

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

Trust Company Name:	TI-TRUST, INC.
Address:	2900 N 23RD STREET
City, State, Zip	QUINCY, IL 62305
Credential Number:	TRS # 60938 <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: 9/30/2024
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	5,296
2. U.S. Treasury Securities	10,123
3. Obligations of States and Political Subdivisions	2,049
4. Other Bonds, Notes Receivable, and Debentures	0
Itemize the Notes Receivable amount listed above:	
Inter-Company/Employee/Director:	0
Other (List):	
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5. Corporate Stock	0
6. Trust Company Premises, Furniture, Fixtures and Other Assets Representing TC Premises	1,314
7. Accounts Receivable:	544
Itemize Accounts Receivable amount listed above:	
Fee Accounts Receivable	544
Inter-Company Account Receivable	0
Other (List):	
Potential Uncollectible - Fees (Contra-Asset)	0
8. Goodwill	240
9. Intangibles	409
10. Other Assets	700
Itemize assets that account for 10% or greater of Line 11: (Description & Amount)	
Prepaid Expense	168
Prepaid Insurance	389
Interest Receivable	80
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11. TOTAL ASSETS	20,675
LIABILITIES	
12. Accounts Payable	1,183
13. Taxes Payable	93
14. Other Liabilities for Borrowed Money	0
15. Other Liabilities	3,551
Itemize Liabilities that account for 10% or greater of Line 15) (Description & Amount)	
Deferred Fee Income	3,121
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16. TOTAL LIABILITIES	4,827
EQUITY CAPITAL	
17. Preferred Stock	0
18. Common Stock	31
19. Surplus	2,122
20. Reserve for Operating Expenses	0
21. Retained Earnings (Loss)	13,695
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22. TOTAL EQUITY CAPITAL	15,848
23. TOTAL LIABILITIES AND EQUITY CAPITAL	20,675
<i>Check & Balance: should equal zero - otherwise incorrect</i>	0

Trust Company Name:
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INCOME

In Thousands(000)

1. Income from Fiduciary Activities:

A. Estates	21
B. Personal	2,392
C. Investment Advisory	371
D. Managed Employee Benefit	2,096
E. Non-managed Employee Benefit	5,737
F. Custody	189
G. Corporate Services	0
H. Land Trusts	1
I. All Other Fiduciary Activities	0

2. Interest Income

	339
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3. All Other Income: (List below)

Unrealized Gain (Loss) on Equity Securities	44
Dividends Income	172
Misc Income	7

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

11,367

EXPENSES

5. Operating Expenses:

A. Salaries	5,168
B. Employee Benefits	1,091
C. Trust Company Occupancy Expense	278
D. Furniture and Equipment Expense	206
E. Data Services	441
F. Marketing	225
G. Audits/Examinations	165
H. Insurance (Fiduciary Activities)	0
I. All Other	882

Itemize amounts > 10% from Line I above.

Insurance and Bonds	362
Management Consulting Fees	74
Director Fees	137

6. TOTAL OPERATING EXPENSES

8,456

7. NET OPERATING INCOME/LOSS BEFORE TAXES

2,911

8. APPLICABLE INCOME TAXES

803

9. EXTRAORDINARY ITEMS

0

10. NET INCOME (LOSS) AFTER TAXES

2,108

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:

TI-TRUST, INC.

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		31	2,039	13,335	15,405
2. Net Income (loss)				2,108	2,108
3. Capital sale/conversion/acquisition/retirement			83		83
4. Changes incident to mergers & absorptions					0
5. Cash dividends declared on preferred stock					0
6. Cash dividends declared on common stock				(1,860)	(1,860)
7. Stock dividends issued					0
8. Other increases/decreases - ITEMIZE:				112	112
Securities Market Value Adjustment 112					
9. Ending Balance	0	31	2,122	13,695	15,848

Check & Balance: should equal zero - otherwise incorrect

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, JULIE KENNING

of TI-TRUST, INC.

(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 & EVP OF OPERATIONS

Title

JULIE KENNING

Name of Officer Above

217-221-8628

Telephone Number (Extension)

217-228-8039

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E-mail Address