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Form **990**

Department of the Treasury

Internal Revenue Service

Extended to August 15, 2016

Return of Organization Exempt From Income Tax

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

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/torm990.

2015 Open to Public Inspection

OMB No 1545-0047

A For the 2015 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Address change Hills Bank Donor Advised Gift Fund Name change 39-6659806 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 590 West Forevergreen Road 319-338-1522 5,671,599 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended North Liberty, IA 52317 H(a) Is this a group return Applica-F Name and address of principal officer Bradford C. Zuber Yes X No for subordinates? pending 590 West Forevergreen Road, North Liberty, Yes 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) J Website: ► N/A H(c) Group exemption number ▶ X Trust Other > Year of formation, 1997 M State of legal domicile: IA K Form of organization: Corporation Association Part I Summary Briefly describe the organization's mission or most significant activities. Making cash grants to other Activities & Governance organizations exempt under Section 501(c)(3) of the Internal Check this box | If 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) 4 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 3,321,616. 4,107,563. 8 Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, line 2g) 152, 772. 171,277. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,260,335. 3,492,893. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part X, Follumn (A), lines 1-3) Benefits paid to or for members (Part X, column (A), line 4) 2,663,215. 3,978,666. 13 0. Ο. Salaries, other compensation, employee benefits (Part Column (A), lines 5-10) 0. 0. 15 16a Professional fundraising fees (Partil & Dufin (A), The 1te) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 57,625. 63,358. Other expenses (Part IX, column (A), lines 111 a 1 11d, 111 f -24e) 2,720,840. 4,042,024. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 772,053. 218,311. Revenue less expenses. Subtract line 18 from line 12 Assets or Ralances Beginning of Current Year **End of Year** 8,456,636. 8,675,448. Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) О. 0. Net assets or fund balances Subtract line 21 from line 20 8,456,636. 448 Part II | Signature Block Under penalties of perjury, I deek re that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration (preparer (other than officer) is based on all information of which preparer has any knowledge Sign Bradford C. Zuber, Sr. Vice President & Trust Officer Here Type or print name and title PTIN Date Print/Type preparer's name Preparet's signature Nus 06/02/16 P00679178 Gary J. Streit Paid self-employed Firm's name Shuttleworth & Ingersol/1 / P.L.C. Firm's EIN 42-1496619 Preparer Firm's address \subseteq 115-3rd Street SE, Suite 500 Use Only Cedar Rapids, IA 52406-2107 Phone no 319-365-9461 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

2-16 15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

See Schedule O for Organization Mission Statement Continuation

4-34

Га	Checklist of Required Schedules			
			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ŀ	١
	public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			.,
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	_ 5	 	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		١,,	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	Х	
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			۱.,
	Schedule D, Part III	8		X
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?			\ _v
	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			Į
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	AND	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	× 30		À.
_	as applicable	<u> </u>	· · · · · ·	₹,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	_ د د ا		х
	Part VI	11a		Λ.
ь	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	446	x	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	444		х
a	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 ⁹ If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	-	
•	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	<u> </u>		
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII; lines		,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schodule G. Part III	10	1	X

20 bil the organization operate one or more hospital facilities? If "Yes," complete Schedule H bil "Yes" to long 200, did the organization attains a copy of its audited faminated statements to this return? 20 bil the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, Column (A), line 72 if "Yes," complete Schedule I, Part II I 20 bil the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Column (A), line 27 if "Yes," complete Schedule I, Part II I 21 bil the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5 should compensation of the organization's current and former officers, directors, fursies, key employees, and highest compensated employees? If "Yes," complete Schedule I I "Yes," to provide Schedule I I "Yes," complete Schedule I I "Yes," to fine 25s Schedule I, I "Yes," to fine 25s Section 501(5), 301(6), 401 Schedule I, I see I I I "Yes," to fine 25s Section 501(6), 301(6), 401 Schedule I, I see I I I I Schedule I I I I I I I I I I I I I I I I I I I				Yes	No
b If Yes' to line 20a, dot the organization attach a copy of its audited financial statements to the return? 20 Did the organization report more than \$5,000 of grants or other assistance to any diomestic organization or diomestic government on Part IX, column (A), line 1? (if Yes, "complete Schedule I, Parts I and II	2 0a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a		Х
21 Dut the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operament on Part IX, column (A), line 2** (I "Yes," complete Schedule I, Parts I and III 19" (I "Sec." complete Schedule I, Parts I and III 19" (I "Sec." complete Schedule I, Parts I and III 19" (I "Sec." complete Schedule I, Parts I and III 19") (I "Sec." complete Schedule I, Parts I and III 19") (I "Sec." complete Schedule I, Parts I and III 19") (I "Sec." complete Schedule I, Parts I and III 19") (I "Sec." complete Schedule I, Parts I and III 19") (I "Sec." complete Schedule I, Parts I and III 19") (I "Sec." complete Schedule II")		·	20b		
domestic government on Part IX, column (A), line 17 if "res," complete Schedule I, Parts I and II 21 Did the organization report more than \$5.000 or ginars on other assistance to or for domestic individuals on Part IX, column (A), line 27 if "res," complete Schedule I, Parts I and III 22 Did the organization answer "res" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "res," complete Schedule I, Part II and III 22 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "res," answer lines 24th through 2dd and complete Schedule II "res," in the 25e Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization mixed any proceeds of tax-exempt bonds outstanding at any time during the year? 25d Did the organization makes an an one-behalf of "issuer for bonds outstanding at any time during the year? 25d Did the organization makes that it engaged in an excess benefit transaction with a disqualified person using the year? If "res," complete Schedule I, Part II 25d Did the organization in aware that it engaged in an excess benefit transaction with a disqualified person using the year of the organization experts and that the transaction has not been reported on any of the organization promess officers, directors, trustees, key employees, profess Schedule I, Part IV 25d Did the organization in port any amount on Part X, line 5, 6, or 22 for recovables from or payables to any current or former officers, directors, trustees, key employees? If "res," complete Schedule I, Part IV 27d Did the organization receiver more than \$25,000 in ron eash contributions? If "res," complete Schedule I, Part IV	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX. column (A), line 27 // "Yes," complete Schedule I, Parts I and III 2 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, fusites, key employees, and highest compensated employees? // "Yes," complete Schedule I and tay of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule I, "No", go to line 025a 5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary penid exception? 6 Did the organization invest any proceeds of tax exempt bonds beyond a temporary penid exception? 7 Did the organization invest any proceeds of tax exempt bonds beyond a temporary penid exception? 8 Did the organization and acts as in "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 9 Did the organization and acts as in "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 10 Did the organization and acts as in "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 10 Did the organization are acts as in "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 11 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person outlines to the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person outlines to the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person outlines to the organization engage in any outlines and that the transaction are prior to receive any part of the organization engage in any prior person in a prior year, and that the transaction with one of the organization engage person in a prior year, and		domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	Х	
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Ses Section \$01(c)(3), \$01(c)(4), and \$01(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Ses L, Part I Se	b	, 5			
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31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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 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 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 19? Note. All Form 990 filers are required to complete Schedule O		-	30		х
If "Yes," complete Schedule N, Part I 31	31				
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32	•		31		х
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sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 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	33	·			
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			33		х
Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 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 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	34				
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Note. All Form 990 filers are required to complete Schedule O	38				
· · · · · · · · · · · · · · · · · · ·	_		38	х	
					(2015)

