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_{Form} 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change Hills Bank Donor Advised Gift Fund 39-6659806 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 319-338-1522 590 West Forevergreen Road Amended 4,864,290. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica North Liberty, IA 52317 H(a) is this a group return F Name and address of principal officer: Bradford C. Yes X No for subordinates? 590 West Forevergreen Road, North Liberty H(b) Are all subordinates included? Tax-exempt status. X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) H(c) Group exemption number ▶ J Website: ► N/A Corporation X Trust Association Other > Year of formation: 1997 M State of legal domicile: IA K Form of organization: Part I Summary Briefly describe the organization's mission or most significant activities: Making cash grants to other organizations exempt under Section 501(c)(3) of the Internal Revenue Check this box In the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 2 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 ... b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 4,194,905 3.269.572**.** Contributions and grants (Part VIII, line 1h) 0. 0 Program service revenue (Part VIII, line 2g) 110,996 185,346. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ... 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 4,305,901 3,454,918. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5.052.192 ,995,104. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 47,252 42,896. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX column (A), line 25) 5,099,444. 2,038,000. -793,543 1,416,918. **Beginning of Current Year** End of Year 7,684,703. 6,268,595 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 0 ٥. Net assets or fund balances. Subtract line 21 from line 20 268, 595. Part II Signature Block that I wave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Under penalties of perjury, I true, correct, and commete. Decl officer) is based on all information of which preparer has any knowledge Signature of office Sign Bradford C. Zuber, Sr. Vice President & Trust Officer Here Type or print name and title Check Print/Type preparer's name Preparer s signature Paid nun 08/05/14 self employed P00679178 Gary J. Streit Firm's name Shuttleworth & Ingersol/ 42-1496619 Preparer Firm's EIN 🛌 Firm's address 115-3rd Street SE, Suite 500 Use Only Cedar Rapids, IA 52406-2107 Phone no. 319-365-9461

cion α

X Yes

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May the IRS discuss this return with the preparer shown above? (see instructions)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	_		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		X
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			- 21
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			İ
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
٦	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	444		v
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	He		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a]	X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7.7
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	4-7		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>X</u>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	40		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		- 41
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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			res	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4	v	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_ X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	22		x
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_20		
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
	Schedule K. If "No", go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
С		24c		
	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		
25a		25a		х
	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		- 22
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
00	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
		26		х
07	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			
-	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_x_
a h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34_		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
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13) Hills Bank Donor Advised Gift Fund Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			.,,,					
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b 0	-{							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a C			į					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		:					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country			<u>X</u>					
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		_X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b_							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		ĺ						
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_ <u>X</u> _					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		1	v					
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		X					
a	Did the organization make any taxable distributions under section 4966?	00	ļ	х					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		X					
10	Section 501(c)(7) organizations. Enter	90							
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against		-						
	amounts due or received from them)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes " enter the amount of tax exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O		T						
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
		Form	990 t	2013)					

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Form 990 (2013) Hills Bank Donor Advised Gift Fund 39-6659806 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					<u> </u>
Sec	tion A. Governing Body and Management					
		1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a_		2		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	1		
	officer, director, trustee, or key employee?			2	X	ļ
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)		, <u> </u>	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," de	escribe			
	ın Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approve	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	nth a			
	taxable entity during the year?			16a	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's			
C	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure	_				
17	List the states with which a copy of this Form 990 is required to be filed IA		504(-)(0)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990.	(Sect	ion 501(c)(3)s only)	availab	ie	
	for public inspection. Indicate how you made these available. Check all that apply					
40	Own website Another's website X Upon request Other (explain		•			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	or interest policy, ai	nd finar	icial	
00	statements available to the public during the tax year		1 6 11-			
20	State the name, physical address, and telephone number of the person who possesses the books a	na rec	ords of the organiza	ation 🕨	<u> </u>	
	Bradford C. Zuber - 319-338-1522	17				
	590 West Forevergreen Road, North Liberty, IA 523	<u> </u>				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization n	or any related	orga	nıza	tion	COI	mpe	nsat	ted any current officer, o	director, or trustee	
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic	cer an	dad	lirecto	or/trus	tee)	from	from related	other
	(list any hours for related	tee or director	ıstee			ensated		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations
(1) Bradford C. Zuber	2.00								, ,	
Sr. Vice President of Trustee			X	L		<u> </u>		0.	0.	0.
(2) Dwight O. Seegmiller	2.00		l						_	_
President of Trustee		_	X	ļ	-			0.	0.	0.
							-			1.
		L			i					
						<u> </u>				
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						-				
						 				
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rar	(A) Name and title Name and title (B) Average hours per week		e (C) Position (do not check more than one box, unless person is both an					one h an	(D) Reportable compensation	(E) Reportable compensation		an	(F)	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		com fr organo	other pensa om the anizat d relat	e ion ed
		inte)	Ē	Sul	*	Key	울등	For						
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	Sub-total	71. O	L	1	ı	<u> </u>		>	0.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable		——¬		0
3	Did the organization list any former officer	, director, or tru	uste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s		le co	omp	ensa	ation	n and	l otl	her compensation from	the organization	-	3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	•		•						dual for services	-	4	_	X
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	<u>e J f</u>	or su	uch	pers	son					5		X
1	Complete this table for your five highest countries the organization. Report compensation for										pensa	ation f	rom	
	(A) Name and business			ONI					(B) Description of s		Cr	(C omper	;) nsatio	 n
•••														
				·									-	
					_									
2	Total number of independent contractors \$100,000 of compensation from the organ		ot lu	mite	d to		se lis	sted	l above) who received m	ore than				
	w. 32,333 or compensation from the organ		_				<u>~</u>					Form S	990 (2	2013)

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		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
			<u> </u>	or moto to unly mi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats	1 a	Federated campaigns	1a					
irar		Membership dues	1b					
ğ,ğ		Fundraising events	1c					
ar fr		Related organizations	1d					
S,E		Government grants (contribut						
ÖŌ		All other contributions, gifts, gran		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
E E	•	similar amounts not included abo		3 360 573				
Ē	~	Noncash contributions included in lines		3,269,572.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	: 1a-11 \$	699,910.	3 360 533			
		Total: Add intes 14 11		Business Code	3,269,572.			<u> </u>
ا م	2 a			Dusiness Code				
Š	b							
Ser	c							
E	d							
Pega	e							
Program Service Revenue		All other program service reve	anue.					
		Total. Add lines 2a-2f	i i de	•			-	
	3	Investment income (including	dividends inter					
	Ü	other similar amounts)	dividends, inter-	Lot, and	87,923.			07 022
,	4	Income from investment of ta	v.evemnt hand i	proceeds	01,323.			87,923.
	5	Royalties	A exempt bond p	Dioceeds				
	3	rioyanics	(ı) Real	(II) Personal	T * L.F L			
	6 a	Gross rents	lyrical	(ii) i eisonai				
		Less rental expenses						
		Rental income or (loss)	-					
		Net rental income or (loss)	<u> </u>	<u> </u>				
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	1,506,795	1				
	h	Less cost or other basis	1,300,733	<u>' </u>				
	_	and sales expenses	1,409,372					
	С	Gain or (loss)	97,423	1				
		Net gain or (loss)		•	97,423.	97,423.		
o l		Gross income from fundraisin	g events (not					
		including \$	of					
e e		contributions reported on line	1c) See					
Other Revenu		Part IV, line 18	а					
푩	b	Less direct expenses	b					
١	С	Net income or (loss) from fund	draising events					
1	9 a	Gross income from gaming ac	ctivities See					
1		Part IV, line 19	а					1
ļ	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ning activities	•				
ŀ	10 a	Gross sales of inventory, less	returns					İ
Ì		and allowances	а					-
	b	Less cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory	▶				
		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b							
ļ	С							
l	d	All other revenue						
1	е	Total. Add lines 11a-11d		>				
2000	12	Total revenue See instructions		>	3,454,918,	97,423.	0.	87,923.
33200 10-29-	9 13							Form 990 (2013)

