

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

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

<b>TRUST COMPANY OF ILLINOIS</b>
<b>1901 BUTTERFIELD ROAD, SUITE 1000</b>
<b>DOWNERS GROVE IL 60515</b>
<b>TRS # 60426</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		3,472
2. U.S. Treasury Securities		
3. Obligations of States and Political Subdivisions		
4. Other Bonds, Notes Receivable, and Debentures		

**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		364
7. Accounts Receivable:		168

**Itemize Accounts Receivable amount listed above:**

Fee Accounts Receivable \_\_\_\_\_  
Inter-Company Account Receivable \_\_\_\_\_  
Other (List): \_\_\_\_\_

8. Goodwill		
9. Intangibles		
10. Other Assets		118

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


**11. TOTAL ASSETS** 4,122

**LIABILITIES**

12. Accounts Payable		207
13. Taxes Payable		4
14. Other Liabilities for Borrowed Money		
15. Other Liabilities		812

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


**16. TOTAL LIABILITIES** 1,023

**EQUITY CAPITAL**

17. Preferred Stock		
18. Common Stock		2,500
19. Surplus		205
20. Reserve for Operating Expenses		
21. Retained Earnings (Loss)		394

**22. TOTAL EQUITY CAPITAL** 3,099

**23. TOTAL LIABILITIES AND EQUITY CAPITAL** 4,122

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

0

Trust Company Name:  
Credential Number:

TRUST COMPANY OF ILLINOIS	
TRS #	60426

**INCOME**

In Thousands(000)

**1. Income from Fiduciary Activities:**

A. Estates	
B. Personal	411
C. Investment Advisory	
D. Managed Employee Benefit	410
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)**

Inv Income	17
Unrealized Income	(38)

(21)

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

800

**EXPENSES**

**5. Operating Expenses:**

A. Salaries	486
B. Employee Benefits	82
C. Trust Company Occupancy Expense	39
D. Furniture and Equipment Expense	15
E. Data Services	116
F. Marketing	10
G. Audits/Examinations	22
H. Insurance (Fiduciary Activities)	25
I. All Other	218

Itemize amounts > 10% from Line I above.


**6. TOTAL OPERATING EXPENSES**

1,013

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

(213)

**8. APPLICABLE INCOME TAXES**

**9. EXTRAORDINARY ITEMS**

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

(213)

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:

TRUST COMPANY OF ILLINOIS

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		2,500	251	561	3,312
2. Net Income (loss)				(213)	(213)
3. Capital 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:			(46)	46	0
9. Ending Balance	0	2,500	205	394	3,099
Check & Balance: should equal zero - otherwise incorrect					0

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, Debra L Gregorach CFO of Trust Company of Illinois  
 (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)

Debra L Gregorach  
 Name of Officer Above

630-545-2250  
 Fax Number

CFO  
 Title

630-545-3655  
 Telephone Number (Extension)

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 E-mail Address