

**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: **9/30/2023**
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		3,004
2. U.S. Treasury Securities		2,172
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:		7
Itemize Accounts Receivable amount listed above:		
Fee Accounts Receivable	7	
Inter-Company Account Receivable	0	
Other (List):	0	
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8. Goodwill		0
9. Intangibles		0
10. Other Assets		21
Itemize assets that account for 10% or greater of Line 11: (Description & Amount)		

11. **TOTAL ASSETS** **5,204**

LIABILITIES

12. Accounts Payable		65
13. Taxes Payable		0
14. Other Liabilities for Borrowed Money		0
15. Other Liabilities		3,658
Itemize Liabilities that account for 10% or greater of Line 15) (Description & Amount)		
Intercompany Payable to Affiliates	3,658	
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16. TOTAL LIABILITIES		3,723

EQUITY CAPITAL

17. Preferred Stock		0
18. Common Stock		0
19. Surplus		844
20. Reserve for Operating Expenses		201
21. Retained Earnings (Loss)		436
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22. TOTAL EQUITY CAPITAL		1,481
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23. TOTAL LIABILITIES AND EQUITY CAPITAL		5,204
<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	1,072
C. Investment Advisory	0
D. Managed Employee Benefit	0
E. Non-managed Employee Benefit	1,117
F. Custody	0
G. Corporate Services	0
H. Land Trusts	0
I. All Other Fiduciary Activities	0

2. Interest Income

88

3. All Other Income: (List below)

0

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

2,277

EXPENSES

5. Operating Expenses:

A. Salaries	1,156
B. Employee Benefits	222
C. Trust Company Occupancy Expense	160
D. Furniture and Equipment Expense	2
E. Data Services	4
F. Marketing	0
G. Audits/Examinations	96
H. Insurance (Fiduciary Activities)	35
I. All Other	401

Itemize amounts > 10% from Line I above.

Client Fees	155
Software License	140

6. TOTAL OPERATING EXPENSES

2,076

7. NET OPERATING INCOME/LOSS BEFORE TAXES

201

8. APPLICABLE INCOME TAXES

0

9. EXTRAORDINARY ITEMS

0

10. NET INCOME (LOSS) AFTER TAXES

201

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:

Interest Income - (\$20k) Reallocated partial money market funds to US Treasury T-Bills
 All Other Expense - \$39k custodian termination fees in 3Q23
 All Other Expense - \$9k charitable donations in 3Q23

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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)				201	201
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	(3,978)	0	(3,978)
(\$4,000) - Other transactions with parent					
\$22 - Accumulated other comprehensive income					
9. Ending Balance	0	0	844	637	1,481

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, 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