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

Trust Company Name:	Covena	ant Trust Company	
Address:	8303 W. H	iggins Road, 6th Floor	
City, State, Zip	Chicago, IL 60631		
Credential Number:	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.

9/30/2020

and submitted in response to the call of the Illi	nois Department of Financial and Professional	l Regulation.
ALTERATION OF THIS FORM IS PROB	IBITED AND WILL BE CONSIDERED NON-	COMPLIANCE WITH FILING REQUIREMENTS.
ASSETS		In Thousands(000)
Cash and Due from Depository Institution		390
U.S. Treasury Securities	***************************************	572
Obligations of States and Political Subdivis	ions	
Other Bonds, Notes Receivable, and Debentures		3,345
Itemize the Notes Receivable amount lister		
Inter-Company/Employee/Director:		
Other (List):		
Other (Elist).	The state of the s	
5. Corporate Stock	<del></del>	
Trust Company Premises, Furniture, Fixtur	es and Other Assets Representing TC Premise	163
7. Accounts Receivable:	is and other rissets representing 10 fremse	1,315
Itemize Accounts Receivable amount list	ad above:	1,010
Fee Accounts Receivable	1,185	
Inter-Company Account Receivable		
Other (List):		
Other (List).	1	
8. Goodwill		
9. Intangibles		
10. Other Assets		616
	rootes of Line II. (Description & Amount	
PrePaid Expenses	reater of Line 11: (Description & Amount)	,
L-T Defferred Federal Tax	323	
L-1 Deficited rederal Tax	323	
11. TOTAL ASSETS		6,401
LIABILITIES		
12. Accounts Payable		228
		328
13. Taxes Payable	and the second s	100
<ol> <li>Other Liabilities for Borrowed Money</li> </ol>		
15. Other Liabilities		742
	6 or greater of Line 15) (Description & Ar	mount)
PPP Loan	734	
1 19 1 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
16. TOTAL LIABILITIES		1,170
EQUITY CAPITAL		
17. Preferred Stock		
18. Common Stock	***************************************	
	-	425
19. Surplus		3,125
20. Reserve for Operating Expenses	***************************************	100
<ol> <li>Retained Earnings (Loss)</li> </ol>		1,581
		-
22. TOTAL EQUITY CAPITAL		5,231
		V, all I
23. TOTAL LIABILITIES AND I	QUITY CAPITAL	6,401
Check & Balance: should equal zero - oth		0,401

In Thousands(000000000000000000000000000000000000	Covenant Trust Company		
1. Income from Fiduciary Activities:  A. Estates B. Personal C. Investment Advisory J. Managed Employee Benefit E. Non-managed Employee Benefit E. Non-managed Employee Benefit F. Custody G. Corporate Services H. Land Trusts J. All Other Fiduciary Activities 2. Interest Income 3. All Other Income: (List below) Unrealized Gains 80  4. TOTAL OPERATING INCOME (Sum of Items 1-3)  EXPENSES 5. Operating Expenses: A. Salaries B. Employee Benefits C. Trust Company Occupancy Expense D. Furniture and Equipment Expense E. Data Services 1 Data Services 1 E. Marketing G. Audits/Examinations H. Insurance (Fiduciary Activities) L. All Other L. All Other S. Marketing G. Audits/Examinations H. Insurance (Fiduciary Activities) L. All Other S. Marketing G. Audits/Examinations H. Insurance (Fiduciary Activities) L. All Other S. Marketing G. Audits/Examinations H. Insurance (Fiduciary Activities) L. All Other S. Marketing G. Audits/Examinations H. Insurance (Fiduciary Activities) L. All Other S. Marketing G. Audits/Examinations H. Desparating Expenses L. Desparating Expenses L. All Other S. Marketing L. All Other S. Marketing L. All Other L			
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7. NET OPED ATING INCOME/LOSS DEEODE TAVES	1:		
7. NET OPERATING INCOME/LOSS BEFORE TAXES	1:		
	1:		
H. Insurance (Fiduciary Activities)  I. All Other  Itemize amounts > 10% from Line I above.  Income tax (Fed + States) 100  Professional Fees (Consulting) 72  6. TOTAL OPERATING EXPENSES			

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:

9. EXTRAORDINARY ITEMS

10. NET INCOME (LOSS) AFTER TAXES

We are moving out Office location so there are added costs with Moving and building consultants, Contractors. There are also additional Data Services needs related to the location move.

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)
I. Balance beginning of fiscal year		425	3,125	840	4,390
2. Net Income (loss)				(72)	(72)
3. Capital sale/conversion/acquisition/retirement					0
4. Changes incident to mergers & absorptions					0
5. Cash dividends declared on preferred stock					0
5. Cash dividends declared on common stock					0
7. Stock dividends issued					0
8. Other increases/decreases - ITEMIZE:			100	813	913
Q1 & Q2 Earnings			100	0.13	
PPP Loan Funds					
Additional paid by owners					
D. Ending Balance Check & Balance: should equal zero - other	wise incorrect	425	3,225	1,581	5,231
9. Ending Balance Check & Balance: should equal zero - othe NOTE: Additional Page(s) may be attached to	rwise incorrect				5,231
Check & Balance: should equal zero - other  NOTE: Additional Page(s) may be attached to  C J  Person to whom  Ann P. Wies brock	this report if an iten  ERTIFIC A Supervisory Staff s	ATION SE should direct question	CTION ons concerning thi	s report.	0
Check & Balance: should equal zero - othe	this report if an item  ERTIFICA Supervisory Staff's  Ples dent	ATION SE should direct question (Name of Trust	CTION ons concerning this t Company) ny knowledge and t	s report.	6.
Check & Balance: should equal zero - other NOTE: Additional Page(s) may be attached to  CI  Person to whom  And Pulles brock PRINT Name and Title of Officer Authorized in these lase information with the intention to deceive the Amfluleshme.	this report if an item  ERTIFICA Supervisory Staff s  Ples dent o Sign Report) e statements are acce e Secretary or his A	ATION SE should direct question (Name of Trust	CTION ons concerning this  COMPANY ny knowledge and to re is a felony.	s report.	o .
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Check & Balance: should equal zero - other NOTE: Additional Page(s) may be attached to CI Person to whom Am Pules brock.  PRINT Name and Title of Officer Authorized in these lase information with the intention to deceive the Am Pules Management of Officer Authorized to Signature of Officer Authorized to Signature of Officer Authorized to Signature	this report if an item  ERTIFICA Supervisory Staff s  Ples dent o Sign Report) estatements are acce e Secretary or his A	ATION SE should direct question (Name of Trust	CTION  Ons concerning this  COMPANY  IN KNOWLEDGE and Bris is a felony.  Put	s report.  Trust Conditions I understand I under (Extension)	o .  d that submission o