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	(5-digit number-should begin with 60)	

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 1. Cash and Due from Depository Institution 2. U.S. Treasury Securities 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: 0 Other (List): 0 5. Corporate Stock 6. Trust Company Premises, Furniture, Fixtures and Other Assets Representing TC Premises

7. Accounts Receivable:		7
Itemize Accounts Receivable amount list	ed 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)

TOTAL ASSETS 11.

LIABILITIES

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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		

16. TOTAL LIABILITIES

EQUITY CAPITAL

17. Preferred Stock	0
18. Common Stock	0
19. Surplus	844
20. Reserve for Operating Expenses	201
21. Retained Earnings (Loss)	436
22. TOTAL EQUITY CAPITAL	1,481
23. TOTAL LIABILITIES AND EQUITY CAPITAL	5,204
Check & Balance: should equal zero - otherwise incorrect	0

IL505-0246 (rEV 11/2015)

In Thousands(000)

3,004

2.172

0

0

0

0

5,204

3,723

Trust Company Name:		Trust Company of Illinois
Credential Number:	TRS #	60426

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)

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).

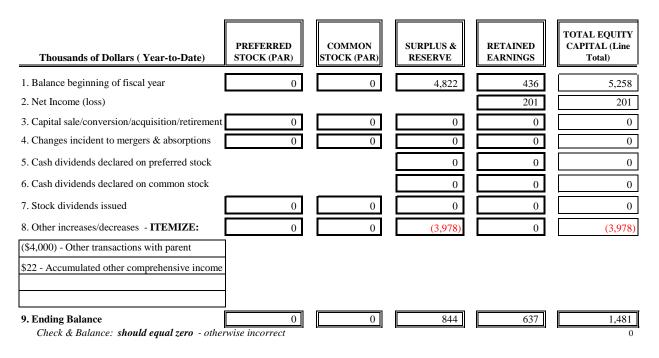
IF this is the first quarter of the fiscal year, disregard explanation:

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 2,277

Trust Company Name:

Trust Company of Illinois

CHANGES IN EQUITY CAPITAL



NOTE: Additional Page(s) may be attached to this report if an item requires further explanation or justification.

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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.

(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