	990 (2015) Hills Bank Donor Advised Gift Fund		<u> 39-6659</u>	<u>806</u>	Р	age 🤄
Par	t V 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	1a	0	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	1		•
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming	1		
	(gambling) winnings to prize winners?	•	3 3	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1		1 %		
	filed for the calendar year ending with or within the year covered by this return	2a	0	× ,		w 4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		,	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				\$1.1°	₽,
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-,		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	^		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		v over a	- O.D		
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		X
b	If "Yes," enter the name of the foreign country	CCOUIT	<i>)</i> ·	(in	Aug.	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Air		/ERARI			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ccount	s (FDAN)	- K	\$2.50\pi_0.00.2	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.	stion?		<u>5a</u>	<u> </u>	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5110117		5b		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0.01005	uzation adject	<u>5c</u>		
Va	any contributions that were not tax deductible as charitable contributions?	e organ	iization solicit	6-		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.		64-0	_6a		
b	were not tax deductible?	ons or i	girts			
7				_6b	Jennan de	Ц.
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		ounded to the neuron		\$ %	Х
a		vices bi	ovided to the payor?	7a		^
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	L	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	is requi	rea	l _		v
				7c	.	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	- · · · · · · · · · · · · · · · · · · ·		F*23****	- 1880
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		,	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		0	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		•	7 <u>g</u>		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h	-	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			4	₹.
_	sponsoring organization have excess business holdings at any time during the year?			8	31 12	X
9	Sponsoring organizations maintaining donor advised funds.				3 gh 45	
a	Did the sponsoring organization make any taxable distributions under section 4966?			_9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	61	X
10	Section 501(c)(7) organizations. Enter	۱ ا		×36	- #3.75 - #3.75	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			, mi .	養活
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			* 15 ~ 14 2 ~ *	
11	Section 501(c)(12) organizations. Enter	1		~ 2 % m	* xx. ~	1
a	Gross income from members or shareholders	11a	· - · · · · · · · · · · · · · · · · · ·	*		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			-		
	amounts due or received from them)	11b		ļ		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		<u> </u>
	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.					<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O					1
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	13b				
	Enter the amount of reserves on hand	13c		<u> </u>		
142	Did the organization receive any nayments for indoor tanning services during the tay year?			144	1	l v

Form **990** (2015)

