

**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.

12/31/2020

**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		658
2. U.S. Treasury Securities		0
3. Obligations of States and Political Subdivisions		497
4. Other Bonds, Notes Receivable, and Debentures		2,527

**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		81
7. Accounts Receivable:		399

**Itemize Accounts Receivable amount listed above:**

Fee Accounts Receivable \_\_\_\_\_  
Inter-Company Account Receivable \_\_\_\_\_  
Other (List): \_\_\_\_\_

8. Goodwill		0
9. Intangibles		0
10. Other Assets		2,338

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

Pledged Account	2,025
Certificates of Deposit	225

**11. TOTAL ASSETS**

6,500

**LIABILITIES**

12. Accounts Payable		421
13. Taxes Payable		(220)
14. Other Liabilities for Borrowed Money		0
15. Other Liabilities		354

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

Payables to Affiliates	182
Unearned Revenue	172

**16. TOTAL LIABILITIES**

555

**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)		(563)

**22. TOTAL EQUITY CAPITAL**

5,945

**23. TOTAL LIABILITIES AND EQUITY CAPITAL**

6,500

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

0

Trust Company Name:  
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<b>ATG Trust Company</b>	
TRS #	60000

**INCOME**

In Thousands(000)

**1. Income from Fiduciary Activities:**

A. Estates	22
B. Personal	2,440
C. Investment Advisory	0
D. Managed Employee Benefit	0
E. Non-managed Employee Benefit	204
F. Custody	484
G. Corporate Services	0
H. Land Trusts	295
I. All Other Fiduciary Activities	0
<b>2. Interest Income</b>	<b>0</b>
<b>3. All Other Income: ( List below )</b>	<b>125</b>


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

3,570
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**EXPENSES**

**5. Operating Expenses:**

A. Salaries	1,899
B. Employee Benefits	486
C. Trust Company Occupancy Expense	188
D. Furniture and Equipment Expense	19
E. Data Services	285
F. Marketing	23
G. Audits/Examinations	61
H. Insurance (Fiduciary Activities)	114
I. All Other	897

Itemize amounts > 10% from Line I above.


**6. TOTAL OPERATING EXPENSES**

3,972
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**7. NET OPERATING INCOME/LOSS BEFORE TAXES**

(402)
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**8. APPLICABLE INCOME TAXES**

(156)
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**9. EXTRAORDINARY ITEMS**

(246)
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**10. NET INCOME (LOSS) AFTER TAXES**

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:

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	0	1,000	5,508	(465)	6,043
2. Net Income (loss)				(246)	(246)
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	(563)	5,945

*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.

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**CERTIFICATION SECTION**

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

I, Kathie J. 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.

*Kathie J. Butts*  
 (*Signature of Officer Authorized to Sign Report*)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Name of Officer Above

\_\_\_\_\_  
 Telephone Number (Extension)

\_\_\_\_\_  
 Fax Number

\_\_\_\_\_  
 E-mail Address