00
Yellow Corp Master Trust 9SPMTJZU9 Asset Minor Code 60 ACCOUNT 5000510-200	2,116,530.775	182,476,128.79 86.2147	174,278,517.82	8,197,610.97 6,136,800.70	.00	0.00
Total Yellow Corp Master Trust	5,133,135.956	442,551,929.28	415,376,075.49	27,175,853.79 14,756,984.78	.00	0.00
Total Master Trusts	5,133,135.956	442,551,929.28	415,376,075.49	27,175,853.79 14,756,984.78	.00	0.00
Total Assets	5,133,135.956	442,551,929.28	415,376,075.49	27,175,853.79 14,756,984.78	.00	0.00
Accrued Income	.000	.00	.00			
Grand Total	5,133,135.956	442,551,929.28	415,376,075.49			