

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

Trust Company Name:

Address:

City, State, Zip

Credential Number:

GreatBanc Trust Company
801 Warrenville Road, Suite 500
Lisle, IL 60532
60350

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.

31-Mar-20

Changes to this form or its format are prohibited.

ASSETS

In Thousands(000)

1. Cash and Due from Depository Institution

92

2. U.S. Treasury Securities

0

3. Obligations of States and Political Subdivisions

0

4. Other Bonds, Notes Receivable, and Debentures

1,725

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

107

7. Accounts Receivable:

2,981

Itemize Accounts Receivable amount listed above:

Fee Accounts Receivable

Inter-Company Account Receivable

Other (List): Accts Receivable

2,687
0
0

9. Goodwill

0

10. Intangibles

4,522

11. Other Assets

730

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

Prepaid Insurance	487

TOTAL ASSETS

10,157

LIABILITIES

12. Accounts Payable

1,071

13. Taxes Payable

0

14. Other Liabilities for Borrowed Money

0

15. Other Liabilities

0

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

Accounts Payable	288
Accrued Retirement Plan Contributions	429
Accrued Liabilities-Misc	177

16. TOTAL LIABILITIES

1,071

EQUITY CAPITAL

17. Preferred Stock

0

18. Common Stock

1,257

19. Surplus

4,602

20. Reserve for Operating Expenses

0

21. Retained Earnings (Loss)

3,227

22. TOTAL EQUITY CAPITAL

9,086

TOTAL LIABILITIES AND EQUITY CAPITAL

10,157

Check / should equal zero - otherwise correct

0

**DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
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CONSOLIDATED REPORT OF INCOME**

Trust Company Name:

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INCOME

In Thousands(000)

1. Income from Fiduciary Activities:

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

45
70
34
5,563
32
155
0
0
342
6
0

	0

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

6,247

EXPENSES

5. Operating Expenses:

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

1,880
485
106
21
0
162
103
207
706

Itemize amounts < than 10% Line I above:

Back Office Expense	112
Custody Expense	128
Amortization of Intangibles	92

6. TOTAL OPERATING EXPENSES (Items A-I)

3,670

7. NET OPERATING INC/LOSS BEFORE TAXES

2,577

8. APPLICABLE INCOME TAXES

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9. EXTRAORDINARY ITEMS

0

10. NET INCOME (LOSS) AFTER TAXES

2,577

Explain any change greater than 10% from the average of the previous quarter(s). Note if this is the first quarter of the fiscal year disregard question:

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Trust Company Name:

GreatBanc Trust Company

CHANGES IN EQUITY CAPITAL

Thousands of Dollars (Year-to-Date)

1. Balance beginning of fiscal year
2. Net Income (loss)
3. Sale, conversion, acquisition, or retirement of capital
4. Changes incident to mergers and absorptions
5. Cash dividends declared on preferred stock
6. Cash dividends declared on common stock
7. Stock dividends issued
8. Other increases (decreases)

Itemize other:

Income Distributions to Holding Co (\$1,600)

Unrealized Gain/(Loss) \$1

PREFERRED STOCK (PAR)	COMMON STOCK (PAR)	SURPLUS & RESERVE	RETAINED EARNING	TOTAL EQUITY CAPITAL (Line Total)
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0	1,257	4,602	2,249	8,108
			2,577	2,577
				0
				0
				0
				0
				0
			(1,599)	(1,599)

9. Ending Balance

0	1,257	4,602	3,227	9,086
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Check / should equal zero - otherwise correct

0

CERTIFICATION SECTION

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

I, Tim Weber

of GreatBanc Trust Company

(Name of Officer Authorized to Sign Report)

(Name of Trust Company)

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)

Treasurer, CFO

Full Title/Position

Tim Weber

630-810-4175

PRINT Name of Officer Above

Telephone Number (Extension)

630-810-4504

tweber@usfas.com

Fax Number

E-mail Address