

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

Trust Company Name:	Trust Company of Illinois
Address:	1901 Butterfield Road, Suite 1000
City, State, Zip	Downers Grove IL 60515
Credential Number:	TRS # 60426 (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: **9/30/2020**
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	4,162
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	379
7. Accounts Receivable:	133

Itemize Accounts Receivable amount listed above:

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

8. Goodwill	
9. Intangibles	
10. Other Assets	65

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

11. TOTAL ASSETS 4,739

LIABILITIES

12. Accounts Payable	633
13. Taxes Payable	4
14. Other Liabilities for Borrowed Money	766
15. Other Liabilities	538

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

16. TOTAL LIABILITIES 1,941

EQUITY CAPITAL

17. Preferred Stock	
18. Common Stock	2,500
19. Surplus	205
20. Reserve for Operating Expenses	
21. Retained Earnings (Loss)	93

22. TOTAL EQUITY CAPITAL 2,798

23. TOTAL LIABILITIES AND EQUITY CAPITAL 4,739

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	1,219
C. Investment Advisory	
D. Managed Employee Benefit	1,128
E. Non-managed Employee Benefit	
F. Custody	
G. Corporate Services	
H. Land Trusts	
I. All Other Fiduciary Activities	
2. Interest Income	46
3. All Other Income: (List below)	29

Inv Inc	46
Unrealized gain	29

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

2,422

EXPENSES

5. Operating Expenses:

A. Salaries	1,502
B. Employee Benefits	240
C. Trust Company Occupancy Expense	114
D. Furniture and Equipment Expense	46
E. Data Services	205
F. Marketing	27
G. Audits/Examinations	70
H. Insurance (Fiduciary Activities)	71
I. All Other	409

Itemize amounts > 10% from Line I above.

6. TOTAL OPERATING EXPENSES

2,684

7. NET OPERATING INCOME/LOSS BEFORE TAXES

(262)

8. APPLICABLE INCOME TAXES

9. EXTRAORDINARY ITEMS

10. NET INCOME (LOSS) AFTER TAXES

(262)

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)				(262)	(262)
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				(252)	(252)
7. Stock dividends issued					0
8. Other increases/decreases - ITEMIZE:			(46)	46	0
9. Ending Balance	0	2,500	205	93	2,798
<i>Check & Balance: should equal zero - otherwise incorrect</i>					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)

Debra L. Gregorash

Name of Officer Above

630-545-2250

Fax Number

CFO

Title

630-545-3655

Telephone Number (Extension)

dgregorash@tcwealthpartners.com

E-mail Address