Part IX	Statement of	of Functi	ional Ex	penses
---------	--------------	-----------	----------	--------

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A)	····
	Check if Schedule O contains a respon	(A)	this Part IX	(C)	<u>(D)</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,995,104.	1,995,104.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,		•		
	organizations, and individuals outside the			İ	
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	,			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				·***
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				<u> </u>
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties			_	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings Interest			· -	
20	F				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
	Insurance		 -		
23 24	Other expenses. Itemize expenses not covered		<u> </u>		
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Custodial and recordkee	42,896.		42,896.	
b				==7555	
c			-		
d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	2,038,000.	1,995,104.	42,896.	0.
26	Joint costs Complete this line only if the organization				
_	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X			
		over a contains a response of nex	o to arry mile in the rate X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		15,001.	1	57,870.
	2	Savings and temporary cash investments		3,215,587.	2	4,396,581.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	rmer officers, directors.			
		trustees, key employees, and highest compensa				
		Part II of Schedule L	. , , , , , , , , , , , , , , , , , , ,		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
ιχ		employees' beneficiary organizations (see instr)	* * * *		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use	İ		8	
	9	Prepaid expenses and deferred charges	İ		9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less. accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		221,857.	11	345,972.
	12	Investments - other securities See Part IV, line 1	2,816,150.	12	345,972. 2,884,280.	
	13	Investments · program-related See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	ał line 34)	6,268,595.	16	7,684,703.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete 6	Part IV of Schedule D		21	
Se	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and disqualified persons			
iabi		Complete Part II of Schedule L	ļ	 .	22	
_	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, page	yables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of		l	
		Schedule D	ļ		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958	· · · · · · · · · · · · · · · · · · ·			
Ses		complete lines 27 through 29, and lines 33 an	d 34.			
au	27	Unrestricted net assets	}	C 060 F0F	27	5 604 502
Ba	28	Temporarily restricted net assets	}	6,268,595.	28	7,684,703.
nd	29	Permanently restricted net assets			29	
F		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖			
SOI		and complete lines 30 through 34.			_	
set	30	Capital stock or trust principal, or current funds	., ,		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq	· ·		31	
Net	32	Retained earnings, endowment, accumulated in	come, or other funds	6 260 E05	32	7 604 702
_	33	Total net assets or fund balances	}	6,268,595.	33	7,684,703.
	34	Total liabilities and net assets/fund balances		<u>6,268,595.</u>	34	7,684,703.

Form **990** (2013)

	990 (2013) Hills Bank Donor Advised Gift Fund	39-66	59806	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,45	4,9	18.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,03	8,0	00.
3	Revenue less expenses Subtract line 2 from line 1	3	1,41	5,9	18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,26	8,5	95.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-8	10.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,68	4,7	03.
Pa	rt XII Financial Statements and Reporting			-	
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			İ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		· · · · ·	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			1
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

332012 10-29-13 Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number Hills Bank Donor Advised Gift Fund 39-6659806 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h J Type I b Type II c ____ Type III - Functionally integrated d ____ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) ÉIN (vii) Amount of monetary organization in col. in col. (i) listed in your organization in col. organization (described on lines 1-9 (i) organized in the support governing document? above or IRC section (i) of your support? (see instructions)) Yes No Yes Νo Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09 25-13

<u>Total</u>

Schedule A (Form 990 or 990-EZ) 2013 Hills Bank Donor Advised Gift Fund 39-6659806 Page 2

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support				_	-		
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
	Gifts, grants, contributions, and			197	(4) == :=	197 = 0.0	(1) 1014	
	membership fees received (Do not							
	ınclude any "unusual grants ")	2198149.	3362830.	4345527.	4194905.	3269572.	17370983.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	2198149.	3362830.	4345527.	4194905.	3269572.	17370983.	
	The portion of total contributions						2.0,0500	
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included		İ					
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						İ	
	column (f)						10879619.	
6	Public support. Subtract line 5 from line 4						6491364.	
	ction B. Total Support		<u></u>		٠		<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
	Amounts from line 4	2198149.	3362830.	4345527.	4194905.		17370983.	
	Gross income from interest,					02000,20	273703031	
_	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	69,221.	56,521.	68,222.	110,997.	185,347.	490,308.	
9	Net income from unrelated business						23073001	
-	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
-	or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10			·		·	17861291.	
	Gross receipts from related activities,	etc. (see instruction	ons)			12	270012520	
	First five years. If the Form 990 is for	•	,	d. fourth. or fifth ta	ں x vear as a section		*	
	organization, check this box and stop	here		, ,	,	(-)(-)	ightharpoonup	
Sec	ction C. Computation of Publi	ic Support Per	centage					
14	Public support percentage for 2013 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	36.34 %	
15	Public support percentage from 2012	Schedule A, Part I	II, line 14			15	30.66 %	
16a	33 1/3% support test - 2013. If the o	rganization did not	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies					•	$\triangleright x$	
b	33 1/3% support test - 2012. If the o	irganization did nof	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th		
	and stop here. The organization quali						▶□	
17a	10% -facts-and-circumstances test				13, 16a, or 16b, a	nd line 14 is 10%	or more,	
	and if the organization meets the "fac-							
	meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.							
b	10% -facts-and-circumstances test	•			9	7a, and line 15 is	10% or	
	more, and if the organization meets th							
	organization meets the "facts-and-circ							
18	Private foundation. If the organization			-			s 🕨	
							or 990-EZ) 2013	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sei	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	!					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						· ·
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	<u> </u>					-
8	Public support (Subtract line 7c from line 6)	ξ.					
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation.
	check this box and stop here	5		,	,	1-/1-/ a. 3 a. 112	▶ □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (column (f))	· 	15	%
	Public support percentage from 2012					16	%
_	ction D. Computation of Inves					1 10 1	
	Investment income percentage for 20			ne 13. column (ft)		17	%
	Investment income percentage from:			10, 001011111 (1))		18	
	33 1/3% support tests - 2013. If the			on line 14 and line	a 15 ie mara than		
.50							/ IS HOL
.	more than 33 1/3%, check this box a	-	-	•			
Ю	33 1/3% support tests - 2012. If the						and 🔽 🦳
20	line 18 is not more than 33 1/3%, che					-	*
	Private foundation. If the organization	ii did flot check a	box on line 14, 19	a, or 190, cneck tr	iis box and see in	istructions	<u> </u>
41212 CM	12 101 26 12				C-	b	

<u>nedule A</u>	(Form 990 o	r 990-EZ) 2	013 H1 I	.ıs Ba	ank l	Donor	Advis	<u>ea Gi</u>	<u>ft Fur</u>	<u>ia</u>	<u> 39-6</u>	<u>659806</u>	Pag
art IV	Supplem	ental Inf	formatio	n. Provid	le the ex	kplanation	s required b	y Part II, lı	ne 10, Part	II, line 17a	a or 17b; and	Part III, line	12
	Also comple	ete this par	t for any a	dditional ir	nformat	ion (See i	nstructions)						
										-			
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SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

Hills Bank Donor Advised Gift Fund 39-6659806 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 78 Total number at end of year 3,269,572. Aggregate contributions to (during year) 2 1,995,104. Aggregate grants from (during year) 3 8,217,033. Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2¢ d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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Schedule D (Form 990) 2013

		ank Donor						59806	
Par	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	is, check an	y of the fo	ollowing that are a	significant	use of its	collection	items
	(check all that apply)								
а	Public exhibition	d	I	n or excha	ange programs				
b	Scholarly research	е	e L Oth	er					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they	further the	e organization's ex	empt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, histoi	ıcal treasu	ures, or other simil	ar assets	_	-	
	to be sold to raise funds rather than to be m							Yes	L No_
Par	t IV Escrow and Custodial Arran		ete if the org	anization	answered "Yes" to	o Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for con	tributions	or other assets no	t included		٦.	
	on Form 990, Part X?							」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	€.					
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			<u>·</u>
е	Distributions during the year					1e	<u> </u>		
f	Ending balance					1f	<u> </u>		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete					T		· · · · · · · · · · · · · · · · · · ·	
		(a) Current year	(b) Prior	year	(c) Two years back	(d) Three	years back	(e) Four y	ears back_
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs					ļ			
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, c	olumn (a))	held as				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ►	%							
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that ar	e held and	d administered for	the organi	zation	_	
	by							Y	es No
	(i) unrelated organizations							3a(ı)	
	(ii) related organizations							3a(iı)	
b	If "Yes" to 3a(II), are the related organization:	-						3b	
4	Describe in Part XIII the intended uses of the	- W	owment fund	ls					
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	·····		e 11a See		·			
	Description of property	(a) Cost or o		(b) Cost o	1	Accumulate	l l	(d) Book	value
		basis (investr	ment)	basis (o	tner) de	epreciation			
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment								
	Other					-			
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (9), line 10((c))				0.

