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Extended to November 15, 2017

## **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.

Open to Public

Internal Revenue Service

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

Inspection

OMB No 1545-0047

	AF	or the	20 to calendar year, or tax year beginning and e	enaing			
·	B Cr ap	neck if	C Name of organization		D Employer identifi	cation number	
		Addres					
	$\overline{\Box}$	Name change			39-6	659806	
	_	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe	er		
		Final return/	590 West Forevergreen Road		319-338-1522		
		termin- ated			G Gross receipts \$	7,088,958.	
		Amend return	ed North Liberty, IA 52317		H(a) Is this a group r	eturn	
		Applica tion	IF Name and address of principal officer Dwight O. Beegmittee	r	for subordinates	s? Yes X No	
		pendin	9 590 West Forevergreen Road, North Liber	ty, I	H(b) Are all subordinates i	ncluded? Yes No	
			mpt status X 501(c)(3) 501(c) ( )	or 527	If "No," attach a	list (see instructions)	
	J W	/ebsit	e: ► N/A		H(c) Group exemption		
			organization: Corporation X Trust Association Other ►	L Year	of formation: 1997	M State of legal domicile; IA	
	Ра	rt I	Summary		.1	- 1- 1	
	ابو	1	Briefly describe the organization's mission or most significant activities Makir	ig cas	in grants to	otner	
	auc		organizations exempt under Section 501(c)				
	Activities & Governance		Check this box  if the organization discontinued its operations or disposi	ed of more			
	Š	_	Number of voting members of the governing body (Part VI, line 1a)		3	2 2	
	8		Number of independent voting members of the governing body (Part VI, line 1b)		4	0	
	ies		Total number of individuals employed in calendar year 2016 (Part V, line 2a)		. 5	0	
_	Ę		Total number of volunteers (estimate if necessary)		<u>6</u> 7a		
11	AC		Total unrelated business revenue from Part VIII, column (C), line 12		<u>  7a</u> 7b	<del>1</del>	
2011	_	D	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year	
R	- 1	8	Contributions and grants (Part VIII, line 1h)		4,107,563.	5,082,385.	
<del></del>	E E		Program service revenue (Part VIII, line 2g)		0.	0.	
AUG	Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		152,772.	168,314.	
a de	ڇ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
6.4	I		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,260,335.	5,250,699.	
JEANNE.			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,978,666.	3,388,824.	
2		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
$\langle \zeta_{\lambda} \rangle$	ιχ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.	
3	Expenses	16a	Professional fundraising fees (Part IX column (A) line (16)		0.	0.	
لدسك	ĝ	b	Total fundraising expenses (Part IX, column (D); line 25)	<u> </u>			
	ΩÌ	17	Other expenses (Part IX, column XA), lines 11a-11d, 11f-24e)	_	63,358.		
		18	Total expenses. Add lines 13-1 must equal Part IX Column (A), line 25)	<u> </u>	4,042,024.	3,458,447.	
	_	19	Revenue less expenses Subtract/line 18 from line 12		218,311.		
	Assets or Balances		OGDEN, UI	Be	eginning of Current Year 8,675,448.	End of Year	
	Sset	20	Total assets (Part X, line 16)	-	0,6/5,448.	10,467,700.	
	Et a		Total liabilities (Part X, line 26)	-	8,675,448.		
	뎚		Net assets or fund balances Subtract line 21 from line 20 Signature Block		0,073,440.	10,407,700.	
			Ities of peryury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the hest of m	v knowledge and helief it is	
			t, and complete: Destaration of preparer (other than officer) is based on all information of wh			y knowledge and belief, it is	
	,	COITCO	A D. Mac VV	пот ргораго	7/25/	17	
	Sigr	,	Signature of officer		Date	<i>! _!</i>	
	Here		Dwight O. Seegmiller, President				
			Type or print name and title				
			Print/Type preparer's name Preparer's signature	<u> </u>	Date Check	PTIN	
	Paid		Gary J. Streit / Sum (Atten)		07/18/17 self-emplo		
	Prep	arer	Firm's name Shuttleworth & Ingersd11, P.L.C.		Firm's EIN	42-1496619	
	Use	Only	Firm's address 115-3rd Street SE, Suite 500				
			Cedar Rapids, IA 52406-2107		Phone no. 31	19-365-9461	
	Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No	

 $\label{eq:linear_loss} \mbox{LHA For Paperwork Reduction Act Notice, see the separate instructions.}$ 632001 11-11-16

Form **990** (2016)

