

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: 12/31/2020
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		73,293
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:		1,847
Itemize Accounts Receivable amount listed above:		
Fee Accounts Receivable	1,495	
Inter-Company Accounts Receivable	352	
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		75,140

LIABILITIES

12. Accounts Payable		29
13. Taxes Payable		0
14. Other Liabilities for Borrowed Money		0
15. Other Liabilities		60
Itemize Liabilities that account for 10% or greater of Line 15) (Description & Amount)		
Accrued Expenses	64	
Reserve for Taxes	-10	
16. TOTAL LIABILITIES		89

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)		1,787
22. TOTAL EQUITY CAPITAL		75,051
23. TOTAL LIABILITIES AND EQUITY CAPITAL		75,140
<i>Check & Balance: should equal zero - otherwise incorrect</i>		0

Trust Company Name:
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BNY MELLON TRUST COMPANY OF ILLINOIS	
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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	4,431
G. Corporate Services	251
H. Land Trusts	0
I. All Other Fiduciary Activities	0

2. Interest Income

	60
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3. All Other Income: (List below)

	0
	0
	0

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

4,742

EXPENSES

5. Operating Expenses:

A. Salaries	162
B. Employee Benefits	99
C. Trust Company Occupancy Expense	13
D. Furniture and Equipment Expense	0
E. Data Services	0
F. Marketing	0
G. Audits/Examinations	111
H. Insurance (Fiduciary Activities)	0
I. All Other	3,845

Itemize amounts > 10% from Line I above.

Affiliate NI Expense	3,767

6. TOTAL OPERATING EXPENSES (Items A-I)

4,230

7. NET OPERATING INCOME/LOSS BEFORE TAXES

512

8. APPLICABLE INCOME TAXES

122

9. EXTRAORDINARY ITEMS

0

10. NET INCOME (LOSS) AFTER TAXES

390

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	2,000	71,249	1,397	74,646
2. Net Income (loss)				390	390
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	1,787	75,051

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

(Signature of Officer Authorized to Sign Report)

Kent A. Elson
Name of Officer Above

412-2340972
Fax Number

Vice President

Title

412-236-1068
Telephone Number (Extension)

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