► 0. Schedule D (Form 990) 2013

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Hills Bank Donor Ad	vised Gift Fund	39-6659806 Page 4
Part XI Reconciliation of Revenue per Audited Financi	ial Statements With Revenue	
Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 12a	
1 Total revenue, gains, and other support per audited financial statement	ents	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	_ 4b	
c Add lines 4a and 4b		_4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I,		5
Part XII Reconciliation of Expenses per Audited Finance	•	s per Heturn.
Complete if the organization answered "Yes" to Form 990, Pa	ırt IV, line 12a	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1	
a Donated services and use of facilities		
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		. 2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part Part XIII Supplemental Information.	I, line 18)	5
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines ines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pr		

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2013

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer Identification number 39-6659806 (h) Purpose of grant or assistance X Yes General support Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance All grants are made in cash (f) Method of valuation (book, FMV, appraisal, other) All grants are made in cash 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 1,682,151 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Hills Bank Donor Advised Gift Fund All are 501(c)(3) (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Schedule attached Part I Part II

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

HILLS BANK DONOR ADVISED GIFT FUND EIN 39-6659806

Form 990, Calendar Year 2013

Form 990, Part III, Line 4a Form 990, Part IX, Line 1

Name of Organization	Amount of Grant
ALL SAINTS CATHOLIC CHURCH	26,000 00
ALL SAINTS CATHOLIC CHURCH FOUNDATION	2,000 00
ALLEGRO ORGANIZATIONAL SOLUTIONS	2,500 00
ALLIANCE DEFENDING FREEDOM	500 00
AMANA ARTS GUILD	100 00
AMANA CHURCH SOCIETY	500 00
AMANA CHURCH SOCIETY	2,500 00
AMANA COLONIES TRAILS, INC	100 00
AMANA COMMUNITY CHEST	100 00
AMANA HERITAGE SOCIETY	200 00
AMBASSADORS FOR CHRIST INTERNATIONAL-MONTHLY SUPPORT FOR JOHN NORTH & FAMILY	6,000 00
AMERICAN CANCER SOCIETY-IOWA HOPE LODGE	2,500 00
AMERICAN RED CROSS	1,000 00
AREA SUBSTANCE ABUSE COUNCIL	1,000 00
AVANT MINISTRIES	160,900 00
BAPTIST MID-MISSIONS-ASHLY MCMILLAN	670 00
BIG BROTHERS/BIG SISTERS	2,000 00
BILLY GRAHAM EVANGELISTIC ASSOCIATION-SPREAD THE GOSPEL	2,000 00
BIRTHRIGHT	500 00
BIRTHRIGHT	600 00
BOY SCOUTS OF AMERICA	250 00
BOY SCOUTS OF AMERICA	300 00
BOY SCOUTS OF AMERICA	1,000 00
BOYS & GIRLS CLUB OF CEDAR RAPIDS	1,500 00
BRAIN AND BEHAVIORAL RESEARCH FOUNDATION	6,000 00
BRIDGEHAVEN PREGNANCY SUPPORT CENTER	750 00
BSF INTERNATIONAL	300 00
CAMP COURAGEOUS OF IOWA	250 00
CAMP COURAGEOUS OF IOWA	1,000 00
CAMP COURAGEOUS OF IOWA	10,000 00
CAMP COURAGEOUS OF IOWA	500 00
CAMP FOREST SPRINGS	6,000 00
CAMPUS CRUSADE FOR CHRIST - HEATHER LAUGHLIN	6,540 00
CAMPUS CRUSADE FOR CHRIST-JOSH AND TAMMY HUNT	1,200 00
CAMPUS CRUSADE FOR CHRIST-JOSH AND TAMMY HUNT	18,000 00
CARE NET	325 00
CASA ESPERANZA HOMELESS CENTER	4,000 00
CATHERINE MCCAULEY CENTER	1,000 00
CATHOLIC ANSWERS	3,000 00
CATHOLIC COMMUNITY FOUNDATION	1,600 00
CATHOLIC RELIEF SERVICES	250 00
CATHOLIC RELIEF SERVICES	10,000 00
CEDAR HILLS COMMUNITY CHURCH	30,000 00
CEDAR RAPIDS CONCERT CHORALE	1,000 00
CEDAR RAPIDS OPERA THEATRE	2,000 00
CEDAR VALLEY HOSPICE	1,000 00
CENTER FOR MISSION MOBILIZATION	4,416 64
CENTRAL CHRISTIAN CHURCH	7,000 00
CHILD ABUSE LISTENING AND MEDIATION	2,000 00
CHILDCARE WORLDWIDE	650 00
CHILDREN'S RELIEF INTERNATIONAL	13,730 00
CHOICES MEDICAL CLINIC	500 00
CITIZEN'S SCHOLARSHIP FOUNDATION OF HLV-2013 SENIOR SCHOLARSHIP PROGRAM	2,000 00
CLARE BOOTHE LUCE POLICY INSTITUTE	300 00
CLARK FORK COALITION	1,600 00
COE COLLEGE-ENDOWMENT ENHANCEMENT FUND	15,000 00

HILLS BANK DONOR ADVISED GIFT FUND

EIN 39-6659806

Form 990, Calendar Year 2013

Form 990, Part III, Line 4a Form 990, Part IX, Line 1

Name of Organization	Amount of Grant
COE COLLEGE-SINCLAIR FUND	10,000 00
COGGON PUBLIC LIBRARY-BUILDING FUND	5,000 00
COMING HOME NETWORK INTERNATIONAL	3,000 00
COMMUNITY ARTS MUSIC ASSOCIATION	3,000 00
COMMUNITY FOUNDATION OF JOHNSON COUNTY	500 00
COMMUNITY FOUNDATION OF JOHNSON COUNTY-1105 PROJECT	2,000 00
COMMUNITY HEALTH FREE CLINIC	1,000 00
COMMUNITY HEALTH FREE CLINIC	1,500 00
COMMUNITY HEALTH FREE CLINIC	2,000 00
COMMUNITY HEALTH FREE CLINIC	10,000 00
COMPASSION INTERNATIONAL	432 00
COMPASSION INTERNATIONAL	556 00
COMPEER PROGRAM	100 00
CORNELL COLLEGE	2,000 00
CORNERSTONE CHURCH	1,300 00
CORPORATION FOR SOCIAL & EDUCATIONAL DEVELOPMENT	3,000 00
COUNCIL ON ALCOHOLISM AND DRUG ABUSE	500 00
COURT APPOINTED SPECIAL ADVOCATE OF SANTA BARBARA COUNTY	1,000 00
COVENANT HOUSE	550 00
CREIGHTON UNIVERSITY- SCHOOL OF PHARMACY	250 00
CRITTER CRUSADERS	1,500 00
DIOCESE OF DAVENPORT	250 00
DIOCESE OF DAVENPORT	350 00
DIOCESE OF DAVENPORT	1,500 00
DIOCESE OF DAVENPORT	6,000 00
DIRECT RELIEF INTERNATIONAL	5,000 00
DISCOVERY LIVING, INC	500 00
DOMESTIC VIOLENCE INTERVENTION PROGRAM	1,000 00
EAST UNION MENNONITE CHURCH	5,200 00
EASTERN IOWA BRASS BAND	500 00
ECHO HILL PRESBYTERIAN CHURCH	24,800 00
ENSEMBLE THEATRE PROJECT, INC	15,000 00
ETERNAL WORD TELEVISION NETWORK	3,000 00
EVANGELICAL LUTHERAN CHURCH IN AMERICA - VISION FOR MISSION FUND	5,000 00
EVANGELICAL LUTHERAN CHURCH IN AMERICA - WORLD HUNGER FUND	5,000 00
EWTN RADIO	250 00
EXTREME GRACE MEDIA	5,000 00
FAITH BAPTIST CHURCH	7,200 00
FAMILY SERVICE AGENCY	2,000 00
FARM SAFETY-JUST 4 KIDS PROGRAM SUPPORT	2,500 00
FIRST LUTHERAN CHURCH	3,000 00
FIRST UNITED METHODIST CHURCH	2,500 00
FIRST UNITED METHODIST CHURCH	8,500 00
FISHER HOUSE FOUNDATION	1,035 54
FOCUS ON THE FAMILY	200 00
FORT COLLINS SYMPHONY	1,000 00
FOUR OAKS	1,500 00
FRIENDS OF HIAWATHA PUBLIC LIBRARY	500 00
FRIENDS OF IOWA PUBLIC TELEVISION	3,000 00
FRIENDS OF MONTICELLO PUBLIC LIBRARY	250 00
FRIENDS OF THE ANIMAL CENTER FOUNDATION	1,000 00
FRIENDS OF THE ANIMAL CENTER FOUNDATION	100 00
FRIENDS OF THE ANIMAL CENTER FOUNDATION	100 00
FRONTIERS	1,333 32
GANNA WALSKA LOTUSLAND	5,000 00
GEMS OF HOPE INC	500 00
	500 00

