

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF BANKING
CONSOLIDATED REPORT OF CONDITION

Trust Company Name:	BNY MELLON TRUST COMPANY OF ILLINOIS
Address:	2 N. LASALLE STREET, SUITE 700
City, State, Zip	CHICAGO, IL 60602
Credential Number:	TRS # 60392 <i>(5-digit number-should begin with 60)</i>

Include the institution's domestic & foreign subsidiaries, completed for the period ending as of close of business on: **06/30/2023**
and submitted in response to the call of the Illinois Department of Financial and Professional Regulation.

ALTERATION OF THIS FORM IS PROHIBITED AND WILL BE CONSIDERED NON-COMPLIANCE WITH FILING REQUIREMENTS.

ASSETS

In Thousands(000)

1. Cash and Due from Depository Institution		8,967
2. U.S. Treasury Securities		0
3. Obligations of States and Political Subdivisions		0
4. Other Bonds, Notes Receivable, and Debentures		0
Itemize the Notes Receivable amount listed above:		
Inter-Company/Employee/Director:		
Other (List):		
5. Corporate Stock		0
6. Trust Company Premises, Furniture, Fixtures and Other Assets Representing TC Premises		0
7. Accounts Receivable:		2,164
Itemize Accounts Receivable amount listed above:		
Fee Accounts Receivable	1,636	
Inter-Company Accounts Receivable	528	
Other (List):		
8. Goodwill		0
9. Intangibles		0
10. Other Assets		0
Itemize assets that account for 10% or greater of Line 11: (Description & Amount)		
11. TOTAL ASSETS		11,131

LIABILITIES

12. Accounts Payable		41
13. Taxes Payable		0
14. Other Liabilities for Borrowed Money		0
15. Other Liabilities		3
Itemize Liabilities that account for 10% or greater of Line 15) (Description & Amount)		
Accrued Expenses	21	
Deferred Income	1	
Reserve for Taxes	-19	
16. TOTAL LIABILITIES		44

EQUITY CAPITAL

17. Preferred Stock		0
18. Common Stock		226
19. Surplus		8,113
20. Reserve for Operating Expenses		0
21. Retained Earnings (Loss)		2,748
22. TOTAL EQUITY CAPITAL		11,087
23. TOTAL LIABILITIES AND EQUITY CAPITAL		11,131
<i>Check & Balance: should equal zero - otherwise incorrect</i>		0

Trust Company Name:
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BNY MELLON TRUST COMPANY OF ILLINOIS	
TRS #	60392

INCOME

In Thousands(000)

1. Income from Fiduciary Activities:

A. Estates	0
B. Personal	0
C. Investment Advisory	0
D. Managed Employee Benefit	0
E. Non-managed Employee Benefit	0
F. Custody	2,434
G. Corporate Services	185
H. Land Trusts	0
I. All Other Fiduciary Activities	0

2. Interest Income

	6
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3. All Other Income: (List below)

	1,240
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Affiliate NI Income	1,240

4. TOTAL OPERATING INCOME (Sum of Items 1-3)

3,865

EXPENSES

5. Operating Expenses:

A. Salaries	87
B. Employee Benefits	70
C. Trust Company Occupancy Expense	48
D. Furniture and Equipment Expense	0
E. Data Services	0
F. Marketing	0
G. Audits/Examinations	47
H. Insurance (Fiduciary Activities)	0
I. All Other	2,811

Itemize amounts > 10% from Line I above.

Affiliate NI Expense	2,734

6. TOTAL OPERATING EXPENSES (Items A-I)

3,063

7. NET OPERATING INCOME/LOSS BEFORE TAXES

802

8. APPLICABLE INCOME TAXES

191

9. EXTRAORDINARY ITEMS

0

10. NET INCOME (LOSS) AFTER TAXES

611

Explain any change greater than 10% from the average of the previous quarter(s).
 IF this is the first quarter of the fiscal year, disregard explanation:

Trust Company Name:

BNY MELLON TRUST COMPANY OF ILLINOIS

CHANGES IN EQUITY CAPITAL

Thousands of Dollars (Year-to-Date)	PREFERR ED STOCK (PAR)	COMMON STOCK (PAR)	SURPLUS & RESERVE	RETAINED EARNINGS	TOTAL EQUITY CAPITAL (Line Total)
1. Balance beginning of fiscal year	0	226	8,071	2,137	10,434
2. Net Income (loss)				611	611
3. Capital sale/conversion/acquisition/retirement	0	0	0	0	0
4. Changes incident to mergers & absorptions	0	0	0	0	0
5. Cash dividends declared on preferred stock			0	0	0
6. Cash dividends declared on common stock			0	0	0
7. Stock dividends issued	0	0	0	0	0
8. Other increases/decreases -ITEMIZE:	0	0	42	0	42
Affiliate Restricted Stock/Share Grant					
9. Ending Balance	0	226	8,113	2,748	11,087

Check & Balance: should equal zero - otherwise incorrect

NOTE: Additional Page(s) may be attached to this report if an item requires further explanation or justification.

CERTIFICATION SECTION

Person to whom Supervisory Staff should direct questions concerning this report.

I, Kent Elson of BNY Mellon Trust Company of Illinois
(PRINT Name and Title of Officer Authorized to Sign Report) (Name of Trust Company)

do certify that the information contained in these statements are accurate to the best of my knowledge and belief. I understand that submission of false information with the intention to deceive the Secretary or his Administrative Officers is a felony.

<p style="text-align: center;"><i>(Signature of Officer Authorized to Sign Report)</i></p> <p style="text-align: center;">Kent A. Elson</p> <p style="text-align: center;"><i>Name of Officer Above</i></p> <p style="text-align: center;">412-2340972</p> <p style="text-align: center;"><i>Fax Number</i></p>	<p style="text-align: center;">Vice President</p> <p style="text-align: center;"><i>Title</i></p> <p style="text-align: center;">412-236-1068</p> <p style="text-align: center;"><i>Telephone Number (Extension)</i></p> <p style="text-align: center;">Kent.Elson@BNYMellon.com</p> <p style="text-align: center;"><i>E-mail Address</i></p>
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