

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

**Trust Company Name:**

**Address:**

**City, State, Zip**

**Credential Number:**

<b>Covenant Trust Company</b>
<b>8303 West Higgins Road, 6th Floor</b>
<b>Chicago, IL 60631</b>
<b>TRS # 60319</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.

**3/31/2020**

**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	31
2. U.S. Treasury Securities	566
3. Obligations of States and Political Subdivisions	
4. Other Bonds, Notes Receivable, and Debentures	2,726

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

Inter-Company/Employee/Director: \_\_\_\_\_

Other (List): \_\_\_\_\_

5. Corporate Stock	
6. Trust Company Premises, Furniture, Fixtures and Other Assets Representing TC Premises	93
7. Accounts Receivable:	1,184

**Itemize Accounts Receivable amount listed above:**

Fee Accounts Receivable 1,184

Inter-Company Account Receivable \_\_\_\_\_

Other (List): \_\_\_\_\_

8. Goodwill	
9. Intangibles	
10. Other Assets	237

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

Prepays	313
Accrued Interest	1
Deferred Federal Tax	(78)

**11. TOTAL ASSETS** 4,837

**LIABILITIES**

12. Accounts Payable	245
13. Taxes Payable	
14. Other Liabilities for Borrowed Money	190
15. Other Liabilities	38

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

Accrued Audit Expense	30
Deferred Rent	8

**16. TOTAL LIABILITIES** 473

**EQUITY CAPITAL**

17. Preferred Stock	
18. Common Stock	425
19. Surplus	3,125
20. Reserve for Operating Expenses	100
21. Retained Earnings (Loss)	714

**22. TOTAL EQUITY CAPITAL** 4,364

**23. TOTAL LIABILITIES AND EQUITY CAPITAL** 4,837

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

0

Trust Company Name:  
Credentia Number:

Covenant Trust Company	
TRS #	60319

## INCOME

In Thousands(000)

### 1. Income from Fiduciary Activities:

A. Estates	0
B. Personal	416
C. Investment Advisory	929
D. Managed Employee Benefit	
E. Non-managed Employee Benefit	
F. Custody	94
G. Corporate Services	14
H. Land Trusts	
I. All Other Fiduciary Activities	

### 2. Interest Income

26
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### 3. All Other Income: ( List below)


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

1,479

## EXPENSES

### 5. Operating Expenses:

A. Salaries	693
B. Employee Benefits	234
C. Trust Company Occupancy Expense	
D. Furniture and Equipment Expense	
E. Data Services	72
F. Marketing	38
G. Audits/Examinations	3
H. Insurance (Fiduciary Activities)	76
I. All Other	224

Itemize amounts > 10% from Line I above.

Travel / Training	65
Rent	62

### 6. TOTAL OPERATING

1,340

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

139

### 8. APPLICABLE INCOME TAXES

### 9. EXTRAORDINARY ITEMS

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

139

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:

Covenant 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		425	3,125	840	4,390
2. Net Income (loss)				139	139
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:			100	(265)	(165)
Additional paid in Capital 100					
Profit Share -265					
9. Ending Balance	0	425	3,225	714	4,364
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, Ann P. Wiesbrock, President of Covenant 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.

Ann P. Wiesbrock  
 (Signature of Officer Authorized to Sign Report)

Ann P. Wiesbrock  
 Name of Officer Above

Fax Number

President  
 Title

847-503-3230  
 Telephone Number (Extension)

apwiesbrock@covenanttrust.com  
 E-mail Address