

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: 12/31/2020  
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		3,379
2. U.S. Treasury Securities		
3. Obligations of States and Political Subdivisions		
4. Other Bonds, Notes Receivable, and Debentures		
<b>Itemize the Notes Receivable amount listed above:</b>		
Inter-Company/Employee/Director:		
Other (List):		
<hr/>		
5. Corporate Stock		
6. Trust Company Premises, Furniture, Fixtures and Other Assets Representing TC Premises		371
7. Accounts Receivable:		876
<b>Itemize Accounts Receivable amount listed above:</b>		
Fee Accounts Receivable	376	
Inter-Company Account Receivable	500	
Other (List):		
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8. Goodwill		
9. Intangibles		
10. Other Assets		158
<b>Itemize assets that account for 10% or greater of Line 11: (Description &amp; Amount)</b>		
<b>11. TOTAL ASSETS</b>		<b>4,784</b>

**LIABILITIES**

12. Accounts Payable		377
13. Taxes Payable		4
14. Other Liabilities for Borrowed Money		539
15. Other Liabilities		742
<b>Itemize Liabilities that account for 10% or greater of Line 15) (Description &amp; Amount)</b>		
<b>16. TOTAL LIABILITIES</b>		<b>1,662</b>

**EQUITY CAPITAL**

17. Preferred Stock		
18. Common Stock		2,500
19. Surplus		205
20. Reserve for Operating Expenses		
21. Retained Earnings (Loss)		417
<b>22. TOTAL EQUITY CAPITAL</b>		<b>3,122</b>
<b>23. TOTAL LIABILITIES AND EQUITY CAPITAL</b>		<b>4,784</b>
<i>Check &amp; Balance: should equal zero - otherwise incorrect</i>		<b>0</b>

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**INCOME**

In Thousands(000)

**1. Income from Fiduciary Activities:**

A. Estates		
B. Personal		1,677
C. Investment Advisory		
D. Managed Employee Benefit		1,524
E. Non-managed Employee Benefit		
F. Custody		
G. Corporate Services		
H. Land Trusts		
I. All Other Fiduciary Activities		
<b>2. Interest Income</b>		
<b>3. All Other Income: ( List below)</b>		120

Inv Inc	60
Unrealized Gain	60

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

3,321
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**EXPENSES**

**5. Operating Expenses:**

A. Salaries		1,811
B. Employee Benefits		277
C. Trust Company Occupancy Expense		136
D. Furniture and Equipment Expense		53
E. Data Services		282
F. Marketing		39
G. Audits/Examinations		89
H. Insurance (Fiduciary Activities)		93
I. All Other		479

Itemize amounts > 10% from Line I above.


**6. TOTAL OPERATING EXPENSES**

3,259
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**7. NET OPERATING INCOME/LOSS BEFORE TAXES**

62
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**8. APPLICABLE INCOME TAXES**

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**9. EXTRAORDINARY ITEMS**

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

62
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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:

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	0	2,500	251	561	3,312
2. Net Income (loss)				62	62
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
<b>9. Ending Balance</b>	0	2,500	205	417	3,122
<i>Check &amp; 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.*

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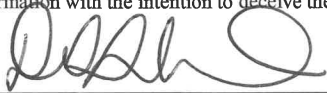
**CERTIFICATION SECTION**

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*

630-545-3655

*Telephone Number (Extension)*

630-960-4623

*Fax Number*

dgregorash@tcwealthpartners.com

*E-mail Address*