Form 990 (2016) Hills Bank D
Part IV 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	_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	3		X
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		X
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 98-19? 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			
	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			
	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?			
	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	L
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			
	Part X, line 16? 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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
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		X
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	]	l	ļ
	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			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X_
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		X_
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	<u> </u>	X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G. Part III	19		X
		Form	990	(2016)

Form 990 (2016) Hills Bank Donor Advised Gift Fund 39-6659806 Page 4
Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did 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 17 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 or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	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, trustees, key employees, and highest compensated employees? If "Yes," complete	İ		
	Schedule J .	23		X
24a	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 "Yes," answer lines 24b through 24d and complete			_
	Schedule K. If "No", go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		1	
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II .	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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			
	Instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		v	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<b>.</b>
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<del></del>
32		32		x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_ <u>32</u> _		<del></del> -
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<del></del> -
34		34		х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
_		35a		<del></del>
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)2, if "Yes," complete Schooling R. Root V, line 3.	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?	330		<del> </del>
<b>5</b> 0		36		x
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<del></del> -
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		<del>                                     </del>
Ç.	Note. All Form 990 filers are required to complete Schedule O	38	X	ŀ
	150 Co. 1 Co			(2016)

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14a Did the organization receive any payments for indoor tanning services during the tax year?

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

X

Form 990 (2016)

14a

Hills Bank Donor Advised Gift Fund 39-6659806 Fiorm 990 (2016) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Ye<u>s</u> No 1a Enter the number of voting members of the governing body at the end of the tax year 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 O. 2 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X 8a The governing body? 8h X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12<u>c</u> in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 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 arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records: Bradford C. Zuber - 319-338-1522

Form 990 (2016)

590 West Forevergreen Road, North Liberty,

52317

## 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

(A) Name and Title	(B) Average hours per week	(do	not cl	(C Pos heck ss per	C) Ition more		one n an	ed any current officer, d (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 Trus		_	X				ļ	0.	0.	0
(2) Dwight O. Seegmiller	2.00					İ				
President of Trustee	<u> </u>		X					0.	0.	0
		ł								
			$\vdash$		-	$\vdash$				•
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Name and title

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person.

(C)

Position

(do not check more than one

box, unless person is both an officer and a director/trustee)

Highest compensated Employee

Average

hours per

week

(list any

hours for

related

organizations

below

line)

trustee or director

ndividual

Section B. Independent Contractors

d Total (add lines 1b and 1c)

c Total from continuation sheets to Part VII, Section A

compensation from the organization

1b Sub-total

ı	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
		NONE		- Composition
			1	
			<del>_</del>	<del></del>
				<del> </del>
			1	
				<del></del>
2 Total number of	independent contractors (including but	t not limited to those lis	ted above) who received more than	

Form 990 (2016)

\$100,000 of compensation from the organization

Ра	T VII			or note to one line	un thin Bort VIII			<u></u>
		Check if Schedule O conta	ains a response o	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts.	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribute All other contributions, gifts, grantsimilar amounts not included above to the contributions included in lines.  Total. Add lines 1a-1f	ts, and	5,082,385. 1,453,748.	5,082,385.			
Program Service Revenue	2 a b c d e f			DUSINESS GOGE				
_	g	Total. Add lines 2a-2f	<u></u>	<u> </u>				
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		▶	148,230.			148,230.
	c	Gross rents Less rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities 1,858,343.	(II) Other				
<b>a</b>	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising	1,838,259. 20,084.	•	20,084.	20,084.		
Other Revenue	b	including \$ contributions reported on line Part IV, line 18 Less: direct expenses						
)	9 a	Net income or (loss) from functions Gross income from gaming action Part IV, line 19 Less. direct expenses	etivities See a b	•				
	10 a	<ul> <li>Net income or (loss) from gam</li> <li>Gross sales of inventory, less and allowances</li> <li>Less: cost of goods sold</li> <li>Net income or (loss) from sale</li> </ul>	returns a . b					
		Miscellaneous Revenu		Business Code			·····	
	11 a							
	b							
	0 4	All other revenue		<b></b>		<del></del>		
	_	Total. Add lines 11a-11d		<b>—</b>				
	12	Total revenue See instructions.			5,250,699.	20,084.	0.	148,230.
63200	9 11-11	1-16						Form 990 (2016)