b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O

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

500	Check if Schedule O contains a response or note to any line in this Part VI					[A]
Sec	tion A. Governing Body and Management				V	NIa
4-	Enter the number of voting members of the governing hady at the and of the tay year	140	2		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year	1a	2	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			-	den "	Ç44
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	46	2	* 4. *		
	Enter the number of voting members included in line 1a, above, who are independent	1b		1 1	÷ -	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any otner	<u> </u>	X	
_	officer, director, trustee, or key employee?			2_	Λ	
3	Did the organization delegate control over management duties customarily performed by or under the	e airec	supervision			Y
	of officers, directors, or trustees, or key employees to a management company or other person?	00	. flod0	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed ?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets/		5		X
6	Did the organization have members or stockholders?			6		
/a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			х
	more members of the governing body?	ام طبام م	lelava av	7a		Λ_
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	OCKNO	luers, or			х
_	persons other than the governing body?			7b	6-1	<u>^</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ir by the	e tollowing:		X	"r
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	cned a	t tne			х
500	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		V	NI-
40-	Did the executation have lead shorters branches as affiliates?			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		offiliates	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, anniates,	406		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	. hafa-	a film a thin farms?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	beloi	e ming the form?	11a		·
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			-	X	. ^.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	to conf	lioto?	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	-21	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, a	escribe	12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?			13	25	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 approva	l by inc	denendent		44 *	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	r by inc	dependent	î Î	3.46	~ _{7,8}
9	The organization's CEO, Executive Director, or top management official			15a	, W. A	X
	Other officers or key employees of the organization			15b		X
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				, -	ŝ, .
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	nent w	ith a			
	taxable entity during the year?	18	🕶	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its n	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	•		,	
	exempt status with respect to such arrangements?		-	16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed ▶IA	-				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	on 501(c)(3)s only) as	/ailable		
_	for public inspection. Indicate how you made these available. Check all that apply	,	\-/\-/- 0}/ 0			
	Own website Another's website X Upon request Other (explain	un Sch	nedule (1)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		•	financ	ıal	
	statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records			
	Bradford C. Zuber - 319-338-1522			•		
	590 West Forevergreen Road, North Liberty, IA 5231	.7	 ,			
					000	

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.

Check this box if neither the organization not (A) Name and Title	(B) Average hours per week	(do box,	not ci	Pos heck i	C) itior more		one nan	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Bradford C. Zuber	2.00									
Sr. Vice President of Trustee	2 00		X		_	<u> </u>		0.	0.	0.
(2) Dwight O. Seegmiller	2.00		v					0	0	•
President of Trustee			X		<u> </u>			0.	0.	0.
					İ					
		\vdash				\vdash				
		_		-		 				
										
										
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Form **990** (2015)

	Section A. Officers, Directors, Trus								l i		- 1	/F\	
	(A)	(B) Average			O) Posi	-)		(D)	(E) Reportable		(F) Estimat	0 d
	Name and title	hours per		not cl	neck r	more	than d s both		Reportable compensation	compensation	,	amount	
		week					r/trus		from	from related		other	
		(list any	ector						the	organizations		compensa	ation
		hours for related	or dir	 8			ated		organization	(W-2/1099-MIS	C)	from th	
		organizations	ustee	truste		es.	Suadi		(W-2/1099-MISC)			organization	
		below	dral tr	Institutional trustee) płoy	st con	_				organizat	
		line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former					
										· · · · · · · · · · · · · · · · · · ·			
				Ш									
										-	-		
										-			
											\perp		
		<u> </u>	L					<u> </u>			<u>. </u>		
	Sub-total								0.		0.		0
	Total from continuation sheets to Part VI	I, Section A							0.		0.		0
_ <u>u</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but r	ot limited to the	nse	liste	d ah	OVE) wh	o re			<u> </u>		<u> </u>
-	compensation from the organization				. u.		,		correct more trial proof,	oco or roportable			(
		·										Yes	No
3	Did the organization list any former officer	director, or tru	stee	, ke	y em	plo	yee,	or h	nighest compensated en	nployee on		, ,	
	line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4	For any individual listed on line 1a, is the su	•							-	ne organization			<u> </u>
	and related organizations greater than \$150										L	4	X
5	Did any person listed on line 1a receive or a							late	d organization or individ	lual for services	<u> </u>		
	rendered to the organization? If "Yes." con	nolete Schedule	J fo	or su	ch c	ers	on		<u></u> .			5	Х
	ion B. Independent Contractors									100 000 -1			
1	Complete this table for your five highest co the organization. Report compensation for										ensatio	on trom	
	(A)	the calendar ye	our c	Hairi	g w	11110	,, VVII	T	(B)	Sai .	_	(C)	
	Name and business	address	NC	NE	:			1	Description of s	ervices	Co	mpensatio	n
								T					
										ļ			
								\dashv	-				
	- 							\dashv					
 	Total number of independent contractors (i	ncluding but no	ot lin	nited	to t	hos	e list	ted -	above) who received mo	ore than			

