

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, 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: BNYM MELLON AFL-CIO SL STOCK INDEX FUND OF THE BANK OF NEW YORK MELLON
1b Three-digit plan number (PN): 340
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): THE BANK OF NEW YORK MELLON
2b Employer Identification Number (EIN): 25-6078093
2c Plan Sponsor's telephone number: 412-236-2285
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 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 checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
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 THE BANK OF NEW YORK MELLON c Plan Name BNYM MELLON AFL-CIO SL STOCK INDEX FUND	4b EIN 25-6078093 4d PN 340																				
5 Total number of participants at the beginning of the plan year	5																				
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="width:90%;"></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d	0	6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d	0																				
6e																					
6f																					
6g(1)																					
6g(2)																					
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:

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
--	--

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 type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 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 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.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>BNYM MELLON AFL-CIO SL STOCK INDEX FUND OF THE BANK OF NEW YORK MELLON</u>	B Three-digit plan number (PN)	<u>▶</u> <u>340</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE BANK OF NEW YORK MELLON</u>	D Employer Identification Number (EIN) <u>25-6078093</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>EB TEMPORARY INVESTMENT FUND</u>	
b Name of sponsor of entity listed in (a):	<u>THE BANK OF NEW YORK MELLON</u>	
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>58588678</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AFL-CIO STAFF RETIREMENT PLAN	
b	Name of plan sponsor	AFL-CIO STAFF RETIREMENT PLAN CONGRESS OF INDUSTRIAL ORGANIZATIONS	c EIN-PN 53-0228172-001
a	Plan name	AFSCME EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES	c EIN-PN 53-0237789-001
a	Plan name	AGC - INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 701 HEALTH & WE	
b	Name of plan sponsor	BOARD OF TRUSTEES, AGC-IUOE LOCAL 701 HEALTH & WELFARE TRUST FUND	c EIN-PN 93-6022485-501
a	Plan name	AMALGAMATED TRANSIT UNION NATIONAL 401(K) PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE AMALGAMATED TRANSIT UNION	c EIN-PN 52-2059290-001
a	Plan name	ARIZONA PIPE TRADES PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES ARIZONA PIPE TRADES PENSION PLAN	c EIN-PN 86-6025734-001
a	Plan name	ATU LOCAL 689	
b	Name of plan sponsor	ATU LOCAL 689	c EIN-PN 52-0847040-002
a	Plan name	BAKERY & CONFECTIONERY UNION & INDUSTRY INTERNATIONAL PENSION FUND	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES, BAKERY & CONFECTIONERY UNION & INDUSTRY	c EIN-PN 52-6118572-001
a	Plan name	THE LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES - LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND	c EIN-PN 82-0994119-001
a	Plan name	BRICKLAYERS LOCAL NO. 55 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, BRICKLAYERS LOCAL NO. 55 PENSION PLAN	c EIN-PN 31-6126985-001
a	Plan name	CARPENTERS PENSION TRUST FUND OF ST. LOUIS	
b	Name of plan sponsor	TRUSTEES OF CARPENTERS BENEFIT PLANS OF ST. LOUIS	c EIN-PN 43-1622970-001
a	Plan name	CEMENT MASONS AND PLASTERERS HEALTH AND WELFARE PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES CEMENT MASONS AND PLASTERERS HEALTH AND WELFARE PLAN	c EIN-PN 88-6010564-501