Section	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in t	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		ļ		
	and domestic governments. See Part IV, line 21	3,388,824.	3,388,824.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign		<b>i</b>		
	organizations, foreign governments, and foreign				
	individuals 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)		1		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
b	Legal				
С	Accounting				
d	Lobbying			T	
е	Professional fundraising services. See Part IV, line 17				
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				
22	Depreciation, depletion, and amortization				
23	Insurance		- <del></del>		<del> </del>
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 O.)				
а	a	69,623.		69,623.	
b					
С					
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	3,458,447.	3,388,824.	69,623.	0.
26	Joint costs. Complete this line only if the organization			ļ	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	}		ł	
	Check here I If following SOR 08-2 (ASC 059 720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash · non-interest-bearing 1 4,282,997. 4,479,458. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net 7 7 8 inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 134,764. 49,139. 11 Investments - publicly traded securities 11 4,257,686. 5,939,103. 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 8,675,448. 10,467,700. 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 8,675,448. 10,467,700. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 8,675,448. 10,467,700. 33 33 Total net assets or fund balances 8,675,448. 10,467,700. Total liabilities and net assets/fund balances

Form **990** (2016)

	990 (2016) Hills Bank Donor Advised Gift Fund	39-	665980	)6 F	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>699.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>447.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u> 252.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,6	<u>75,</u>	448.
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			_0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	10,4	167,	<u>700.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Ye	s No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		Ì		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	<u> </u>	Ц_	41
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u> </u>	<u>≥a</u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	ŀ	l	
	separate basis, consolidated basis, or both			i	1 1
	Separate basis Consolidated basis Both consolidated and separate basis		上		
b	Were the organization's financial statements audited by an independent accountant?		ئــا	2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,		ł	1 1
	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,	L		
	review, or compilation of its financial statements and selection of an independent accountant?		ليا ا	<u>2c</u>	
	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 Audi	t L		
	Act and OMB Circular A-133?			3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		١,	Rb	ì

Form **990** (2016)

### **SCHEDULE** A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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

2016
Open to Public

Inspection

Name of the organization Employer identification number Hills Bank Donor Advised Gift Fund 39-6659806 Part T 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 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). X 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) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other our governing document (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

## Schedule A (Form 990 or 990-EZ) 2016 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)

Sec	tion A. Public Support		<del></del> -				
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	4194905.	3269572.	3321616.	4107563.	5082385.	19976041.
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	4194905.	3269572.	3321616.	4107563.	5082385.	19976041.
5	The portion of total contributions		"				
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			:	:		
	on line 1 that exceeds 2% of the	]			ļ		
	amount shown on line 11,						[
	column (f)						11489689.
6	Public support. Subtract line 5 from line 4						8486352.
Sec	tion B. Total Support	-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	4194905.	3269572.	3321616.	4107563.	5082385.	19976041.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	110,997.	185,347.	171,277.	152,772.	168,314.	788,707.
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	1			1		
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	<u></u>			<u> </u>		20764748.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
Sad	organization, check this box and stor		roontage	<u>-</u>		<u></u>	
	ction C. Computation of Publi			-1 (0)		144	40.87 %
	Public support percentage for 2016 (I	, ,,	•	olumn (t))		14	20 60
	Public support percentage from 2015			- l 10 l	14 20 1/20/	15	
16a	33 1/3% support test - 2016. If the	<u> </u>		n line 13, and line	14 IS 33 1/3% or m	iore, cneck this bo	
	stop here. The organization qualifies		_	10 10	l 15 00 1/00/		<b>►</b> X
D	33 1/3% support test - 2015. If the				line 15 is 33 1/3%	or more, cneck to	is box
47-	and stop here. The organization qual				10 10 10-	 	<b>P</b>
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac				•	π vi now the orga	nization
	meets the "facts-and-circumstances"	•	•		•		. •
b	10% -facts-and-circumstances test		•			•	
	more, and if the organization meets the						e
	organization meets the "facts-and-circ		•	•	•		. ▶;
<u> 18</u>	Private foundation. If the organization	in did not check a	box on line 13, 16	a, 160, 17a, or 17t			
					Sche	edule A (Form 990	or 990-EZ) 2016

