

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

Trust Company Name:

Address:

City, State, Zip

Credential Number:

BNY MELLON TRUST COMPANY OF ILLINOIS
2 N. LASALLE STREET, SUITE 700
CHICAGO, IL 60602
TRS # 60392 (5-digit number-should begin with 60)

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

06/30/2020

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	73,858
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:	1,296

Itemize Accounts Receivable amount listed above:

Fee Accounts Receivable 1,139

Inter-Company Accounts Receivable 157

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 **75,154**

LIABILITIES

12. Accounts Payable	34
13. Taxes Payable	0
14. Other Liabilities for Borrowed Money	0
15. Other Liabilities	62

Itemize Liabilities that account for 10% or greater of Line 15: (Description & Amount)

Deferred Income	41
Accrued Expenses	28
Reserve for Taxes	-10

16. TOTAL LIABILITIES **96**

EQUITY CAPITAL

17. Preferred Stock	0
18. Common Stock	2,000
19. Surplus	71,264
20. Reserve for Operating Expenses	0
21. Retained Earnings (Loss)	1,794

22. TOTAL EQUITY CAPITAL **75,058**

23. TOTAL LIABILITIES AND EQUITY CAPITAL **75,154**

Check & Balance: should equal zero - otherwise incorrect

0

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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	2,405
G. Corporate Services	135
H. Land Trusts	0
I. All Other Fiduciary Activities	0

2. Interest Income

56

3. All Other Income: (List below)

0

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

2,596

EXPENSES

5. Operating Expenses:

A. Salaries	80
B. Employee Benefits	52
C. Trust Company Occupancy Expense	0
D. Furniture and Equipment Expense	0
E. Data Services	0
F. Marketing	0
G. Audits/Examinations	55
H. Insurance (Fiduciary Activities)	0
I. All Other	1,888

Itemize amounts > 10% from Line I above.

Affiliate NI Expense	1,834

6. TOTAL OPERATING EXPENSES

(Items A-I)

2,075

7. NET OPERATING INCOME/LOSS BEFORE TAXES

521

8. APPLICABLE INCOME TAXES

124

9. EXTRAORDINARY ITEMS

0

10. NET INCOME (LOSS) AFTER TAXES

397

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:

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CHANGES IN EQUITY CAPITAL

Thousands of Dollars (Year-to-Date)	PREFER RED STOCK (PAR)	COMMO N STOCK (PAR)	SURPLUS & RESERVE	RETAINED EARNINGS	TOTAL EQUITY CAPITAL (Line Total)
1. Balance beginning of fiscal year	0	2,000	71,249	1,397	74,646
2. Net Income (loss)				397	397
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	15	0	15

Affiliate Restricted Stock/Share Grant

9. Ending Balance	0	2,000	71,264	1,794	75,058
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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

_____ (Signature of Officer Authorized to Sign Report)	_____ Vice President Title
_____ Kent A. Elson Name of Officer Above	_____ 412-236-1068 Telephone Number (Extension)
_____ 412-2340972 Fax Number	_____ Kent.Elson@BNYMellon.com E-mail Address