•	••	Check if Schedule O cont	ains a response o	or note to any lir	ne in this Part VIII			
				-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស្ត	1 a	Federated campaigns	1a		1	· · · · · · · · · · · · · · · · · · ·		
Grants	ŀ	Membership dues	1b		1	,		
ල් පි	,	Fundraising events	1c		1	\$		
fts,		d Related organizations	1d		, ,,	2	٠ - ٢٠	, %
<u> 2</u> 8		Government grants (contribution					¥ .	ľ
Sing	4					(1)		^
ig ig		All other contributions, gifts, gran similar amounts not included abo		4,107,563.	· ·			in the
뜮혉				1,148,255.	· , ,			
Contributions, Gifts, Grants and Other Similar Amounts	٤	Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f \$	1,140,233.	4,107,563.			3 2 2 2
		1 Total: 7 do mios fa 11		Business Code	 	21		*
g,	2 a	i						
Program Service Revenue	t	· <u></u>						
S a	c						**	
E S	c	d						
P G	e	·						···
ᇫ	f	All other program service reve	nue					
	Ç	Total. Add lines 2a-2f				30 10 /0/21.80	\$1.5 A.1	
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		>	112,260.			112,260.
	4	Income from investment of tax	x-exempt bond pr	roceeds				
	5	Royalties		<u> </u>		,	,	
			(ı) Real	(II) Personal	, "A).	* . * .		i si
	6 a	Gross rents						
	b	•						
	C	, ,				in the state of	\$ 1970 Million	
		Net rental income or (loss)		> _	8 48 4 48 77 57 5.7	2 0 000 0 8 3 . 7 h	: %:_	
	7 a	Gross amount from sales of	(i) Securities	(II) Other				ှိ
		assets other than inventory	1,451,776.			* **	- 14/m	*
	b	Less: cost or other basis	1 411 264			,	7 1	
ĺ		and sales expenses	1,411,264.					
		Gain or (loss)	40,512.		40,512.	40.512.		يز
	•	• , ,	1	<u> </u>	40,512.	40,312.	, ,	,
e	8 a	Gross income from fundraising	-			*. * *		
len		including \$	of		ı			* * .
å.		contributions reported on line Part IV, line 18	·		-1 4-	*		***
Other Revenu		Less direct expenses	a b		- *	*		
₹		Net income or (loss) from fund		•	· · · · · · · · · · · · · · · · · · ·	à ,	* *	P'~
		Gross income from gaming ac	•			L	<u> </u>	
	9 6	Part IV, line 19			** ** *	, *	, 5 %	· 、、 。
	h	Less direct expenses	a i b				₹ 1	
		: Net income or (loss) from gam	(•	, « »	* * 3	(72 8	
		Gross sales of inventory, less	-		Y		ÿ	
	.0 0	and allowances	а					
	h	Less cost of goods sold	b		*	•	,	
		: Net income or (loss) from sale	•	•				
		Miscellaneous Revenu		Business Code			-	
	11 a							
	t	_						
	c							
	c	All other revenue						
	e	Total. Add lines 11a-11d	•	•				
	12	Total revenue See instructions			4,260 <u>,</u> 335.	40,512.	0.	112,260.
532009	9 12-16	6-15						Form 990 (2015)

Sect	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respon	Se or note to any line in (A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				ş ^
	and domestic governments See Part IV, line 21	3,978,666.	3,978,666.		!
2	Grants and other assistance to domestic				,
	individuals See Part IV, line 22			表型 4 MATE - 2 15 1 15 15	* .
3	Grants and other assistance to foreign				Sec. 19th
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				↑ Č
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified	<u> </u>			
	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)				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying				· · · · · ·
e	Professional fundraising services. See Part IV, line 17			M. A. A.	
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				
20	Interest				
21	Payments to affiliates				<u>.</u> .
22	Depreciation, depletion, and amortization				
23	Insurance	· · · · · · · · · · · · · · · · · · ·			
24	Other expenses. Itemize expenses not covered 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.)	60.050			
а	Custodial and recordkee	63,358.		63,358.	
b					
C					
d					
	All other expenses	4 042 024	2 070 666	62 250	
25	Total functional expenses Add lines 1 through 24e	4,042,024.	3,978,666.	63,358.	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)				

<u>ra</u> r	t X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing			1	1.
	2	Savings and temporary cash investments		4,601,929.	2	4,282,997.
	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	ted employees Complete		* ~ .	t
		Part II of Schedule L		171 - 200 - 400007 - 1/1 - 40 - 6-44-60-00 - 64 - V	5	
	6	Loans and other receivables from other disqualif	•	7		
ł		section 4958(f)(1)), persons described in section			K A	
-		employers and sponsoring organizations of sect		2÷ -	1 - 3.	
ន្ទ		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	<u>-</u> -
۲	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	MANAGE WAY YOU SEE TO THE SECOND SECO
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a		18 A	製物等なられただった。
	b	Less accumulated depreciation	10b	400 565	10c	124 564
	11	Investments · publicly traded securities		400,565.	11	134,764
	12	Investments - other securities See Part IV, line 1		3,454,142.	12	4,257,686
	13	Investments - program related See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0.456.636	15	0 675 440
ᆛ	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	8,456,636.	16	8,675,448
	17	Accounts payable and accrued expenses			17	<u>-</u>
-	18	Grants payable		18		
-	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	David IV of Colombials D		20	
ļ	21	Escrow or custodial account liability Complete F Loans and other payables to current and former		THE STATE OF	21	
Liabilities	22	key employees, highest compensated employee	•		Page 1977	
≣		Complete Part II of Schedule L	s, and disquaimed persons	~ v y * % 2 \$ \$ 1, \$	22	- 6 3 3
2	23	Secured mortgages and notes payable to unrela	ted third parties	,	23	
	23 24	Unsecured notes and loans payable to unrelated	·		24	
	25	Other liabilities (including federal income tax, pa	•			
- 1	20	parties, and other liabilities not included on lines				
ı		Schedule D	77 2-17 Complete Full X Ci		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958)	, check here X and			
ا ہ		complete lines 27 through 29, and lines 33 and			1.4 3t	
<u>ĕ</u>	27	Unrestricted net assets		2 / 25 4 5 4 5 4 5 6 6 6 6 6 7 4 7	27	***************************************
틸	28	Temporarily restricted net assets		8,456,636.	28	8,675,448
<u> </u>	29	Permanently restricted net assets		, <u>, , , , , , , , , , , , , , , , , , </u>	29	, , , , , , , , , , , , , , , , , , , ,
<u> </u>		Organizations that do not follow SFAS 117 (As	SC 958), check here	\$,		
<u>-</u>		and complete lines 30 through 34.				
<u> </u>	30	Capital stock or trust principal, or current funds		<u> </u>	30	
n I		Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
ž	31				 	
I ASS	32	Retained earnings, endowment, accumulated inc	come, or other funds		32	
Net Assets or Fund Balances		-	come, or other funds	8,456,636.	32 33	8,675,448.