a	Plan name	CEMENT MASONS SOUTHERN CALIFORNIA PENSION TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES, CEMENT MASONS SOUTHERN CALIFORNIA	c EIN-PN 95-3379185-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CONSTRUCTION LABORERS PENSION TRUST OF GREATER ST.	
b	Name of plan sponsor	CONSTRUCTION LABORERS PENSION TRUST OF GREATER ST. LOUIS TRUSTEES	c EIN-PN 43-6142465-001
a	Plan name	DISTRICT 1199J - NEW JERSEY HEALTH CARE EMPLOYERS - BENEFIT FUND	
b	Name of plan sponsor	DISTRICT 1199J BENEFIT FUND	c EIN-PN 22-3143027-501
a	Plan name	EMPLOYERS AND LABORERS LOCALS 100 & 397 PENSION FUND	
b	Name of plan sponsor	EMPLOYERS AND LABORERS LOCALS 100 & 397 PENSION FUND	c EIN-PN 37-6085017-001
a	Plan name	GLAZIERS AND GLASSWORKERS LOCAL 513 PENSION PLAN	
b	Name of plan sponsor	TRUSTEES OF GLAZIERS & GLASSWORKERS LOCAL UNION 513 PENSION FUND	c EIN-PN 43-6058944-001
a	Plan name	HAWAII TAPERS' ANNUITY PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF HAWAII TAPERS ANNUITY TRUST FUND	c EIN-PN 99-0209408-001
a	Plan name	INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY ANNUITY PLAN	
b	Name of plan sponsor	INTL PAINTERS & ALLIED TRADES IND. PENSION FUND-	c EIN-PN 52-6073909-002
a	Plan name	INTERNATIONAL PAINTERS AND ALLIED TRADES INDUSTRY PENSION PLAN	
b	Name of plan sponsor	INTL PAINTERS & ALLIED TRADES IND. PENSION FUND- BOARD OF TRUSTEES	c EIN-PN 52-6073909-001
a	Plan name	IRON WORKERS LOCAL 580 SHOP ANNUITY FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES IRON WORKERS LOCAL 580 SHOP ANNUITY FUND	c EIN-PN 23-7118930-001
a	Plan name	IRON WORKERS LOCAL 580 SHOP PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES IRON WORKERS LOCAL 580 SHOP PENSION FUND	c EIN-PN 13-6613876-001
a	Plan name	IRONWORKERS LOCAL 11 PENSION FUND	
b	Name of plan sponsor	IRONWORKERS LOCAL 11 PENSION FUND BOARD OF TRUSTEES	c EIN-PN 22-6243387-001
a	Plan name	IRONWORKERS LOCAL 11 ANNUITY FUND	
b	Name of plan sponsor	IRONWORKERS LOCAL 11 ANNUITY FUND BOARD OF TRUSTEES	c EIN-PN 51-6135653-001
a	Plan name	IRONWORKERS NATIONAL PENSION PLAN	
b	Name of plan sponsor	IRONWORKERS NATIONAL PENSION PLAN BOARD OF TRUSTEES	c EIN-PN 52-6122274-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a Plan name	IRONWORKERS-LABORERS PENSION PLAN OF CUMBERLAND MD	
b Name of plan sponsor	TRUSTEES OF IRONWORKERS-LABORERS PENSION PLAN OF CUMBERLAND, MD	c EIN-PN 52-6067609-001
a Plan name	I.U.O.E. LOCAL #132 APPRENTICESHIP FUND	
b Name of plan sponsor	I.U.O.E. #132 APPRENTICESHIP FUND	c EIN-PN 55-0523152-501
a Plan name	IUOE LOCAL 30 PENSION FUND	
b Name of plan sponsor	BD OF TRUSTEES IUOE LOCAL 30 PENSION FUND	c EIN-PN 51-6045848-001
a Plan name	JOINT PENSION FUND LOCAL UNION IBEW	
b Name of plan sponsor	JOINT PENSION FUND LOCAL UNION 164 IBEW	c EIN-PN 22-6031199-001
a Plan name	LOCAL 807 LABOR MANAGEMENT PENSION FUND	
b Name of plan sponsor	BOARD OF TRUSTEES LOCAL 807 LABOR- MANAGEMENT PENSION FUND	c EIN-PN 51-6099111-002
a Plan name	LOCAL 888 PENSION FUND	
b Name of plan sponsor	BOARD OF TRUSTEES LOCAL 888 PENSION FUND	c EIN-PN 13-6367793-001
a Plan name	MASSMUTUAL	
b Name of plan sponsor	MG INSTALLATIONS INC	c EIN-PN 43-1645985-001
a Plan name	MCASF LOCAL 725 PENSION PLAN	
b Name of plan sponsor	BOARD OF TRUSTEES MCASF LOCAL 725 PENSION TRUST FUND	c EIN-PN 59-6123621-001
a Plan name	METRO ILA PENSION FUND	
b Name of plan sponsor	BOARD OF TRUSTEES METRO ILA PENSION FUND	c EIN-PN 13-1939129-001
a Plan name	MIDWESTERN TEAMSTERS PENSION TRUST FUND	
b Name of plan sponsor	TRUSTEES MIDWESTERN TEAMSTERS PENSION TRUST FUND	c EIN-PN 37-6117130-001
a Plan name	NATIONAL ROOFING INDUSTRY PENSION FUND	
b Name of plan sponsor	NATIONAL ROOFING INDUSTRY PENSION FUND WILSON-MC SHANE CORPORATION	c EIN-PN 36-6157071-001
a Plan name	NORTHERN CALIFORNIA PIPE TRADES PENSION PLAN	
