

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

Trust Company Name:
Address:
City, State, Zip
Credential Number:

Covenant Trust Company
8303 W. Higgins Road, 6th Floor
Chicago, IL 60631
TRS # 60319 (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:
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	803
2. U.S. Treasury Securities	441
3. Obligations of States and Political Subdivisions	
4. Other Bonds, Notes Receivable, and Debentures	3,165

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	85
7. Accounts Receivable:	1,285

Itemize Accounts Receivable amount listed above:

Fee Accounts Receivable 1,252

Inter-Company Account Receivable

Other (List):

8. Goodwill	
9. Intangibles	
10. Other Assets	675

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

Prepaid	286
L-T Deffered Federal Tax	362

11. TOTAL ASSETS **6,454**

LIABILITIES

12. Accounts Payable	423
13. Taxes Payable	
14. Other Liabilities for Borrowed Money	735
15. Other Liabilities	3

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

PPP	735
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16. TOTAL LIABILITIES **1,161**

EQUITY CAPITAL

17. Preferred Stock	
18. Common Stock	425
19. Surplus	3,125
20. Reserve for Operating Expenses	100
21. Retained Earnings (Loss)	1,643

22. TOTAL EQUITY CAPITAL **5,293**

23. TOTAL LIABILITIES AND EQUITY CAPITAL **6,454**

Check & Balance: should equal zero - otherwise incorrect

0

Trust Company Name:
Credential Number:

Covenant Trust Company	
TRS #	60319

INCOME

In Thousands(000)

1. Income from Fiduciary Activities:

A. Estates	
B. Personal	1,042
C. Investment Advisory	604
D. Managed Employee Benefit	
E. Non-managed Employee Benefit	
F. Custody	83
G. Corporate Services	14
H. Land Trusts	
I. All Other Fiduciary Activities	
2. Interest Income	26
3. All Other Income: (List below)	450

Unrealized Gains	450

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

2,219

EXPENSES

5. Operating Expenses:

A. Salaries	898
B. Employee Benefits	249
C. Trust Company Occupancy Expense	
D. Furniture and Equipment Expense	
E. Data Services	96
F. Marketing	10
G. Audits/Examinations	24
H. Insurance (Fiduciary Activities)	34
I. All Other	220

Itemize amounts > 10% from Line I above.

6. TOTAL OPERATING EXPENSES	1,531
7. NET OPERATING INCOME/LOSS BEFORE TAXES	688
8. APPLICABLE INCOME TAXES	
9. EXTRAORDINARY ITEMS	
10. NET INCOME (LOSS) AFTER TAXES	688

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:

Salaries included payout and bonus for retiring employee. We also hired additional summer employees.
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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)				688	688
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	115	215
9. Ending Balance	0	425	3,225	1,643	5,293
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, Eric S. Johnson 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.

[Signature]
 (Signature of Officer Authorized to Sign Report)

Eric S. Johnson
 Name of Officer Above

847-583-3210
 Fax Number

VP/COO
 Title

847 583 3244
 Telephone Number (Extension)

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 E-mail Address