HILLS BANK DONOR ADVISED GIFT FUND EIN 39-6659806

Form 990, Calendar Year 2013

Form 990, Part III, Line 4a Form 990, Part IX, Line 1

Name of Organization	Amount of Grant
GOD'S WAY CHRISTIAN CENTER-HOMELESS SHELTER	250 00
GOSPELINK	6,000 00
GOSPELINK-ZAMBIA PROJECT	10,000 00
GRACE COMMUNITY CHURCH	27,000 00
GRACE UNITED METHODIST CHURCH	10,000 00
GREATER EUROPE MISSION	1,800 00
GUNFLINT TRAIL HISTORICAL SOCIETY	100 00
GUSTAVUS ADOLPHUS COLLEGE	3,000 00
HAITI FUND	1,600 00
HANDICAPPED DEVELOPMENT CENTER	250 00
HAWKEYE AREA COMMUNITY ACTION PROGRAM (HACAP)	750 00
HEAL THE OCEAN	2,000 00
HERBERT HOOVER PRESIDENTIAL LIBRARY ASSOCIATION	300 00
HERITAGE CHRISTIAN SCHOOL	15,000 00
HERITAGE FOUNDATION	300 00
HILLSDALE COLLEGE	250 00
HIS HANDS FREE MEDICAL CLINIC	500 00
HOERNER YMCA	250 00
HOSPICE OF SANTA BARBARA	1,000 00
IN TOUCH MINISTRIES	2,500 00
INDIAN CREEK NATURE CENTER	750 00
INDIAN CREEK NATURE CENTER	2,000 00
INDIAN HILLS COMMUNITY COLLEGE FOUNDATION	2,000 00
INDIANA UNIVERSITY FOUNDATION	1,000 00
INFORMED CHOICE OF IOWA	250 00
INFORMED CHOICE OF IOWA	6,000 00
INSIGHT FOR LIVING	12,000 00
INTERVARSITY CHRISTIAN FELLOWSHIP - KEVIN KUMMER MINISTRY SUPPORT	2,500 00
IOWA CITY COMMUNITY SCHOOL DISTRICT FOUNDATION	250 00
IOWA CITY COMMUNITY SCHOOL DISTRICT FOUNDATION	1,000 00
IOWA CITY HOSPICE	1,000 00
IOWA CITY PARKS & RECREATION FOUNDATION	500 00
IOWA CITY PUBLIC LIBRARY FRIENDS FOUNDATION	100 00
IOWA ENVIRONMENTAL COUNCIL	500 00
IOWA PUBLIC RADIO	1,000 00
IOWA RIGHT TO LIFE	6,000 00
IOWA STATE UNIVERSITY FOUNDATION	16,000 00
IOWA VALLEY COMMUNITY SCHOOLS-2013 SCHOLARSHIPS	2,000 00
IRLC EDUCATION FUND	2,000 00
JAMIE BARWICK HILLS AND DALES FOUNDATION	2,000 00
JOHNSON COUNTY CRISIS CENTER	300 00
JOHNSON COUNTY CRISIS CENTER	500 00
JOHNSON COUNTY CRISIS CENTER	1,000 00
JUNIOR ACHIEVEMENT OF EAST CENTRAL IOWA	250 00
JUNIOR ACHIEVEMENT OF EASTERN IOWA	500 00
JUNIOR ACHIEVEMENT OF EASTERN IOWA	1,000 00
JUVENILE DIABETES RESEARCH FOUNDATION	10,000 00
KANSAS UNIVERSITY ENDOWMENT-MONARCH WATCH	100 00
KIRKWOOD COMMUNITY COLLEGE	250 00
KSKB RADIO STATION 99 1	1,000 00
LAW ENFORCEMENT LEGAL DEFENSE FUND	300 00
LIGHTHOUSE CATHOLIC MEDIA	23,700 00
LINN COUNTY TRAILS ASSOCIATION	500 00
LOS ANGELES PHILHARMONIC ASSOCIATION	1,500 00
LOUISA COUNTY HISTORICAL SOCIETY	1,000 00
LUTHERAN INTERPARISH SCHOOL	250 00

HILLS BANK DONOR ADVISED GIFT FUND EIN 39-6659806

Form 990, Calendar Year 2013

Form 990, Part III, Line 4a Form 990, Part IX, Line 1

Name of Organization	Amount of Grant
LUTHERAN INTERPARISH SCHOOL-COMPUTER LAB	10,300 00
LUTHERERAN SERVICES OF IOWA FOUNDATION	5,000 00
MARANATHA BIBLE CHURCH	30,350 00
MARCH OF DIMES	165 60
MARTENSDALE COMMUNITY CHURCH	36,000 00
MARY'S MEALS USA	224,000 00
MEALS ON WHEELS	3,500 00
MERCY HOSPITAL FOUNDATION	500 00
MERCY HOSPITAL FOUNDATION	100 00
MERCY HOSPITAL FOUNDATION	4,270 29
MERCY MEDICAL CENTER FOUNDATION	2,000 00
MERCY MEDICAL CENTER FOUNDATION	10,000 00
METH-WICK COMMUNITY	500 00
MID-EASTERN IOWA COMMUNITY MENTAL HEALTH	250 00
MIDWEST THEOLOGICAL FORUM-ROME EXPERIENCE SCHOLARSHIP	10,000 00
MILTON AND ROSE D FRIEDMAN FOUNDATION	2,500 00
MINNEAPOLIS COLLEGE OF ART & DESIGN	1,000 00
MISSION OF HOPE	5,000 00
MISSIONARY SERVANTS OF THE MOST BELSSED TRINITY	2,000 00
MISSOULA ART MUSEUM	3,000 00
MISSOULA FOOD BANK	1,500 00
MOUNT HOLYOKE COLLEGE	1,000 00
MUSIC ACADEMY OF THE WEST	5,000 00
NATION ONE FOR CHRIST	70,000 00
NEW COVENANT BIBLE CHURCH	5,000 00
NEW COVENANT BIBLE CHURCH	4,000 00
NEW LIFE COMMUNITY CHURCH NEW TRIBES MISSION	9,032 31
NEWMAN CATHOLIC STUDENT CENTER FOUNDATION	1,500 00
NO GIFTS IN 2013	18,050 00 0 00
NORTH LIBERTY FIRE DEPARTMENT	100 00
NORTHWESTERN COLLEGE & RADIO FOR LIFE	100 00
NORTHWESTERN COLLEGE RADIO	4,800 00
NORTHWESTERN COLLEGE-RADIO FOR LIFE	1,000 00
NORWEGIAN AMERICAN GENEALOGICAL CENTER INC	2,000 00
OCEAN CONSERVANCY	1,000 00
ORCHESTRA IOWA	150 00
ORCHESTRA IOWA	500 00
ORCHESTRA IOWA	850 00
ORCHESTRA IOWA	2,500 00
ORCHESTRA IOWA	11,000 00
ORDER OF ST IGNATIUS OF ANTIOCH	1,000 00
PARKVIEW EVANGELICAL FREE CHURCH	140,000 00
PBS SO CAL-KOCE TV FOUNDATION	1,000 00
PERNET FAMILY HEALTH CARE SERVICE	250 00
PHI KAPPA PSI FOUNDATION	250 00
PLANNED PARENTHOOD OF THE HEARTLAND	4 000 00
PRIESTS FOR LIFE	6,000 00
PROJECT GREEN	50 00
PROJECT GREEN	200 00
RATHBUN LAKE AREA YMCA	250 00
RAVI ZACHARIAS INTERNATIONAL MINISTRIES	180,000 00
REACHING OUT TO EDUCATION FOUNDATION-2013 SENIOR SCHOLARSHIP PROGRAM	2,000 00
REGENTS OF THE UNIVERSITY OF CALIFORNIA	2 500 00
REGINA FOUNDATION	250 00
REGINA FOUNDATION	250 00

