

STATE OF SOUTH CAROLINA
BOARD OF FINANCIAL INSTITUTIONS
OFFICE OF THE COMMISSIONER OF BANKING

NON-DEPOSITORY TRUST COMPANY

REPORT OF CONDITION, REPORT OF INCOME, AND REPORT OF FIDUCIARY ASSETS
FOR THE PERIOD ENDING _____

Trust Company Name		Address	
City	County	State	Zip
Contact Person, Title	Phone Number	Email Address	

REPORT OF CONDITION

	Book Value
ASSETS	
1. Cash and balances due from depository institutions	
a. Certificates of Deposit included in Item 1 above	
2. Receivables (Must equal Schedule A, Line 5) (Sum of Items 2a, 2b, & 2c below)	
a. Account/fee receivables from trust accounts	
b. Account receivables – Other	
c. Due from affiliates or subsidiaries	
3. Securities (From Schedule B, Column A, Line 5)	
4. Premises and Fixed Assets	
5. Total loans and leases	
6. Investment in unconsolidated subsidiaries and associated companies	
7. Prepaid expenses	
8. Intangible assets	
9. Other assets (From Schedule C, Line 3)	
10. TOTAL ASSETS (Sum of Items 1-9)	

LIABILITIES

11. Accounts payable	
12. Notes and debentures payable	
13. Mortgages and obligations under capitalized leases	
14. Other borrowed money	
15. Due to affiliates or subsidiaries	
16. Other liabilities (From Schedule D, Line 5)	
17. TOTAL LIABILITIES	

EQUITY CAPITAL

18. Preferred stock	
19. Common stock	
20. Surplus	
21. Retained earnings	
22. Net income (From Report of Income, Item 18)	
23. Accumulated other comprehensive income	
24. Other equity capital components	
25. TOTAL EQUITY CAPITAL (Sum of Items 18-24)	
26. TOTAL LIABILITIES AND EQUITY CAPITAL (Sum of Items 17 & 25)	

SCHEDULE A – ACCOUNTS/FEES RECEIVABLE FROM TRUST ACCOUNTS AND OTHERS

1. Current receivables (0-29 days)
2. Past due 30-89 days and still accruing
3. Past due 90 or more days and still accruing
4. Non-accrual
5. **TOTAL RECEIVABLES** (Must equal Report of Condition Item 2)

SCHEDULE B – SECURITIES

1. U.S. Treasury securities
2. Securities of U.S. Government agencies & U.S. Government-sponsored agencies
3. Securities issued by States and political subdivisions in the U.S.
4. Other debt securities
5. **TOTAL SECURITIES** (Sum of Items 1-4, must equal Report of Condition Item 3)

Column A Book Value	Column B Market Value

SCHEDULE C – OTHER ASSETS

1. Net deferred tax assets (if debit balance)
2. Other (Itemize below amounts that equal or exceed 25% of Item 3 of this schedule)

3. **TOTAL OTHER ASSETS** (Sum of Items 1 & 2, must equal Report of Condition Item 9)

SCHEDULE D – OTHER LIABILITIES

1. Expenses accrued and unpaid (Includes accrued interest payable and income taxes)
2. Deferred tax liability (If credit balance)
3. Dividends declared but not paid
4. Other (Itemize below amounts that equal or exceed 25% if Item 5 of this schedule)

5. **TOTAL OTHER LIABILITIES** (Sum of Items 1-4, must equal Report of Condition Item 16)

REPORT OF INCOME

INCOME

- | | | | |
|----|--|--|--|
| 1. | Fiduciary and related services income (Sum of Items 1a.-1g. below) | | |
| a. | Personal trusts and agency accounts | | |
| b. | Employee benefit and retirement related accounts | | |
| c. | Corporate trust and agency accounts | | |
| d. | Investment management and advisory accounts | | |
| e. | Foundation and endowment trust and agency accounts | | |
| f. | Other (Itemize below amounts that equal or exceed 25% of this item) | | |
| | | | |
| | | | |
| | | | |
| g. | Custody and safekeeping accounts | | |
| 2. | Interest and dividend income earned on the trust company's portfolio | | |
| 3. | Other income (Itemize below amounts that equal or exceed 25% of this item) | | |
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| | | | |
| 4. | TOTAL INCOME (Sum of Items 1-3) | | |

EXPENSES

- | | | | |
|-----|---|--|--|
| 5. | Salaries and employee benefits | | |
| 6. | Expenses of premises and fixed assets | | |
| 7. | Fiduciary settlements, surcharges, and other losses (From Report of Fiduciary Assets, Schedule D) | | |
| 8. | Legal expenses | | |
| 9. | Insurance expenses | | |
| 10. | Audit expenses | | |
| 11. | Other contracted outside servicing expenses (Itemize below amounts that equal or exceed 25% of this item) | | |
| | | | |
| | | | |
| | | | |
| 12. | Other expenses (Itemize below amounts that equal or exceed 25% of this item) | | |
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| | | | |
| 13. | TOTAL EXPENSES (Sum of Items 5-12) | | |
| 14. | NET INCOME (LOSS) BEFORE TAXES & OTHER ADJUSTMENTS (Item 4 less Item 13) | | |
| 15. | Gains / (losses) from securities sold | | |
| 16. | Applicable income taxes | | |
| 17. | Other adjustments (Describe below) | | |
| | | | |
| | | | |
| 18. | NET INCOME / (LOSS) | | |

