

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

Trust Company Name:

Address:

City, State, Zip

Credential Number:

<b>ATG Trust Company</b>
<b>1 S. Wacker Drive, 24th Floor</b>
<b>Chicago, IL 60606</b>
<b>TRS # 60000</b> <span style="float: right;"><i>(5-digit number-should begin with 60)</i></span>

Include the institution's domestic & foreign subsidiaries, completed for the period ending as of close of business on:  
and submitted in response to the call of the Illinois Department of Financial and Professional Regulation.

6/30/2020

**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		700
2. U.S. Treasury Securities		0
3. Obligations of States and Political Subdivisions		580
4. Other Bonds, Notes Receivable, and Debentures		2,473

**Itemize the Notes Receivable amount listed above:**

Inter-Company/Employee/Director:

Other (List):

5. Corporate Stock		0
6. Trust Company Premises, Furniture, Fixtures and Other Assets Representing TC Premises		40
7. Accounts Receivable:		464

**Itemize Accounts Receivable amount listed above:**

Fee Accounts Receivable

Inter-Company Account Receivable

Other (List):

8. Goodwill		0
9. Intangibles		0
10. Other Assets		2,673

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

Pledged Account	2,025
Certificates of Deposit	500

**11. TOTAL ASSETS**

6,930

**LIABILITIES**

12. Accounts Payable		592
13. Taxes Payable		(173)
14. Other Liabilities for Borrowed Money		0
15. Other Liabilities		545

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

Payables to Affiliates	404
Fees Received in Advance	141

**16. TOTAL LIABILITIES**

964

**EQUITY CAPITAL**

17. Preferred Stock		0
18. Common Stock		1,000
19. Surplus		5,508
20. Reserve for Operating Expenses		0
21. Retained Earnings (Loss)		(542)

**22. TOTAL EQUITY CAPITAL**

5,966

**23. TOTAL LIABILITIES AND EQUITY CAPITAL**

6,930

*Check & Balance: should equal zero - otherwise incorrect*

0

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ATG Trust Company	
TRS #	60000

**INCOME**

In Thousands(000)

**1. Income from Fiduciary Activities:**

A. Estates	5
B. Personal	1,255
C. Investment Advisory	0
D. Managed Employee Benefit	0
E. Non-managed Employee Benefit	90
F. Custody	234
G. Corporate Services	0
H. Land Trusts	148
I. All Other Fiduciary Activities	0
<b>2. Interest Income</b>	0
<b>3. All Other Income: ( List below )</b>	62


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

1,794

**EXPENSES**

**5. Operating Expenses:**

A. Salaries	931
B. Employee Benefits	269
C. Trust Company Occupancy Expense	88
D. Furniture and Equipment Expense	9
E. Data Services	140
F. Marketing	14
G. Audits/Examinations	27
H. Insurance (Fiduciary Activities)	50
I. All Other	575

Itemize amounts > 10% from Line I above.

Trust Administration	113

**6. TOTAL OPERATING EXPENSES**

2,103

**7. NET OPERATING INCOME/LOSS BEFORE TAXES**

(309)

**8. APPLICABLE INCOME TAXES**

(84)

**9. EXTRAORDINARY ITEMS**

**10. NET INCOME (LOSS) AFTER TAXES**

(225)

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:

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Trust Company Name:

ATG 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		1,000	5,508	(465)	6,043
2. Net Income (loss)				(225)	(225)
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:				148	148
9. Ending Balance	0	1,000	5,508	(542)	5,966
Check & Balance: should equal zero - otherwise incorrect					
					0

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

## CERTIFICATION SECTION

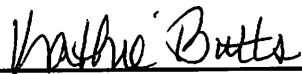
Person to whom Supervisory Staff should direct questions concerning this report.

I, Kathie Butts, Vice President of ATG 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.



(Signature of Officer Authorized to Sign Report)

Vice President

Title

Kathie Butts

Name of Officer Above

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312.338.1594

Fax Number

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