HILLS BANK DONOR ADVISED GIFT FUND EIN 39-6659806 Form 990, Calendar Year 2013

Form 990, Part III, Line 4a Form 990, Part IX, Line 1

Name of Organization	Amount of Grant
REGINA FOUNDATION	1,000 00
REGINA FOUNDATION	1,500 00
REGINA FOUNDATION	2,000 00
RELEVANT RADIO	1,000 00
RESTORING HOPE INTERNATIONAL	35,815 00
RICHARDS INSTITUTE OF EDUCATION & RESEARCH	500 00
RONALD MCDONALD HOUSE	5,000 00
ROTARY FOUNDATION	100 00
ROTARY INTERNATIONAL FOUNDATION	1,000 00
ROTARY INTERNATIONAL FOUNDATION	200 00
SAFE HAVEN OF IOWA COUNTY	2,800 00
SAFE PLACE FOUNDATION	165 61
SAMARITAN'S PURSE	6,033 34
SANTA BARBARA ART ASSOCIATION	1,000 00
SANTA BARBARA BOTANICAL GARDEN	30,000 00
SANTA BARBARA CHAMBER ORCHESTRA SOCIETY	6,500 00
SANTA BARBARA MUSEUM OF ART	35,000 00
SANTA BARBARA MUSEUM OF NATURAL HISTORY	1,000 00
SANTA BARBARA ZOO	1,500 00
SANTA BARBRARA FOUNDATION	2,500 00
SCATTERGOOD FRIENDS SCHOOL	1,180 58
SCHOLARSHIP FOUNDATION OF SANTA BARBARA	17,500 00
SEEDS OF FAITH LUTHERAN CHURCH	10,000 00
SEND INTERNATIONAL	1,200 00
SHARON CENTER UNITED METHODIST CHURCH	3,000 00
SHELTER HOUSE	1,000 00
SHERRILL FIRE PROTECTION ASSOCIATION	500 00
SIERRA CLUB FOUNDATION	5,000 00
SISTERS OF CHARITY, BVM	100 00
SISTERS OF CHARITY, BVM	1,500 00
SMILE TRAIN SOLON EDUCATION FOUNDATION	1,933 34
SOLON MIDDLE SCHOOL SHOW CHOIR	200 00
SOUTHEASTERN LEGAL FOUNDATION	5,000 00 300 00
ST AMBROSE UNIVERSITY	
ST GEORGE CHURCH	2,000 00 4,700 00
ST JOSEPH ACADEMY	250 00
ST JOSEPH'S CATHOLIC CHURCH	2,000 00
ST JOSEPH'S INDIAN SCHOOL	250 00
ST LABRE'S INDIAN SCHOOL	750 00
ST LUKE'S HEALTH CARE FOUNDATION FOR HOSPICE	2,000 00
ST MARY OF THE VISITATION CHURCH	3,000 00
ST MARY'S CATHOLIC CHURCH	1,650 00
ST MARY'S CATHOLIC CHURCH	2,500 00
ST MARY'S CATHOLIC CHURCH	3,600 00
ST MARY'S CATHOLIC CHURCH	4,400 00
ST MARY'S CATHOLIC CHURCH	3,400 00
ST PAUL'S UNITED METHODIST CHURCH	100 00
ST PAUL'S UNITED METHODIST CHURCH	18,000 00
ST WENCESLAUS CATHOLIC CHURCH	2,500 00
STEPPENWOLF THEATER COMPANY	200 00
STONEBRIDGE CHURCH	2,750 00
TABERNACLE CHILDREN'S MINISTRIES	500 00
TANAGER PLACE	1,000 00
TEEN PACT	5 000 00
TEMPLE JUDAH	1,000 00
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HILLS BANK DONOR ADVISED GIFT FUND EIN 39-6659806

Form 990, Calendar Year 2013

Form 990, Part III, Line 4a Form 990, Part IX, Line 1

Name of Organization	Amount of Grant
TEMPLE JUDAH	10,000 00
THE FAMILY LEADER FOUNDATION	525 00
THE FAMILY LEADER FOUNDATION	10,000 00
THE FREEDOM ALLIANCE	500 00
THE LOVELAND ORCHESTRA	400 00
THE NAVIGATORS	500 00
THE NAVIGATORS	500 00
THE NAVIGATORS-BENJAMIN LONG MINISTRY SUPPORT	3,500 00
THE NAVIGATORS-KEN ANDERSON	250 00
THE NAVIGATORS-LARRY MCCOSKEY MINISTRY SUPPORT	250 00
THE SALVATION ARMY	300 00
THE SALVATION ARMY	1,000 00
THE SALVATION ARMY	20,000 00
THE SALVATION ARMY	1,000 00
TREATMENT ADVOCACY CENTER	5,000 00
TREES FOREVER	500 00
TREES FOREVER	20,000 00
TRINITY COLLEGE	1,000 00
TRINITY EPISCOPAL CHURCH	5,500 00
TRUCKLOAD CARRIERS ASSOCIATION SCHOLARSHIP FUND	2,500 00
UNITED PRESBYTERIAN CHURCH	1,000 00
UNITED WAY OF EAST CENTRAL IOWA	500 00
UNITED WAY OF EAST CENTRAL IOWA	1,000 00
UNITED WAY OF EAST CENTRAL IOWA	2,900 00
UNITED WAY OF SANTA BARBARA COUNTY	1,200 00
UNIVERSITY OF IOW A FOUNDATION	1,000 00
UNIVERSITY OF IOWA FOUNDATION	1,700 00
UNIVERSITY OF IOWA FOUNDATION-CHILDRENS HOSPITAL	1,000 00
UNIVERSITY OF IOWA FOUNDATION-CHILDREN'S HOSPITAL	250 00
UNIVERSITY OF IOWA FOUNDATION-COLLEGE OF BUSINESS	250 00
UNIVERSITY OF IOWA FOUNDATION-COLLEGE OF LIBERAL ARTS AND SCIENCES STRING QUARTET	750 00
UNIVERSITY OF IOWA FOUNDATION-GARY ARTHUR ADULT BLOOD & MARROW TRANSPLANTATION UNIT	20,000 00
UNIVERSITY OF IOWA FOUNDATION-HANCHER AUDITORIUM	3,000 00
UNIVERSITY OF IOWA FOUNDATION-HANCHER PARTNERS PROGRAM	5,000 00
UNIVERSITY OF IOWA FOUNDATION-HAWKEYE FUND	250 00
UNIVERSITY OF IOWA FOUNDATION-HOLDEN COMPREHENSIVE CANCER CENTER	100 00
UNIVERSITY OF IOWA FOUNDATION-MEN'S INTERCOLLEGIATE ATHLETICS	1,000 00
UNIVERSITY OF IOWA FOUNDATION-TIPPIE COLLEGE UNDERGRADUATE PROGRAM	275 00
UNIVERSITY OF IOWA FOUNDATION-UI CHILDRENS HOSPITAL	500 00
UNIVERSITY OF IOWA FOUNDATION-UIMA EDUCATION PARTNERS & SCHOOL PROGRAMS	1,500 00
UNIVERSITY OF IOWA FOUNDATION-VOXMAN MUSIC SCHOLARSHIP	1,500 00
UNIVERSITY OF MONTANA FOUNDATION	500 00
UNIVERSITY OF NORTHERN IOWA FOUNDATION	2,500 00
UNIVERSITY OF SOUTHERN CALIFORNIA	5,000 00
VISITING NURSE ASSOCIATION	100 00
VISITING NURSE ASSOCIATION	1,000 00
WARTBURG COLLEGE	15,000 00
WAYPOINT	1,000 00
WAYPOINT WELLMAN FOOD BANTEN	2,000 00
WELLMAN FOOD PANTRY	1,800 00
WESTMINSTER PRESBYTERIAN CHURCH FOUNDATION	25,000 00
WHEATON COLLEGE FUND	1,000 00
WILLIAMSBURG MUSIC ASSOCIATION-INSTRUMENTS	10,500 00
WORLD VENTURE	600 00
WOUNDED WARRIOR PROJECT	500 00
WYCLIFFE BIBLE TRANSLATORS	1 700 00