b Name of plan sponsor	BOARD OF TRUSTEES NORTHERN CALI. PIPE TRADES PENSION TRUST	c EIN-PN 94-3190386-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	TEAMSTERS PENSION TRUST FUND OF PHILADELPHIA & VICINITY
b	Name of plan sponsor	BOARD OF TRUSTEES OF TEAMSTERS PENSION TRUST FUND OF PHILADELPHIA
c	EIN-PN	23-1511735-001
a	Plan name	PIPE TRADES DISTRICT COUNCIL NO 36 PENSION TRUST
b	Name of plan sponsor	BOARD OF TRUSTEES, PIPE TRADES DISTRICT COUNCIL NO 36
c	EIN-PN	94-6082956-001
a	Plan name	PIPEFITTERS LOCAL 636 DEFINED BENEFIT PENSION FUND
b	Name of plan sponsor	PIPEFITTERS LOCAL NO 636 DEFINED BENEFIT PENSION FUND
c	EIN-PN	38-3009873-001
a	Plan name	PLUMBERS & STEAMFITTERS LOCAL 83 PENSION FUND
b	Name of plan sponsor	PLUMBERS & STEAMFITTER LOCAL 83
c	EIN-PN	55-0463652-001
a	Plan name	UNITED ASSOCIATION NATIONAL PENSION FUND
b	Name of plan sponsor	B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND
c	EIN-PN	52-6152779-001
a	Plan name	ROOFERS PENSION FUND
b	Name of plan sponsor	BOARD OF TRUSTEES OF ROOFERS PENSION FUND
c	EIN-PN	36-6485998-001
a	Plan name	ROOFERS UNION LOCAL NO.33 PENSION FUND
b	Name of plan sponsor	ROOFERS UNION LOCAL NO.33 PENSION FUND
c	EIN-PN	04-2228135-001
a	Plan name	SAN DIEGO COUNTY CEMENT MASONS PENSION PLAN
b	Name of plan sponsor	BOARD OF TRUSTEES, SAN DIEGO COUNTY CEMENT MASONS
c	EIN-PN	95-6267660-001
a	Plan name	SAN DIEGO COUNTY THEATRICAL PENSION PLAN
b	Name of plan sponsor	BOARD OF TRUSTEES, SAN DIEGO COUNTY THEATRICAL
c	EIN-PN	95-6336895-001
a	Plan name	SIGN PICTORIAL & DISPLAY INDUSTRY PENSION PLAN
b	Name of plan sponsor	BOARD OF TRUSTEES, SIGN PICTORIAL & DISPLAY
c	EIN-PN	94-6278490-001
a	Plan name	SOUTHERN CALIFORNIA FLOOR COVERING PENSION TRUST FUND
b	Name of plan sponsor	BOARD OF TRUSTEES, SOUTHERN CALIFORNIA FLOOR COVERING
c	EIN-PN	51-6031409-001
a	Plan name	SOUTHWESTERN ILLINOIS LABORERS ANNUITY FUND
b	Name of plan sponsor	BOARD OF TRUSTEES OF SOUTHWESTERN ILLINOIS LABORERS ANNUITY FUND
c	EIN-PN	37-1221230-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	STEAMFITTERS INDUSTRY PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES STEAMFITTERS INDUSTRY PENSION FUND	c EIN-PN 13-6149680-001
a	Plan name	TEAMSTERS LOCAL 418 PENSION PLAN	
b	Name of plan sponsor	TEAMSTERS LOCAL 418 PENSION FUND	c EIN-PN 22-6128536-001
a	Plan name	TEAMSTERS LOCAL 830 PENSION PLAN	
b	Name of plan sponsor	TEAMSTERS LOCAL 830 PENSION PLAN	c EIN-PN 23-1990755-001
a	Plan name	THE TEAMSTER - UPS NATIONAL 401(K) TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE TEAMSTERS - UPS 401K NATIONAL SAVINGS PLAN	c EIN-PN 95-1732075-003
a	Plan name	THE NEWSPAPER GUILD INTERNATIONAL PENSION PLAN	
b	Name of plan sponsor	TNG INTERNATIONAL PENSION FUND	c EIN-PN 52-1082662-001
a	Plan name	U. A. LOCAL NO. 343 DEFINED BENEFIT PLAN	
b	Name of plan sponsor	U.A. LOCAL NO. 343 PENSION TRUST	c EIN-PN 94-6092775-001
a	Plan name	UNITED ASSN FULL-TIME SAL OFF & EMP OF LOCL UNIONS COUNCILS, ST & PROV	
b	Name of plan sponsor	U A LOCAL UNION OFFICERS & EMPLOYEES PENSION FUND	c EIN-PN 52-1178032-333
a	Plan name	UFCW CONSOLIDATED PENSION FUND	
b	Name of plan sponsor	BD OF TRUSTEES UFCW CONSOLIDATED PENSION FUND	c EIN-PN 58-6101602-001
a	Plan name	UFCW LOCAL 23 & GIANT EAGLE PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES UFCW LOCAL 23 & GIANT EAGLE PENSION FUND	c EIN-PN 25-6107185-001
a	Plan name	UFCW NO. CALIFIORNIA EMPLOYERS JOINT PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, UFCW NO. CALIFORNIA EMPLOYERS JOINT PENSION PLAN	c EIN-PN 94-6313554-001
a	Plan name	UNITED ASSOCIATION GENERAL OFFICERS AND EMPLOYEES PENSION FUND	
b	Name of plan sponsor	UNITED ASSOCIATION GENERAL OFFICERS AND EMPLOYEES PENSION FUND BOARD O	c EIN-PN 52-6134634-001
a	Plan name	DESERT STATES EMPLOYERS & UFCW UNIONS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, DESERT STATES EMPLOYERS & UFCW	c EIN-PN 84-6277982-001

