

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

Trust Company Name:	Trust Company of Illinois
Address:	1901 Butterfield Road, Suite 1000
City, State, Zip	Downers Grove, IL 60515
Credential Number:	TRS # 60426 <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	7,577
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:	0
Other (List):	0
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5. Corporate Stock	0
6. Trust Company Premises, Furniture, Fixtures and Other Assets Representing TC Premises	0
7. Accounts Receivable:	63
Itemize Accounts Receivable amount listed above:	
Fee Accounts Receivable	63
Inter-Company Account Receivable	0
Other (List):	0
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8. Goodwill	0
9. Intangibles	0
10. Other Assets	10
Itemize assets that account for 10% or greater of Line 11: (Description & Amount)	
11. TOTAL ASSETS	7,650

LIABILITIES	
12. Accounts Payable	64
13. Taxes Payable	0
14. Other Liabilities for Borrowed Money	0
15. Other Liabilities	2,309
Itemize Liabilities that account for 10% or greater of Line 15) (Description & Amount)	
Intercompany Payable to Affiliates	2,309
16. TOTAL LIABILITIES	2,373

EQUITY CAPITAL	
17. Preferred Stock	0
18. Common Stock	0
19. Surplus	4,822
20. Reserve for Operating Expenses	19
21. Retained Earnings (Loss)	436
22. TOTAL EQUITY CAPITAL	5,277
23. TOTAL LIABILITIES AND EQUITY CAPITAL	7,650
<i>Check & Balance: should equal zero - otherwise incorrect</i>	0

Trust Company Name:
 Credential Number:

Trust Company of Illinois	
TRS #	60426

INCOME

In Thousands(000)

1. Income from Fiduciary Activities:

A. Estates	0
B. Personal	354
C. Investment Advisory	0
D. Managed Employee Benefit	0
E. Non-managed Employee Benefit	350
F. Custody	0
G. Corporate Services	0
H. Land Trusts	0
I. All Other Fiduciary Activities	0
2. Interest Income	32
3. All Other Income: (List below)	0

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

736

EXPENSES

5. Operating Expenses:

A. Salaries	395
B. Employee Benefits	98
C. Trust Company Occupancy Expense	53
D. Furniture and Equipment Expense	2
E. Data Services	1
F. Marketing	0
G. Audits/Examinations	40
H. Insurance (Fiduciary Activities)	10
I. All Other	118

Itemize amounts > 10% from Line I above.

Software License	33
Client Fees	40

6. TOTAL OPERATING

717

7. NET OPERATING INCOME/LOSS BEFORE TAXES

19

8. APPLICABLE INCOME TAXES

0

9. EXTRAORDINARY ITEMS

0

10. NET INCOME (LOSS) AFTER TAXES

19

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:

Trust Company of Illinois

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	0	4,822	436	5,258
2. Net Income (loss)				19	19
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	0	0	0
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9. Ending Balance	0	0	4,822	455	5,277
<i>Check & Balance: should equal zero - otherwise incorrect</i>					0

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, Celeste Rawlins, Controller of 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.

Celeste Rawlins

(Signature of Officer Authorized to Sign Report)

Celeste Rawlins

Name of Officer Above

N/A

Fax Number

Controller

Title

312-725-1408

Telephone Number (Extension)

crawlins@hightoweradvisors.com

E-mail Address