HILLS BANK DONOR ADVISED GIFT FUND EIN 39-6659806 Form 990, Calendar Year 2013

Form 990, Part III, Line 4a Form 990, Part IX, Line 1

Name of Organization		Amount of Grant
XAVIER FOUNDATION - ANNUAL PARISH APPEAL		2,000 00
YOUNG LIFE		250 00
YOUNG LIFE IOWA CITY		5,000 00
ZION LUTHERAN CHURCH		419 24
F	TOTALS	1,995,103 81

HILLS BANK DONOR ADVISED GIFT FUND

EIN: 39-6659806

Form 990, Calendar Year 2013

Part X Balance Sheet

Schedule D, Part VII; item (a)

Description	FMV at 12/31/2013	Organization's Book Value (FMV at receipt)	
Line 1, Cash - non-interest-bearing	57,870 18	57,870 18	57,870 18
Line 2, Savings and temporary cash investments			
SEI Prime Obligations Fund	2,356,129 04	2,356,129.04	
SEI Tax-Exempt Trust Insti	138,257 83	138,257 83	
CDARS CD 1015715193	375,000 00	375,000 00	
CDARS CD 1014262012	379,780.47	379,780 47	
CDARS CD 1014262047	381,545 63	381,545.63	
CDARS CD 1014262063	382,555 15	382,555 15	
CDARS CD 1014262098	383,312 76	383,312.76	4,396,580.88
Line 11, Investments-publicly traded securities			
220 shs Evercore Partners Inc CL A	13,151 60	13,173.60	
350 shs Tyson Foods Inc	11,711 00	11,719.75	
400 shs Zillow Inc	32,692 00	31,916 00	
7658 89 shs Vanguard Extended Market Index Fund Signal Shs #1342	412,967 40	289,163 01	345,972.36
Line 12, Investments-other securities (value more than 5% of all assets)			
42744 14 shs Vanguard Short Term Treasury Fund #32	456,507 36	461,811 20	
19261 52 shs Vanguard Total International Stock Index Fund Signal Shs #1769	647,186 98	537,267.79	
84,665 83 shs Vanguard Total Bond Market Index Fund Signal Shs #1351	894,071.18	919,877 03	
9197 66 shs Vanguard 500 Index Fund Signal Shs	1,294,294.26	965,323.54	2,884,279 56
5197 66 3h3 Vangaara 566 maex i ana dignar 6h5	1,204,204.20	303,323.3 1	2,004,27330
	8,217,032.84	_	7,684,702 98

HILLS BANK DONOR ADVISED GIFT FUND

EIN: 39-6659806

Form 990, Calendar Year 2013

Schedule I, Part II, Line 1 Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

(a) Name and address of organization	(b) EIN	(d) Amount of cash grant
All Saints Catholic Church 720 29 th Street SE Cedar Rapids, IA 52403	42-0698056	28,000.00
Ambassadors for Christ International PO Box 470 Tucker, GA 30085	58-1303476	6,000.00
Avant Ministries 10000 N Oak Trfy Kansas City, MO 64155-2010	44-0594428	160,900.00
Brain and Behavioral Research Foundation 60 Cutter Mill Road Ste. 404 Great Neck, NY 11021	31-1020010	6,000.00
Camp Courageous PO Box 418 12007 190th St. Monticello, IA 52310-0418	23-7210932	11,750.00
Camp Forest Springs N8890 Forest Ln Westboro, WI 54490-9430	39-1249982	6,000.00
Campus Crusade for Christ PO Box 628222 Orlando, FL 32862-8222	95-2814920	25,740.00
Catholic Diocese of Davenport 780 West Central Park Avenue Davenport, IA 52804-1901	42-0680472	8,100.00
Catholic Relief Services 228 West Lexington Street Baltimore, MD 21201-3413	13-5563422	10,250.00

Cedar Hills Community Church 6455 E Ave NW Cedar Rapids, IA 52405	42-1015013	30,000.00
Central Christian Church 3475 Kimball Avenue Waterloo, IA 50701	42-0752683	7,000.00
Children's Relief International PO Box 2470 Rockwall, TX 75087	36-4353904	13,730.00
Coe College Advancement Services Office 1220 First Avenue NE Cedar Rapids, IA 52402	42-0686467	25,000.00
Community Health Free Clinic 947 14th Ave SE Cedar Rapids, IA 52401	13-4228071	14,500.00
East Union Mennonite Church 5615 Gable Ave SW Kalona, IA 52247	Not Available	5,200.00
Echo Hill Presbyterian Church PO Box 11335 Cear Rapids, IA 52410	26-1157921	24,800.00
Ensemble Theatre Project, Inc. PO Box 2307 Santa Barbara, CA 93120	95-3408200	15,000.00
Evangelical Lutheran Church in America P.O. Box 71764 Chicago, IL 60631-4179	41-1568278	10,000.00
Faith Baptist Church 1251 Village Road Iowa City, IA 52240	42-1185801	7,200.00
First United Methodist Church 214 East Jefferson Street Iowa City, IA 52245	42-0772560	11,000.00
Gospelink, Inc. PO Box 4299 Lynchburg, VA 24502-0299	58-2390166	16,000.00

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Grace Community Church 2707 Dubuque St. NE North Liberty, IA 52317	42-1192395	27,000.00
Grace United Methodist Church 603 Clay Street PO Box 27 Brooklyn, IA 52211	Not Available	10,000 00
Heritage Christian School 2709 Dubuque Street NE North Liberty, IA 52317	42-1386017	15,000.00
Informed Choice of Iowa Corp. P.O. Box 2537 Iowa City, IA 52244	26-0451761	6,250.00
Insight For Living PO Box 269000 Plano, TX 75026-9000	95-3392299	12,000.00
Iowa Right to Life 1500 Illinois St Des Moines, IA 50314	45-3788846	6,000.00
Iowa State University Foundation 2505 University Boulevard PO Box 2230 Ames, IA 50010-2230	42-1143702	16,000.00
Juvenile Diabetes Research Foundation 3580 EP True Pkwy Ste. 101 West Des Moines, IA 50265	23-1907729	10,000.00
Lighthouse Catholic Media 303 E State Street Sycamore, IL 60178	26-2193509	23,700.00
Lutheran Interparish School PO Box 750 Williamsburg, IA 52361	42-0988468	10,550.00
Maranatha Bible Church 526 Third Ave SW Cedar Rapids, IA 52404	42-1140036	30,350.00
Martensdale Community Church PO Box 200 Martensdale, IA 50160-0200	42-1318891	36,000.00