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

a Plan name	BRICK MASONS PENSION TRUST FUND	
b Name of plan sponsor	BOARD OF TRUSTEES BRICK MASONS PENSION TRUST FUND	c EIN-PN 95-6093333-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan BNYM MELLON AFL-CIO SL STOCK INDEX FUND OF THE BANK OF NEW YORK MELLON	B Three-digit plan number (PN) ▶ 340
C Plan sponsor's name as shown on line 2a of Form 5500 THE BANK OF NEW YORK MELLON	D Employer Identification Number (EIN) 25-6078093

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	26167	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	11689393	12147264
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)	5819483665	6965415411
(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)	74159815	119319267
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	38197693	58588678
(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)	374034	2693749
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	5943930767	7158164369
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	74734972	119694983
k Total liabilities (add all amounts in lines 1g through 1j)	1k	74734972	119694983
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5869195795	7038469386

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)	20455	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	224294	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	158433	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		403182
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	93635421	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	14966	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		93650387
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	1644743752	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1297840866	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		346902886
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1544634483	
(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)		1942590
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		22947
d Total income. Add all income amounts in column (b) and enter total	2d		1987556475

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	144029	
(4) IQPA audit fees.....	2i(4)	23810	
(5) Investment advisory and investment management fees	2i(5)	41278	
(6) Bank or trust company trustee/custodial fees	2i(6)	102092	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	73397	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		384606
j Total expenses. Add all expense amounts in column (b) and enter total	2j		384606

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1987171869
l Transfers of assets:			
(1) To this plan	2l(1)		933789874
(2) From this plan	2l(2)		1751688152

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:

	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.)			
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.			

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 _____.