

**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: **6/30/2023**
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		4,432
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:		28
Itemize Accounts Receivable amount listed above:		
Fee Accounts Receivable	28	
Inter-Company Account Receivable	0	
Other (List):	0	
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8. Goodwill		0
9. Intangibles		0
10. Other Assets		23
Itemize assets that account for 10% or greater of Line 11: (Description & Amount)		

11. **TOTAL ASSETS** **4,483**

LIABILITIES

12. Accounts Payable		123
13. Taxes Payable		0
14. Other Liabilities for Borrowed Money		0
15. Other Liabilities		2,974
Itemize Liabilities that account for 10% or greater of Line 15) (Description & Amount)		
Intercompany Payable to Affiliates	2,974	
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16. TOTAL LIABILITIES		3,097

EQUITY CAPITAL

17. Preferred Stock		0
18. Common Stock		0
19. Surplus		822
20. Reserve for Operating Expenses		128
21. Retained Earnings (Loss)		436
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22. TOTAL EQUITY CAPITAL		1,386
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23. TOTAL LIABILITIES AND EQUITY CAPITAL		4,483
<i>Check & Balance: should equal zero - otherwise incorrect</i>		0

Trust Company Name:
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INCOME

In Thousands(000)

1. Income from Fiduciary Activities:

A. Estates	0
B. Personal	703
C. Investment Advisory	0
D. Managed Employee Benefit	0
E. Non-managed Employee Benefit	721
F. Custody	0
G. Corporate Services	0
H. Land Trusts	0
I. All Other Fiduciary Activities	0

2. Interest Income

70

3. All Other Income: (List below)

0

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

1,494

EXPENSES

5. Operating Expenses:

A. Salaries	780
B. Employee Benefits	160
C. Trust Company Occupancy Expense	106
D. Furniture and Equipment Expense	2
E. Data Services	3
F. Marketing	0
G. Audits/Examinations	68
H. Insurance (Fiduciary Activities)	23
I. All Other	224

Itemize amounts > 10% from Line I above.

Software License	87
Client Fees	78

6. TOTAL OPERATING EXPENSES

1,366

7. NET OPERATING INCOME/LOSS BEFORE TAXES

128

8. APPLICABLE INCOME TAXES

0

9. EXTRAORDINARY ITEMS

0

10. NET INCOME (LOSS) AFTER TAXES

128

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:

Employee Benefits (\$36,000) - Taxes on bonus payout in 1Q23 only Audits Examination (\$12,725) - 4Q22 IFDPR fees expensed in 1Q23 in addition to 1Q23 accrual

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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)				128	128
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	(4,000)	0	(4,000)
Other transactions with parent holding company					
9. Ending Balance	0	0	822	564	1,386
<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, 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)

Controller

Title

Celeste Rawlins

Name of Officer Above

312-725-1408

Telephone Number (Extension)

N/A

Fax Number

crawlins@hightoweradvisors.com

E-mail Address