Form **990** (2015)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2015)

Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

▶ 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

OMB No 1545-0047

Open to Public

Name of the organization

Employer identification number

				or Advised G				<u> 39-6659806 </u>						
Pa	irt I	Reason for Public (Charity Status 🕢	All organizations must co	mplete the	s part) Se	e instructions							
The	organ	zation is not a private found	ation because it is (F	or lines 1 through 11, c	heck only	one box)								
1	ň	A church, convention of chi					YAYi).							
2	\exists	A school described in secti					N. W.							
2	\equiv			•			:1							
3		A hospital or a cooperative					•	u dha haandalla masa						
4	ш	A medical research organiza	ation operated in cor	ijunction with a nospital	aescribea	in sectio	n 170(b)(1)(A)(III). Ente	r the nospital'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		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
		section 170(b)(1)(A)(iv). (C	complete Part II)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	X	An organization that normal	ly receives a substar	ntial part of its support fr	om a gove	ernmental (unit or from the general	public described in						
		section 170(b)(1)(A)(vi). (Co	omplete Part II)											
8	[]	A community trust describe		1)(A)(vi). (Complete Par	: 11.)									
9	$\overline{}$	An organization that normal				ontribution	ns membershin fees a	and aross receints from						
9		•	•				·							
		activities related to its exem	•	•			•	-						
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquir	ed by the organization	arter June 30, 1975						
	·	See section 509(a)(2). (Cor	•											
10	닏	An organization organized a	•	•	-									
11		An organization organized a	and operated exclusi	vely for the benefit of, to	perform the	he functior	ns of, or to carry out the	purposes of one or						
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2)	See section 509(a)(3).	Check the box in						
		lines 11a through 11d that of	describes the type of	supporting organization	and com	plete lines	11e, 11f, and 11g							
а		Type I. A supporting orga	nızatıon operated, sı	upervised, or controlled	by its supp	orted orga	anızatıon(s), typically by	/ giving						
		the supported organization	n(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the s	supporting						
		organization You must c	omplete Part IV, Se	ctions A and B.										
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by ha	aving						
		control or management of	-					=						
		organization(s) You mus			рогоо									
_		Type III functionally inte	•		ın connect	on with a	and functionally integrat	ted with						
С	L		•	-				,ca with,						
_		its supported organization		· ·										
d		Type III non-functionally					· · · · · · · · · · · · · · · · · · ·							
		that is not functionally into	-		=			iveness						
	_	requirement (see instructi	•	•										
е	· L	Check this box if the orga					Type I, Type II, Type III							
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiza	ation								
f	Ente	r the number of supported o	rganizations											
_9		ride the following information												
	() Name of supported	(ii) EIN	(ni) Type of organization	(iv) Is the oil listed i			(vi) Amount of						
		organization		(described on lines 1 9 above (see instructions))	governing		support (see	other support (see						
					Yes	No	instructions)	instructions)						
				······································										
	-													
			-											
		<u>.</u> .						-						
				· · · · · · · · · · · · · · · · · · ·										
			1											

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

39-6659806 Page 2

Schedule A (Form 990 or 990 EZ) 2015 Hills Bank Donor Advised Gift Fund 39-6659

| 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	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and		1	` 1			
	membership fees received (Do not						
	include any "unusual grants ")	4345527.	4194905.	3269572.	3321616.	4107563.	19239183.
2	Tax revenues levied for the organ				·		
	ızatıon'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	4345527.	4194905.	3269572.	3321616.	4107563.	19239183.
5	The portion of total contributions				386 × 1		1
	by each person (other than a		4.6	State of the state			
	governmental unit or publicly	1000		A Park State		,	
	supported organization) included					*	}
	on line 1 that exceeds 2% of the	4.6	reconstruction		arian i		
	amount shown on line 11,				- ^ 74		_
	column (f)				4.4		11543692.
	Public support. Subtract line 5 from line 4	· ALLENG DES	學元本為為其				7695491.
Se	ction B. Total Support				· · · ·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	4345527.	4194905.	3269572.	3321616.	4107563.	19239183.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					4	
	and income from similar sources	68,222.	110,997.	185,347.	171,277.	152,772.	688,615.
9	Net income from unrelated business						
	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 VI)					<i>"</i> **	10000000
11	Total support. Add lines 7 through 10	* ***		<u> </u>	<u> </u>		19927798.
12	•	•	•			12	
13	First five years. If the Form 990 is for	J	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	. —
Sec	organization, check this box and stor ction C. Computation of Publi	o here c Support Per	centage				
14	Public support percentage for 2015 (I	ne 6, column (f) dı	vided by line 11, co	olumn (f))		14	38.62 %
	Public support percentage from 2014		•	.,,		15	34.85 %
	33 1/3% support test - 2015. If the			line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$
b	33 1/3% support test - 2014. If the o		-	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual	_					▶□
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	ts and-circumstand	ces" test, check th	s box and stop h	ere. Explain in Pai	t VI how the organ	nization
	meets the "facts-and-circumstances"			-		3	
b	10% -facts-and-circumstances test	_		• • • •	•	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) 2015

532022 09-23-15

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.)