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Mary's Meals USA 590 Bloomfield Ave, Unit 280 Bloomfield, NJ 07003	33-1215331	224,000 00
Mercy Medical Center Foundation 701 Tenth St. SE Cedar Rapids, IA 52403	51-0233180	12,000.00
Midwest Theological Forum Woodridge, IL 60517	36-3953023	10,000.00
Nations One for Christ 4604 Airpark Blvd. Duluth, MN 55811	27-4182423	70,000.00
New Covenant Bible Church 1800 46 St. NE Cedar Rapids, IA 52402	51-0139200	9,000.00
New Life Community Church 106 Second Avenue Coralville, IA 52241	Not Available	9,032.31
Newman Catholic Student Center Foundation 104 East Jefferson Street Iowa City, IA 52245	42-0957121	18,050.00
Northwestern College Radio for Life Northwestern Media PO Box 130517 St. Paul, MN 55113	Not Available	5,900.00
Orchestra Iowa 119 Third Ave. SE Cedar Rapids, IA 52401	42-0772544	15,000.00
Parkview Evangelical Free Church 15 Foster Road Iowa City, IA 52245	42-0989258	140,000.00
Priests for Life PO Box 141172 Staten Island, NY 10314	94-3123315	6,000.00
Ravi Zacharias International Ministries 4725 Peachtree Corners Circle, Suite 250 Norcross, GA 30092	13-3200719	180,000.00

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Restoring Hope International PO Box 372 Ankeny, IA 50021-0372	26-3925275	35,815.00
Salvation Army 1000 V Ave NW Cedar Rapids, 1A 52405	36-2167910	22,300.00
Samaritan's Purse PO Box 3000 Boone, NC 28607	58-1437002	6,033.34
Santa Barbara Botanical Garden 1212 Mission Canyon Rd Santa Barbara, CA 93105	95-1644628	30,000.00
Santa Barbara Chamber Orchestra Society PO Box 90903 Santa Barbara, CA 93190-0903	95-3248568	6,500.00
Santa Barbara Museum of Art 1130 State St Santa Barbara, CA 93101	95-1664122	35,000.00
Scholarship Foundation of Santa Barbara PO Box 3620 Santa Barbara, CA 93130-3620	23-7087774	17,500.00
Seeds of Faith Lutheran Church 221 1 st St. NE, Ste. 1 Mt. Vernon, IA 52314	42-1492437	10,000.00
St. Mary's Catholic Church 302 East Jefferson Street Iowa City, IA 52240	42-0716346	15,550.00
St. Paul's United Methodist Church 803 Clearview Dr Williamsburg, IA 52361	Not Available	18,100.00
Temple Judah 3221 Lindsay Lane SE Cedar Rapids, IA 52403	42-0736160	11,000.00
The Family Leader Foundation 10506 Justin Drive Urbandale, IA 50322-3730	42-1461169	10,525.00
Trees Forever	42-1419181	20,500.00

770 7th Avenue Marion, IA 52302

Trinity Episcopal Church 204 East 5 th Street Ottumwa, IA 52501-2626	Not Available	5,500.00
University of Iowa Foundation PO Box 4550 Iowa City, IA 52244-4550	42-0796760	38,075.00
Wartburg College 100 Wartburg Blvd. Waverly, IA 50677	42-0680351	15,000.00
Westminster Presbyterian Church Foundation 4114 Allison Ave Des Moines, IA 50310	23-7397987	25,000.00
Williamsburg Music Association PO Box 771 Williamsburg, IA 52361	42-1300846	10,500.00
Young Life PO Box 520 Colorado Springs, CO 80901	84-0385934	5,250.00

1,682,150.65

Page 2 (f) Description of non-cash assistance 39-6659806 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed The organization Explanation: The organization maintains complete and accurate written and Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information verifies that the recipient is a 501(c)(3) organization that is not The (d) Amount of non-cash assistance electronic records as to the amounts of the grants it makes. private foundation before the grants are actually disbursed. recipients of the grants are identified by contributors. Hills Bank Donor Advised Gift Fund (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part I, Line 2: Schedule I (Form 990) (2013) Part III

Schedule I (Form 990) (2013)

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open To Public

Name of the organization

Inspection

Employer identification number

		Hills Bar	nk Donor	Adv	<u>rise</u>	d Gift Fun	d		39	-66	598	06		
Part I						section 501(c)(4) org								
	Complete if the					art IV, line 25a or 25I	b, or Forr	n 990-EZ, F	Part V,	line 40	Ob	-1:		
1 (a) Nam	ne of disqualified	person (b)	Relationship bet person and o			lified (c) Descri	otion of trai	nsactio	n				cted?
			personana	- garnz								- Y	es	No
												-		
			<u>-</u>				•							
										-		_		
section		•		•		qualified persons du	ring the y	vear under		▶ \$ ▶ \$				
Part II	Loans to an	d/or From In	terested Per	sons	·			, ,						
	Complete if the	organization ans	wered "Yes" on	Form	990-EZ	, Part V, line 38a or l	Form 990), Part IV, lır	ne 26,	or if th	ne orga	ınızatı	on	
		ount on Form 99	-i	1		r <u></u>	T		1		(h) An	nroved		
	Name of sted person	(b) Relationship with organization		fro	n the	(e) Original principal amount	(f) Bal	ance due	(g)) In Juit?	(h) Approved by board or committee? agree		(i) W agree	ritten ment?
	·			To	From				Yes	No	Yes	No	Yes	r
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F-4-1				i	1		•			L	ļ			
Fotal Part III	Grants or As	ssistance Be	nefiting Inte	reste	d Per	> \$								
		organization ans	_											
(a) Na	me of interested		(b) Relationship interested per the organiz	betwe	en	(c) Amount of assistance		(d) Type assistar				(e) Purpose of assistance		f
								- :	<u>-</u>					
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									-	\dashv				
HA For Pa	aperwork Reduc	ction Act Notice	, see the Instruc	tions	for Fo	rm 990 or 990-EZ.		Sch	edule	L (Fo	rm 990	or 99	90-EZ	2013

Complete if the organization answer	ed "Yes"	on Form 990, Part IV, I	ne 28a, 28	b, or 28c	3.00	14-106	
(a) Name of interested person	1,	b) Relationship between interested (c) Amount of person and the organization (c) Amount of transaction transa				òrganiz	aring of zation's nues?
						Yes	No
Dwight O. Seegmiller		<u>Seegmiller</u>			Hills Bank	 	X
Bradford C. Zuber	Mr.	Zuber is a	seni		Hills Bank		X
	_			·		 	
Part V Cumplemental Information		· · · · · · · · · · · · · · · · · · ·					
Provide additional information for res	sponses t	o questions on Schedi	ule L (see ii	nstructions)			
Sch L, Part IV, Business	Tran	sactions In	volvin	ng Interest	ed Persons:	į.	
(a) Name of Person: Dwigh	nt O.	Seegmiller					
(b) Relationship Between	Inte	rested Pers	on and	l Organizat	ion:		
Mr. Seegmiller is the Pre							
(d) Description of Transa						e e e	
investment, accounting, a	ina o	ther admini	strat1	ve service	s for the F	11118	
Bank Donor Advised Gift I	und_	at rates and	d on t	erms consi	stent with	mark	et
rates for similar service	es.						
(a) Name of Person: Bradi	ord	C. Zuber					
(b) Relationship Between	Inte	rested Perse	on and	l Organizat	ion:		
Mr. Zuber is a senior off	icer	of Hills Ba	ank ar	nd Trust Co	mpany		
(d) Description of Transa	actio	n: Hills Bar	nk and	l Trust Com	npany provid	les	
investment, accounting, a	and o	ther admini:	strati	ve service	s for the H	Hills	
Bank Donor Advised Gift I	und	at rates and	d on t	erms consi	stent with	mark	et
rates for similar service							
THE DELYTON					· · · · · · · · · · · · · · · · · · ·		-
				· · · · · · · · · · · · · · · · · · ·		-	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs gov/form990.

