

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

Trust Company Name:	GreatBanc Trust Company
Address:	801 Warrenville Road, Suite 500
City, State, Zip	Lisle, IL 60532
Credential Number:	60350

Include the institution's domestic & foreign subsidiaries, completed for the period ending as of close of business on 31-Dec-20 and submitted in response to the call of the Illinois Department of Financial and Professional Regulation.

Changes to this form or its format are prohibited.

ASSETS

In Thousands(000)

1. Cash and Due from Depository Institution		22
2. U.S. Treasury Securities		0
3. Obligations of States and Political Subdivisions		0
4. Other Bonds, Notes Receivable, and Debentures		1,571
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		90
7. Accounts Receivable:		2,061
Itemize Accounts Receivable amount listed above:		
Fee Accounts Receivable	1,997	
Inter-Company Account Receivable	0	
Other (List): Accts Receivable	0	
9. Goodwill		0
10. Intangibles		4,541
11. Other Assets		1,328
Itemize assets that account for 10% or greater of Line 11: (Description & Amount)		
Prepaid Insurance	542	
Capitalized Conversion Fees	677	

TOTAL ASSETS 9,613

LIABILITIES

12. Accounts Payable		1,788
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)

16. TOTAL LIABILITIES 1,788

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)		1,966

22. TOTAL EQUITY CAPITAL 7,825

TOTAL LIABILITIES AND EQUITY CAPITAL 9,613

Check / should equal zero - otherwise correct 0

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

Trust Company Name:	GreatBanc Trust Company
Address:	801 Warrenville Road, Suite 500
City, State, Zip	Lisle, IL 60532
Credential Number:	60350

INCOME

In Thousands(000)

1. Income from Fiduciary Activities:		
A. Estates		246
B. Personal		403
C. Investment Advisory		223
D. Managed Employee Benefit		19,929
E. Non-managed Employee Benefit		192
F. Custody		649
G. Corporate Services		0
H. Land Trusts		0
I. All Other Fiduciary Activities		612
2. Interest Income		10
3. All Other Income: (List below)		0
Other Miscellaneous Income	0	

4. TOTAL OPERATING INCOME (Sum of Items 1-3) 22,264

EXPENSES

5. Operating Expenses:		
A. Salaries		8,397
B. Employee Benefits		1,532
C. Trust Company Occupancy Expense		434
D. Furniture and Equipment Expense		75
E. Data Services		0
F. Marketing		170
G. Audits/Examinations		361
H. Insurance (Fiduciary Activities)		835
I. All Other		4,046
Itemize amounts < than 10% Line I above.		
Legal Fees	1,538	
Back Office	465	

6. TOTAL OPERATING EXPENSES (Items A-I) 15,850

7. NET OPERATING INC/LOSS BEFORE TAXES 6,414

8. APPLICABLE INCOME TAXES

9. EXTRAORDINARY ITEMS 0

10. NET INCOME (LOSS) AFTER TAXES 6,414

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:

Trust Company Name:

GreatBanc Trust Company

CHANGES IN EQUITY CAPITAL

Thousands of Dollars (Year-to-Date)

	PREFERRED STOCK (PAR)	COMMON STOCK (PAR)	SURPLUS & RESERVE	RETAINED EARNING	TOTAL EQUITY CAPITAL (Line Total)
1. Balance beginning of fiscal year	0	1,257	4,602	2,249	8,108
2. Net Income (loss)				6,414	6,414
3. Sale, conversion, acquisition, or retirement of capital					0
4. Changes incident to mergers and 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)				(6,697)	(6,697)

Itemize other:

Income Distributions to Holding Co (\$6,700)
Unrealized Gain/(Loss) \$3

9. Ending Balance

0	1,257	4,602	1,966	7,825
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Check / should equal zero - otherwise correct

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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.

	<p style="text-align: center;">Treasurer, CFO <i>Full Title/Position</i></p>
<p style="text-align: center;">Tim Weber <i>PRINT Name of Officer Above</i></p>	<p style="text-align: center;">630-810-4175 <i>Telephone Number (Extension)</i></p>
<p style="text-align: center;">630-810-4504 <i>Fax Number</i></p>	<p style="text-align: center;">tweber@greatbanctrust.com <i>E-mail Address</i></p>