C-	ation A Dublic Support	, , ,	1010 1 411 11 1				
	ction A. Public Support			1			
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and			1			
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	-			 		
3	are not an unrelated trade or bus-						
	iness under section 513						
_						- 	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to					<u> </u>	
	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						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received					1	_
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	s Add lines 7a and 7b		_		 		
		THE POST SEARCH	- 4727 - 4	in the second	\(\tilde{\chi}_{\chi}\)		
	Public support. (Subtract line 7c from line 6)	and the same of th	MATERIAL TAN	British to Mittel	150%	10 0 00 x 2 mg 1 5 1 5 1 5	
	··	() 0044	4) 6040	() 0040	T () 001 (1,0045	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Amounts from line 6				- 	 	
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	[
	and income from similar sources				1		
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	İ					
	acquired after June 30, 1975	<u> </u>					
c	Add lines 10a and 10b						
	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						
40	assets (Explain in Part VI)				+	 	
	Total support (Add lines 9, 10c, 11, and 12)	<u> </u>		<u></u>	1		
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organıza	tion,
	check this box and stop here						
	ction C. Computation of Publi	• •					_
15	Public support percentage for 2015 (li	ine 8, column (f) div	vided by line 13, c	olumn (f))		15	%
	Public support percentage from 2014					16	%
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	115 (line 10c, colum	nn (f) divided by lin	ne 13, column (f))		17	%
	Investment income percentage from 2	·	•	. , , , , , , , , , , , , , , , , , , ,		18	%
	33 1/3% support tests - 2015. If the			on line 14, and line	e 15 is more than :		
	more than 33 1/3%, check this box ar	-				·	▶ □
.	33 1/3% support tests - 2014. If the		-		•		nd ed
IJ	• •	•					
20	line 18 is not more than 33 1/3%, che		_			_	
	Private foundation. If the organizatio	n did not check a t	30x on line 14, 198	a, or 190, check to		structions	or 000 E7) 004E

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	***	~
1		
* * * * * * * * * * * * * * * * * * * *	** *	and and
2		
	W1	* 30
3a		
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3c	895 - S. S. 200	1.0
4a		H Vaya

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		285.00
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5a	7 - 8	2 3 [®]
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9a		
9b		
9c		
10a		
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ECICT 91

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard Schedule A (Form 990 or 990-EZ) 2015

Sche	edule A (Form 990 or 990 EZ) 2015 Hills Bank Donor Advis	ed Gi	ft Fund 3	39-6659806 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov 20, 1970 See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must of	complete S	Sections A through E	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5	_	
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	*		
	instructions for short tax year or assets held for part of year)		Market Commence	
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		·
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	uhre	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	, ,	
5	Income tax imposed in prior year	5	A CHARLES	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		* * * * * * * * * * * * * * * * * * * *	
	emergency temporary reduction (see instructions)	6	, ,	
7	Check here if the current year is the organization's first as a non-function	ally-integra	ited Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

10	Line 8 amount divided by Line 9 amount	· -	I	
Sect	ion E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015	· *		
	(reasonable cause required-see instructions)	(1.8		
3	Excess distributions carryover, if any, to 2015	4	* *	
a	The transfer of the second second second second second second second second second second second second second	\ i		
b	The state of the s			
<u>C</u>			31	# # 10.
<u>d</u>	From 2013	\$	* * * * * * * * * * * * * * * * * * *	
e	From 2014			21.144 W.K.
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount	**	*, *, *,***	
i_	Carryover from 2010 not applied (see instructions)			(株) (株) (株) (株) (株) (株) (株) (株) (株) (株)
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,	,		1. TO 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
	line 7 \$,	į &	Fe 12 1998 1998 1998
a	Applied to underdistributions of prior years			· · · · · · · · · · · · · · · · · · ·
b	Applied to 2015 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4		· · · · · · · · · · · · · · · · · · ·	
. 5	Remaining underdistributions for years prior to 2015, if	71 *		
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h	**	* ' *	
	and 4b from line 1 (if amount greater than zero, see		źx.,	
	instructions)	>	, , &	
7	Excess distributions carryover to 2016. Add lines 3j		** /	······································
	and 4c			
8	Breakdown of line 7	<u> </u>	1 1 1 1	. \$ -2/\$e. *
a	*			•
b			<u> </u>	
c	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-E	EZ) 2015	Hills	Bank	Donor	Advised	Gift	Fund	39-6659806 Page 8
Part VI	Supplementa Part IV, Section A line 1, Part IV, Sec	I Inforn , lines 1, ction D, li	nation. 1 2, 3b, 3c, - nes 2 and	Provide the 4b, 4c, 5a, 3, Part IV,	explanation 6, 9a, 9b, 9d Section E, hi	s required by P c, 11a, 11b, and nes 1c, 2a, 2b, 3	art II, line I 11c, Part 3a and 3b,	10, Part II, line IV, Section B, Part V, line 1,	17a or 17b, Part III, line 12, lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e, Part V, additional information
	(See instructions)			· · · · · · · · · · · · · · · · · · ·	-	•		

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		77	 						- · · · · - · · · · · · · · · · · · · ·