Inspection

name of the organization						
	<u> Hills</u>	Bank	Donor	Advised	Gift	Fund

Employer identification number 39-6659806

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribi			
		applicable		Form 990, Part VIII, line 1g		Juon a	mount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				_	
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes				<u> </u>			
8	Intellectual property							
9	Securities - Publicly traded	X	61	683.260.	Market quot	eg		
10	Securities - Closely held stock	X	3	16.650.	Appraisal			
11	Securities - Partnership, LLC, or			10,030.	IDDIGIBAL			
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution						· · · ·	
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
	Food inventory							-
19	,							
20	Drugs and medical supplies					-		
21	Taxidermy Listerant artifacts							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()		<u> </u>					
26	Other ()							
27	Other ()					•		
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29				
00	Demonstrate and deliberation of the second						Yes	No
30a	During the year, did the organization receive by							i
	at least three years from the date of the initial o	contribution	, and which is not i	required to be used for exer	npt purposes for			37
	the entire holding period?					30a		_X
	If "Yes," describe the arrangement in Part II							
31	Does the organization have a gift acceptance p	•	•	•		31		<u> X</u>
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				.
	contributions?					32a		_X_
b	·							ı
33	If the organization did not report an amount in	column (c) f	or a type of proper	rty for which column (a) is ch	necked,			ı
	describe in Part II				· · · · · · · · · · · · · · · · · · ·			
l HA	For Paperwork Reduction Act Notice see:	the Instruc	tions for Form 99	Λ	Schedule M	/Earm	9901	2013)

Part II	Supplemental It	oformation of	oudo the :=f==	nation ros: :::s =	bu Dowl In-	30b 30b	39-6659	806 Page
<u> </u>	Supplemental Ir is reporting in Part I, this part for any addi	column (b), the nutional information	imber of contrib	nation required outlons, the nu	by Part I, lines mber of items i	eceived, or a co	os, and whether the embination of both	organization Also complete
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2142 09-03-	13					···	Schedule M	(Form 990) (201

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Hills Bank Donor Advised Gift Fund

Employer identification number 39-6659806

Form 990, Part I, Line 1, Description of Organization Mission:
Code and which are not private foundations under Section 509 of the
Internal Revenue Code.
Form 990, Part VI, Section A, line 2:
Explanation: Hills Bank & Trust Company acts as sole Trustee. Dwight O.
Seegmiller and Bradford C. Zuber are senior officers of Hills Bank and
Trust Company and make the necessary decisions for the Trustee.
Form 990, Part VI, Section B, line 11:
Explanation: Two senior officers of the Trustee carefully review and
examine the Form 990 before it is signed and thoroughly discuss any
questions either them may have with the preparer of the Form 990.
Form 990, Part VI, Section B, Line 12c:
Explanation: There is a small number of officers and employees of the
trustee of the organization and avoidance of conflicts of interests is done
on an informal basis. The officers of the trustee know all of the
organization's donors on a personal basis and would advise a donor if the
trustee or any of its officers or employees was sufficiently involved with
a recipient organization as to create a conflict of interest.
Form 990, Part VI, Section C, Line 18:
Explanation: The organization does not have a web site. All governing
documents, conflict of interest policy and financial statements are
available to the public at 590 Forevergreen Road, North Liberty, Iowa
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 90-04-13

Name of the organization Hills Bank Donor Advised Gift Fund	Employer identification number 39-6659806
52317.	
Form 990, Part VI, Section C, Line 19:	
Explanation: The organization does not have a web site.	All governing
documents, conflict of interest policy and financial stat	ements are
available to the public at 590 Forevergreen Road, North L	iberty, Iowa
52317.	
Form 990, Part XI, line 9, Changes in Net Assets:	
TEMPORARY TIMING DIFFERENCES	-810.
	010.

Form 8868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

Form 8868 (Rev 1 2014)

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box $\triangleright X$ If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3 month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form. visit www.irs gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print Hills Bank Donor Advised Gift Fund 39-6659806 File by the Number, street, and room or suite no. If a P.O box, see instructions. Social security number (SSN) due date for filing your 590 West Forevergreen Road return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions North Liberty, IA 52317 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 01 07 Form 990-BL 02 Form 1041-A Form 4720 (individual) Form 4720 (other than individual) 09 Form 990 PF Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11 Form 990-T (trust other than above) Form 8870 12 Bradford C. Zuber The books are in the care of ▶ 590 West Forevergreen Road - North Liberty, IA 52317 Telephone No ► 319-338-1522 Fax No 🕨 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box | If it is for part of the group, check this box | and attach a list with the names and EINs of all members the extension is for I request an automatic 3 month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for ► X calendar year 2013 or tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Forms 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Caution If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453 EO and Form 8879 EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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If you are filing for an Additional (Not Automatic) 3-Month Ex	tension (complete only Part II and check this		_		Page 2
Note. Only complete Part II if you have already been granted an a				8868		
• If you are filing for an Automatic 3-Month Extension, comple						
Part II Additional (Not Automatic) 3-Month E			al (no c	opies r	needed).	
		Enter filer's	identifyi	ng numb	er, see ins	tructions
Type or Name of exempt organization or other filer, see instru	ructions En			mployer identification number (EIN) or		
print						
	ls Bank Donor Advised Gift Fund			39-6659806		
tiling vour				ocial security number (SSN)		
return See 590 West Forevergreen Road						
City, town or post office, state, and zir code For a fi	oreign add	Iress, see instructions.				
North Liberty, IA 52317				·		
Enter the Beturn code for the return that this application is for (file		to application for each return)				0 1
Enter the Return code for the return that this application is for (file	e a separa	tte application for each return)				
Application	Return	Application				Return
is For	Code	Is For				Code
Form 990 or Form 990-EZ	01			· · · · · · · · · · · · · · · · · · ·		1 0000
Form 990-BL	02	Form 1041-A				08
Form 4720 (individual)	03	Form 4720 (other than individual)				09
Form 990-PF	04	Form 5227				10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069		· · · · · · · · · · · · · · · · · · ·		11
Form 990-T (trust other than above)	06	Form 8870				12
STOP! Do not complete Part II if you were not already granted		<u>natic 3-month extension on a previ</u>	ously file	d Form	8868	
Bradford C. Zul		am Dand - Wasselb Till			E0015	,
 The books are in the care of ► 590 West Forever Telephone No ► 319-338-1522 	ergre	en Road - North Lij FaxNo ▶	perty	, 1A	5 <u>2</u> 31	<u>'</u>
 If the organization does not have an office or place of business 	e in tha l lr				-	
If this is for a Group Return, enter the organization's four digit			this is fo	r the who	ole aroup d	heck this
box ▶ ☐ If it is for part of the group, check this box ▶ ☐						
		ber 15, 2014.		<u> </u>	7.101,07011 je	
5 For calendar year 2013, or other tax year beginning		, and ending	3			
6 If the tax year entered in line 5 is for less than 12 months, or	heck reas	on Initial return	Final i	eturn		
Change in accounting period						
7 State in detail why you need the extension				··		
Due to changes in the Trustee			: is	not]	possil	ole
to timely prepare a complete a	and a	ccurate return.				
Do If this application is far Forms 000 RI 000 RF 000 T 4700	6060		···	1		
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less any	0-			0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and estimated	8a	\$		0.
tax payments made Include any prior year overpayment all		•				
previously with Form 8868		a crook and any amount paid	8b	\$		0.
c Balance due. Subtract line 8b from line 8a Include your pa	yment wit	h this form, if required, by using	0.5			
EFTPS (Electronic Federal Tax Payment System) See instru	-		8c	\$		0.
		st be completed for Part II o	nly.		-	
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this for	ing accomp orm.	panying schedules and statements, and to	the best o	f my knov	/ledge and b	elief,

Form 8868 (Rev. 1-2014)

Date ►

Signature >

Title ► Attorney