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed be Section A. Public Support	low, please comp	olete Part II )				<del></del>
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1 Gifts, grants, contributions, and	(a) 2012	(0) 2013	(6) 2014	(0) 2013	(e) 2010	(I) Iotai
membership fees received (Do not						
include any "unusual grants ")			1			
, , , , , , , , , , , , , , , , , , ,		<del> </del>		<del>                                     </del>	<del> </del>	
2 Gross receipts from admissions, merchandise sold or services per-				ì		
formed, or facilities furnished in		1		l .		
any activity that is related to the	I					
organization's tax-exempt purpose		<del></del>	<del></del>	<del>                                     </del>	<del> </del>	
3 Gross receipts from activities that	I	ļ		ļ	,	
are not an unrelated trade or bus-			:			
iness under section 513				<del> </del>	<del> </del>	
4 Tax revenues levied for the organ-	I					
ızatıon's benefit and either paid to				1		
or expended on its behalf					<u> </u>	
5 The value of services or facilities						
furnished by a governmental unit to				ļ.	]	
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and			,		]	
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received			<u> </u>			
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	ļ	]			}	
c Add lines 7a and 7b	-			<del></del>	<del></del>	
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support		! — <u> </u>	<del></del>	<del></del>	<del>!</del>	
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9 Amounts from line 6		1-7-3-1		\		
10a Gross income from interest,		<u> </u>	· · · · · ·	<u> </u>		
dividends, payments received on	ļ	•		1		
securities loans, rents, royalties and income from similar sources		]		1	)	
b Unrelated business taxable income		<del> </del>		<del> </del>	<del> </del>	
(less section 511 taxes) from businesses		ł			1	
`						
acquired after June 30, 1975		<del> </del>		<del> </del>	<del> </del>	
c Add lines 10a and 10b			ļ	<del> </del>		
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is		]	)		,	
regularly carried on				ļ	ļ	
12 Other income Do not include gain or loss from the sale of capital				ŀ	}	
assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	<u> </u>	<u>                                     </u>	
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ition,
check this box and stop here						▶□
Section C. Computation of Public	Support Per	centage		<del></del>		
15 Public support percentage for 2016 (lii	ne 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
16 Public support percentage from 2015					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	<b>16</b> (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	2015 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box an	=					
b 33 1/3% support tests - 2015. If the		-				nd
line 18 is not more than 33 1/3%, chec						ightharpoons
20 Private foundation. If the organization		-			· ·	
	on 10011 to					

632023 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I if you checked 12a of Part I, complete Sections A and B if you checked 12b of Part I, complete Sections A and C if you checked 12c of Part I, complete Sections A, D, and E if you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A.	All	Supporting	<b>Organizations</b>
------------	-----	------------	----------------------

- 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 histonic 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 12a or 12b 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		L
1		-	
	2		
	3a		
	<u> </u>		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		—
	5b		
	5c		
			·
	6_		
	7		
	8		
			Щ.
	<u>9a</u>	-	
	9b_		
	9c		
	10a_		
	10b		

Schedule A (Form 990 or 990-EZ) 2016 Hills Bank Donor Advis			39-6659806 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1 Check here if the organization satisfied the Integral Part Test as a qualify			Part VI) See instructions. A
other Type III non-functionally integrated supporting organizations must o	complete Sec	tions A through E	(D) Courset Voes
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
2 Recoveries of pnor-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	1		
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	[		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	ľ		
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		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
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		
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 integrate	d Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	(Form 990 or 990	-EZ) 2016	Hills	Bank	Donor	Advis	ed Gift	Fund	39-6659806 Page
Part VI	Supplement Part IV, Section line 1, Part IV, S	al Inforn A, lines 1, ection D, li 5, 6, and 8	<b>nation.</b> Pr 2, 3b, 3c, 4l nes 2 and 3	ovide the o, 4c, 5a, Part IV. S	explanation 6, 9a, 9b, 9d Section E. III	ns required b c, 11a, 11b, a nes 1c, 2a, 2	y Part II, line and 11c, Part b, 3a, and 3b	10, Part II, Ime 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
<del></del>	_(See instructions	<u> </u>							<del></del>
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## SCHEDULE D

(Form 990)

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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047 16 Inspection

Name of the organization

Hills Bank Donor Advised Gift Fund

Employer identification number 39-6659806

organization answered "Yes" on Form 990, Part IV, line 6  (a) Donor advised funds (b) Funds and other accounts  1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 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?    X Yes   Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7								
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 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?    Yes   Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7								
Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)  Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 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?    X Yes   Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7								
Aggregate value at end of year  Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 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?    X Yes   Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7	  No							
Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 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?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7	 No							
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 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?  Yes  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7								
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?    Yes	□ No							
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?    Yes   Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7	☐ No							
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring  impermissible private benefit?    X Yes								
Impermissible private benefit?    Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7								
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7								
3/	No							
1 Purpose(s) of conservation easements held by the organization (check all that apply)								
- Supposition of the organization (vittor all triat apply)								
Preservation of land for public use (e.g., recreation or education)								
Protection of natural habitat Preservation of a certified historic structure								
Preservation of open space								
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the I	ast							
day of the tax year Held at the End of the T	ax Year							
a Total number of conservation easements 2a								
b Total acreage restricted by conservation easements . 2b								
c Number of conservation easements on a certified historic structure included in (a)								
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								
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax								
year ▶								
4 Number of states where property subject to conservation easement is located ▶								
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	_							
violations, and enforcement of the conservation easements it holds?	No							
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year								
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year								
<b>&gt;</b> \$								
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	<b>_</b>							
and section 170(h)(4)(B)(ii)? Yes	No							
9 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								
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 Par the text of the footnote to its financial statements that describes these items	ı Allı,							
	onool							
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, his								
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following an relating to these items:	ounts							
(i) Revenue included on Form 990, Part VIII, line 1								
· ···								
<b> </b>								
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  2. Revenue included on Form 990. Part VIII. Inc. 1								
a Revenue included on Form 990, Part VIII, line 1 \$								
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule D (Form 99	0) 2016							