SCHEDULE D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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 OMB No 1545-0047 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. Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 87 Total number at end of year 1 4,107,563. 2 Aggregate value of contributions to (during year) 3,978,666. 3 Aggregate value of grants from (during year) 9,186,606. 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 5 X Yes are the organization's property, subject to the organization's exclusive legal control? 6 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 a 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 Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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

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

Schedule D (Form 990) 2015

a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche		ank Donor								Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	l Tre	asures, o	r Other	Simila	r Assets	s (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any c	f the f	ollowing that	t are a sig	nificant u	ise of its o	collection if	tems
	(check all that apply)									
а	Public exhibition	ď	d 🔲 Loan	or excl	nange progra	ams				
b	Scholarly research	•	e 🔲 Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they fur	ther th	e organizatio	on's exem	pt purpo	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations	of art, historica	l treas	ures, or othe	er sımılar a	assets			
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organ	nızatıor	n answered '	"Yes" on f	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contrib	outions	or other as:	sets not in	ncluded		_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.							
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow	or cu	stodial acco	unt liabilit	y?		Yes	No No
	If "Yes," explain the arrangement in Part XIII									
Pär	t V Endowment Funds. Complete	if the organization ar	swered "Yes"	on Fo	rm 990, Part	IV, line 10	<u> </u>			
		(a) Current year	(b) Prior ye	ear	(c) Two yea	rs back (d) Three y	/ears 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									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	e (lıne 1g, colu	mn (a))	held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are h	eld an	d administer	ed for the	organiza	ation	_	
	by								\	res No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on Schedu	le R?					3b_	
4	Describe in Part XIII the intended uses of the		wment funds							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line	11a Se	ee Form 990	, Part X, I	ne 10			
	Description of property	(a) Cost or o basis (investr) Cost basıs (or other other)		cumulate reciation	ed	(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
<u>e</u>	Other									
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. column (B).	line 10)c.)					0.

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See Part XIII for Continuations

Schedule D (Form 990) 2015

Part VII Investments - Other Securities. See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end of-year market value
VANGUARD TOTAL INTERNATIONAL STOCK INDEX		
FUND SIGNAL SHARES #1769	637,572.	Cost
TOND DIGHTE BIRKED #1709	037,372	2020
VANGUARD EXTENDED MARKET INDEX FUND	469,547.	Cost
TIMOURD DITTORD THE TOTAL	105/5277	3023
	 .	-
		
	- 	
	- 	

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SCHEDULE 1 (Form 990)

Com Ization Hills Bank Donor al Information on Grants and Assistance	SCHEDULE	El Grants and Other Assistance to Organizations.	OMB No 1545-0047
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ation Hills Bank Donor Advised Gift Fund	(Form 990)		2015
P Attach to Form 990. P Information about Schedule I (Form 990) and its instructions is at www.irs.dov/form990. Information on Grants and Assistance		Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	2010
Ization Hills Bank Donor Advised Gift Fund al Information on Grants and Assistance	Department of		🛫 Open to Public
Hills Bank Donor Advised Gift Fund	Internal Revent		🎎 🐫 linspection
Advised Gift Fund	Name of th	e organization	Employer identification number
Part I General Information on Grants and Assistance		Hills Bank Donor Advised Gift Fund	39-6659806
	Part I	General Information on Grants and Assistance	

	tance?	e amount of the grants	or assistance, the contract	grantees' eligibility	for the grants or assi	le grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	on X Yes No
Part II Grants and Other Assistance to Domestic Organizations and I	Domestic Organ	izations and Domestic	Or grant lunds in the United States.	omplete if the org	anization answered "Y	or grant turids if the Officer States. Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	55,000 Part II car		onal space is neede	, pe			
1 (a) Name and address of organization or government	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Schedule attached		All are 501(c)(3)	3,630,581.	•0	All grants are 0. made in cash	All grants are made in cash	General support
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				
14	see the Instruct	tions for Form 990.					Schedule I (Form 990) (2015)

532101 10-28-15

33

Page 2

39-6659806

Hills Bank Donor Advised Gift Fund

Schedule I (Form 990) (2015)

Part III

34

Schedule I (Form 990) (2015)

SCHEDULE L

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.

Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

Open To Public dula L /Earm 000 or 000 E7) and its instructions is at

Internal Revenue Service	miormation	anout .	scheanle r (Lou	י טכב ווו	01 330-1	ez) and its instructions	5 15 at	www irs gov/t	orm99	U	l In	spection	on	i
Name of the organization									Em	plove	rıdenti	ficatio	n nur	nber
J	Hills F	Rank	Donor	νħΔ	ised	d Gift Fund	a		1 '	-	598			
Part Excess Be						on 501(c)(4), and 50		9) organization			<u> </u>			
											. L			
	ne organization T					rt IV, line 25a or 25b), or F	orm 990-EZ, P	art v, i	ine 40	D	7		
(a) Name of disqualific	ed person	(b) Re	elationship beto person and oi			itiea (d	(c) Description of trans			saction				cted?
			person and or	garnza		· ·		<u> </u>				Ye	s	No_
												-		
. —												+	-	
<u>.</u>														
													\perp	
												Щ.		
2 Enter the amount of t	ax incurred by	the org	ganızatıon man	agers	or disq	ualified persons dur	ing th	e year under						
section 4958										▶ \$				
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization						▶ \$								
Part II Loans to a	and/or From	Inte	rested Pers	sons.										
Complete if t	he organization	answe	ered "Yes" on F	orm 9	90-EZ,	Part V, line 38a or F	Form 9	990, Part IV, lin	e 26, d	or if th	e organ	nızatıor	1	
reported an a	mount on Form	1 990 <u>,</u> 1	Part X, line 5, 6	or 22	2									
(a) Name of (b) Relati		'l'' from the			(e) Original	, ,	(g) In (h) App			and an I (II) AALITTOIL				
interested person	with organiz	ation	of loan from the organization? principal amount		default?		iult?	committee? agreei		nent?				
				То	From				Yes	No	Yes	No	Yes	No
				ļ										
							$oxed{oxed}$							
							<u> </u>							
			-				<u> </u>							
Total						▶ \$		••	.~	430		4.32	× -	
	Assistance	Bene	efiting Inter-	estec	Per				-					
Complete if t	he organization	answe	ered "Yes" on f	orm 9	90. Pa	rt IV, line 27								
(a) Name of interest		T) Relationship			(c) Amount of		(d) Type	of	\neg	(e') Purpo	se of	
(4)	paraa		interested pers	on an		assistance		assistan				assistar		

