

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

Trust Company Name:	Covenant Trust Company
Address:	141 W Jackson Blvd., Suite 1850A
City, State, Zip	Chicago, IL 60604
Credential Number:	TRS # 60319 <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: **3/31/2023**
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		660
2. U.S. Treasury Securities		570
3. Obligations of States and Political Subdivisions		
4. Other Bonds, Notes Receivable, and Debentures		

Itemize the Notes Receivable amount listed above:

Inter-Company/Employee/Director:	
Other (List):	

5. Corporate Stock		3,779
6. Trust Company Premises, Furniture, Fixtures and Other Assets Representing TC Premises		2,390
7. Accounts Receivable:		1,635

Itemize Accounts Receivable amount listed above:

Fee Accounts Receivable	1,635
Inter-Company Account Receivable	
Other (List):	

8. Goodwill		
9. Intangibles		
10. Other Assets		896

Itemize assets that account for 10% or greater of Line 11: (Description & Amount)

11. **TOTAL ASSETS** 9,930

LIABILITIES

12. Accounts Payable		388
13. Taxes Payable		
14. Other Liabilities for Borrowed Money		
15. Other Liabilities		2,745

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

Lease Liability - Operating Lease	2,605

16. **TOTAL LIABILITIES** 3,133

EQUITY CAPITAL

17. Preferred Stock		
18. Common Stock		425
19. Surplus		3,325
20. Reserve for Operating Expenses		100
21. Retained Earnings (Loss)		2,947

22. **TOTAL EQUITY CAPITAL** 6,797

23. **TOTAL LIABILITIES AND EQUITY CAPITAL** 9,930

Check & Balance: should equal zero - otherwise incorrect 0

Trust Company Name:
 Credential Number:

Covenant Trust Company
TRS # 60319

INCOME

In Thousands(000)

1. Income from Fiduciary Activities:

A. Estates		
B. Personal		238
C. Investment Advisory		822
D. Managed Employee Benefit		505
E. Non-managed Employee Benefit		
F. Custody		95
G. Corporate Services		
H. Land Trusts		
I. All Other Fiduciary Activities		45
2. Interest Income		2
3. All Other Income: (List below)		191

Dividend-Stock	22
Unrealized Gain(Loss) on securities	169

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

1,898

EXPENSES

5. Operating Expenses:

A. Salaries		797
B. Employee Benefits		221
C. Trust Company Occupancy Expense		108
D. Furniture and Equipment Expense		33
E. Data Services		144
F. Marketing		106
G. Audits/Examinations		(31)
H. Insurance (Fiduciary Activities)		45
I. All Other		196

Itemize amounts > 10% from Line I above.

Investment Research	22
Professional Fees	104

6. TOTAL OPERATING EXPENSES

1,619

7. NET OPERATING INCOME/LOSS BEFORE TAXES

279

8. APPLICABLE INCOME TAXES

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9. EXTRAORDINARY ITEMS

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10. NET INCOME (LOSS) AFTER TAXES

279

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:

Covenant Trust Company

CHANGES IN EQUITY CAPITAL

Thousands of Dollars (Year-to-Date)	PREFERRED STOCK (PAR)	COMMON STOCK (PAR)	SURPLUS & RESERVE	RETAINED EARNINGS	TOTAL EQUITY CAPITAL (Line Total)
1. Balance beginning of fiscal year	0	425	3,425	3,597	7,447
2. Net Income (loss)				279	279
3. Capital sale/conversion/acquisition/retirement					0
4. Changes incident to mergers & absorptions					0
5. Cash dividends declared on preferred stock					0
6. Cash dividends declared on common stock					0
7. Stock dividends issued					0
8. Other increases/decreases - ITEMIZE:				(929)	(929)
Audit Adjustment (\$929)					
9. Ending Balance	0	425	3,425	2,947	6,797
<i>Check & Balance: should equal zero - otherwise incorrect</i>					

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, Ann P. Wiesbrock, President of Covenant Trust Company

(*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.

Ann P. Wiesbrock

(Signature of Officer Authorized to Sign Report)

President

Title

Ann P. Wiesbrock

Name of Officer Above

847-583-3230

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