CHANGES IN EQUITY CAPITAL

- | | | | |
|-----|--|--|--|
| 19. | Equity capital at the beginning of the period | | |
| 20. | Net income / (loss) | | |
| 21. | Dividends | | |
| 22. | Other changes to equity capital accounts (Itemize below) | | |
| | | | |
| | | | |
| | | | |
| 23. | Equity capital at the end of the period (Must equal Report of Condition Item 25) | | |

REPORT OF FIDUCIARY ASSETS

FIDUCIARY AND RELATED ASSETS

1. Personal trust and agency accounts
2. Employee benefit and retirement-related accounts
 - a. Employee benefit-defined contribution
 - b. Employee benefit-defined benefit
 - c. Other employee benefit and retirement related
3. Corporate trust and agency accounts
4. Investment management and advisory accounts
5. Foundation and endowment accounts
6. Other fiduciary accounts
7. **TOTAL** (Sum of Items 1-6)

Column A Managed Assets	Column B Non-Managed Assets	Column C Number of Managed Accounts	Column D Number of Non-Managed Accounts

8. Custody and Safekeeping accounts
9. IRA, HSA, & similar accounts included in 2.c. & 8.
10. Fiduciary accounts administered in out-of-state trust offices included in items 7 & 8

SCHEDULE A – MANAGED ASSETS

1. Managed assets held in fiduciary accounts
 - a. Noninterest-bearing deposits
 - b. Interest-bearing deposits
 - c. U.S. Treasury & U.S. Government Agency obligations
 - d. State, county, & municipal obligations
 - e. Money market mutual funds
 - f. Equity mutual funds
 - g. Other mutual funds
 - h. Common trust funds & collective investment funds
 - i. Other short-term obligations
 - j. Other notes & bonds
 - k. Investments in unregistered funds & private equity investments
 - l. Other common and preferred stocks
 - m. Real estate mortgages
 - n. Real estate
 - o. Miscellaneous assets
 - p. **TOTAL MANAGED ASSETS** (Sum of 1.a. - 1.o.)

Column A Personal Trust & Agency & Investment Management & Advisory Accounts	Column B Employee Benefit and Retirement- Related Trust and Agency Accounts	Column C All Other Accounts

- q. Investment of managed fiduciary accounts in advised or sponsored mutual funds

Column A Managed Assets	Column B Number of Managed Accounts-

SCHEDULE B – CORPORATE TRUST AND AGENCY ACCOUNTS

2. Corporate trust and agency accounts
 - a. Corporate and municipal trusteeships
 - i. Issues reported in 2.a. that are in default
 - b. Transfer agent, registrar, paying agent, and other corporate agency

Column A Number of Issues	Column B Market Value of Fund Assets

SCHEDULE C – COLLECTIVE INVESTMENT FUNDS

3. Collective investment funds and common trust funds
 - a. Domestic equity
 - b. International/Global equity
 - c. Stock/Bond blend
 - d. Taxable bond
 - e. Municipal bond
 - f. Short-term investments/Money market
 - g. Specialty/Other
 - h. **TOTAL COLLECTIVE INVESTMENT FUNDS** (Sum of Items 3.a. – 3.g.)

Column A Number of Funds	Column B Market Value of Fund Assets

SCHEDULE D – FIDUCIARY SETTLEMENTS, SURCHARGES, & OTHER LOSSES

4. Fiduciary settlements, surcharges, & other losses
 - a. Personal trust and agency accounts
 - b. Employee benefit & retirement related trust & agency accounts
 - c. Investment management & investment advisory agency accounts
 - d. Other fiduciary accounts and related services
 - e. **TOTAL** (Sum of Items 4.a.-4.d., must equal Report of Income Item 7)

Column A Gross Losses Managed Accounts	Column B Gross Losses Non-Managed Accounts	Column C Recoveries

ATTESTATION

I, the undersigned officer, do hereby declare that this Report of Condition, Report of Income, and Report of Fiduciary Assets (including the supporting schedules) have been prepared in conformance with the instructions issued by the Commissioner of Banking and is true to the best of my knowledge and belief.

Signature of Officer Authorized to Sign this Report

Date of Signature

Name and Title of Officer Authorized to Sign this Report

Telephone Number

Email Address

We, the undersigned directors, attest to the correctness of this Report of Condition, Report of Income, and Report of Fiduciary Assets (including the supporting schedules) and declare they have been examined by us and, to the best of our knowledge and belief, have been prepared in conformance with the instructions and are true and correct.

Signature of Director

Printed Name

Signature of Director

Printed Name

Signature of Director

Printed Name