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Schedule L (Form 990 or 990-EZ) 2015

OMB No 1545-0047

	red "Yes" on Form 990, Part IV, line 28a, 28			(e) Sharing
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organization revenues?
Desirable O. Gonzari 11 and	Mar. (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	0	77 - 11 - Do-1-	Yes No
Dwight O. Seegmiller Bradford C. Zuber	Mr. Seegmiller is t Mr. Zuber is a seni		Hills Bank Hills Bank	X X
Bradiord C. Zuber	Mr. Zuber is a seni		HIIIS BAIK	^
		.		
		····································		<u> </u>
Provide additional information for re	sponses to questions on Schedule L (see in	nstructions)		
Sch L, Part IV, Business	Transactions Involvin	g Intereste	ed Persons:	
(a) Name of Person: Dwigh	nt O. Seegmiller			<u>.</u>
(b) Relationship Between	Interested Person and	Organizati	on:	
Mr. Seegmiller is the Pre	sident of Hills Bank	and Trust (Company.	
(d) Description of Transa	ction: Hills Bank and	Trust Comp	any provide	s .
investment, accounting, a	and other administrati	ve services	for the Hi	lls
Bank Donor Advised Gift B	und at rates and on t	erms consis	stent with m	narket
rates for similar service	es.			
				<u>-</u> .
(a) Name of Person: Bradf	ord C. Zuber			
(b) Relationship Between	Interested Person and	Organizati	on:	
Mr. Zuber is a senior off	icer of Hills Bank and	d Trust Con	npany	
(d) Description of Transa	ction: Hills Bank and	Trust Comp	oany provide	S
investment, accounting, a	and other administrati	ve services	for the Hi	.11s
Bank Donor Advised Gift B	und at rates and on t	erms consis	stent with m	narket
rates for similar service	es.			
			-	
				
			·	

SCHEDULE M (Form 990)

Attach to Form 990.

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

Noncash Contributions

OMB No 1545-0047

Open To Public

Inspection ► Information about Schedule M (Form 990) and its instructions is at _www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization

Hills Bank Donor Advised Gift Fund

Employer identification number 39-6659806

Pai	rt I Types of Property		- -					
		(a) Check if applicable	(b) Number of contributions or stems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q	(d) Method of de noncash contribu			3
1	Art · Works of art		items contributed	T OITH 550, Fait VIII, line Tg	- · · · · · · · - · · · · · · · · · · ·	-	_	
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	-						
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	62	1,043,814.	Market quot	es		
10	Securities - Closely held stock	X	2		Appraisal			
11	Securities · Partnership, LLC, or 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	7 Real estate · Other							
18	Collectibles				<u>-</u>			
19	Food inventory				•			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts	·						
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other ()	-						
27	Other							
28	Other (
29	Number of Forms 8283 received by the organization and forms 828	_		1				
	for which the organization completed Form 828	33, Part IV, L	onee Acknowledg	ement 29			V	
20-	During the year, did the organization receive by	contributio	n any proporty rop	orted in Bart I. lines 1 throug	h 20 that it	· · · ·	Yes	No
Sua								ı
	must hold for at least three years from the date exempt purposes for the entire holding period?		Contribution, and	which is not required to be t	ised ioi	30a		X
b	If "Yes," describe the arrangement in Part II					SUA		
31	Does the organization have a gift acceptance p	olicy that re	aures the review o	of any non standard contribu	tions?	31		Х
	Does the organization hire or use third parties of	•	•	•		31		
	contributions?	or related or	garnzations to some	or, process, or sen noneasing		32a		Х
	If "Yes," describe in Part II							
33	If the organization did not report an amount in	column (c) fo	or a type of proper	ty for which column (a) is che	ecked,			
LHA	describe in Part II				Sahadula NA			

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

Schedule M (Form 990) (2015)

ECICT 91

Schedule M	(Form 990) (2015)	Hills Bar	nk Donor	Advised	Gift F	'und	39-6659806	Page 2
Part II	Supplemental	Information. I, column (b), the	Provide the info number of cont	rmation require	ed by Part I. Iir	nes 30b. 32b. and 33.	and whether the organiza oination of both Also comp	tion
	this part for any ac			<u>_</u>				·····
	<u>.</u>							
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Schedule M (Form 990) (2015)

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:
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:
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:
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:
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 52317.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015)