

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

| | |
|----------------------------|--|
| Trust Company Name: | TRUST COMPANY OF ILLINOIS |
| Address: | 1901 BUTTERFIELD RD, SUITE 1000 |
| City, State, Zip | DOWNERS GROVE IL 60515 |
| Credential Number: | TRS # 60426 <i>(5-digit number-should begin with 60)</i> |

Include the institution's domestic & foreign subsidiaries, completed for the period ending as of close of business on: 6/30/2020
and submitted in response to the call of the Illinois Department of Financial and Professional Regulation.

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 | | 3,877 |
| 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 | | 383 |
| 6. Trust Company Premises, Furniture, Fixtures and Other Assets Representing TC Premises | | |
| 7. Accounts Receivable: | | 157 |

Itemize Accounts Receivable amount listed above:

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

| | | |
|------------------|--|----|
| 8. Goodwill | | 98 |
| 9. Intangibles | | |
| 10. Other Assets | | |

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

| | |
|--|--|
| | |
| | |
| | |

11. TOTAL ASSETS 4,515

LIABILITIES

| | | |
|--|--|-----|
| 12. Accounts Payable | | 275 |
| 13. Taxes Payable | | 4 |
| 14. Other Liabilities for Borrowed Money | | 539 |
| 15. Other Liabilities | | 789 |

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

| | |
|--|--|
| | |
| | |
| | |

16. TOTAL LIABILITIES 1,607

EQUITY CAPITAL

| | | |
|------------------------------------|--|-------|
| 17. Preferred Stock | | 2,500 |
| 18. Common Stock | | 205 |
| 19. Surplus | | 203 |
| 20. Reserve for Operating Expenses | | |
| 21. Retained Earnings (Loss) | | |

22. TOTAL EQUITY CAPITAL 2,908

23. TOTAL LIABILITIES AND EQUITY CAPITAL 4,515

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 | 785 |
| C. Investment Advisory | |
| D. Managed Employee Benefit | 744 |
| E. Non-managed Employee Benefit | |
| F. Custody | |
| G. Corporate Services | |
| H. Land Trusts | |
| I. All Other Fiduciary Activities | |

2. Interest Income

41

3. All Other Income: (List below)

| | |
|-----------------|----|
| Inv Income | 31 |
| Unrealized gain | 10 |
| | |

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

1,570

EXPENSES

5. Operating Expenses:

| | |
|-------------------------------------|-------|
| A. Salaries | 1,105 |
| B. Employee Benefits | 161 |
| C. Trust Company Occupancy Expense | 71 |
| D. Furniture and Equipment Expense | 32 |
| E. Data Services | 181 |
| F. Marketing | 23 |
| G. Audits/Examinations | 41 |
| H. Insurance (Fiduciary Activities) | 52 |
| I. All Other | 308 |

Itemize amounts > 10% from Line I above.

| | |
|--|--|
| | |
| | |
| | |

6. TOTAL OPERATING EXPENSES

1,974

7. NET OPERATING INCOME/LOSS BEFORE TAXES

(404)

8. APPLICABLE INCOME TAXES

0

9. EXTRAORDINARY ITEMS

10. NET INCOME (LOSS) AFTER TAXES

(404)

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:

| |
|-----|
| N/A |
|-----|

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) | | | | (404) | (404) |
| 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: | | | | | 0 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 9. Ending Balance | 0 | 2,500 | 251 | 157 | 2,908 |
| 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 Gregorash

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 of Officer Authorized to Sign Report)

CFO

Title

Debra L Gregorash

Name of Officer Above

630-545-2200

Telephone Number (Extension)

630-545-2250

Fax Number

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E-mail Address