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Sche	dule D (Form 990) 2016 Hills Ba	ank Donor	Advis	sed Git	Et Fund	<u> </u>		39-66	<u>59806</u>	Page 2
Par										
3	Using the organization's acquisition, accession									
	(check all that apply)									
а	Public exhibition		<b>:</b> 🔲 1	Loan or exc	hange progra	ams				
b	Scholarly research	6	• 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how the	ey further th	e organizatio	on's exer	npt purpo	se in Part	XIII	
5	During the year, did the organization solicit o	receive donations	of art, his	storical treas	sures, or othe	er sımılar	assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organ	ization's co	lection?				Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete ıf the	organizatio	n answered '	"Yes" on	Form 990	), Part IV, I	ıne 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	contributions	s or other ass	sets not	ıncluded		-	
	on Form 990, Part X?								Yes	No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table									
	Amount									
d	d Additions during the year									
е	e Distributions during the year									
f	· · · · · · · · · · · · · · · · · · ·									
									∐_ No	
	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10									
T ai	Elidowine it i dilds. Complete							ware back	(a) Four 16	ooro book
4-	Decimally of week halanas	(a) Current year	(b) P	rior year	(c) Two yea	IS DACK	(a) Tillee	years back	(e) Four ye	Bars Dack
1a	Beginning of year balance Contributions									
b										
C	Net investment earnings, gains, and losses  Grants or scholarships									
ū	Other expenditures for facilities	<u>.</u>								
е	and programs									
	Administrative expenses			<del></del> ,						
,	•		i –							
2	g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as									
_ а	Board designated or quasi-endowment	one your one building	%	,, 00.2 (0)	, , , , , , ,					
b	Permanent endowment	%								
c	Temporarily restricted endowment									
_	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse		ation that	t are held ar	nd administer	red for th	e organiz	ation		
	by.	ŭ							T	'es No
	(i) unrelated organizations							_	3a(ı)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on So	chedule R?				••	3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment fi	unds						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	"Yes" on Form 990	0, Part IV	, line 11a S	ee Form 990	, Part X,	line 10 <u>.</u>			
	Description of property	(a) Cost or o	other	(b) Cost	or other		ccumulat		(d) Book v	value
		basis (investi	ment)	basis	(other)	de	preciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment	ļ								
	Other									
Total	l. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X. colum	n (B), line 1	0c.)					0.

See Part XIII for Continuations

Schedule D (Form 990) 2016 Hills Bank Donor Advis		39-665980	6 Page 4
Part XI Reconciliation of Revenue per Audited Financial S		ue per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a		
1 Total revenue, gains, and other support per audited financial statements		1	
<ul> <li>Amounts included on line 1 but not on Form 990, Part VIII, line 12</li> <li>Net unrealized gains (losses) on investments</li> </ul>	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			
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. line	12.)	5	
Part XII Reconciliation of Expenses per Audited Financial		ises per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a	1 . 1	
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:			
a Donated services and use of facilities	2a	<del></del>	
b Prior year adjustments	2b		
c Other losses	2c   2d		
d Other (Describe in Part XIII )  e Add lines 2a through 2d	Zu j	2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</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 I, line	e 18.)	5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide		art v, iiio 4, 1 are 2, 1 iio 2, 1 a	
	· · · · · · · · · · · · · · · · · · ·		

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	791,347.	Cost
WANTED THE TANKE THE THE	700 000	Gh
VANGUARD EXTENDED MARKET INDEX FUND	728,998.	Cost
	<u> </u>	
	-	
11 TO 12 TO		
	-	
		<u> </u>
	L	

Employer identification number 39-6659806 Open to Public OMB No 1545-0047 Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.cov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Attach to Form 990. Hills Bank Donor Advised Gift Fund General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part

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

ž [

X yes

criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	tance? cedures for mon	toring the use of grant	funds in the United	States			A Yes No
ΙĦΙ	Domestic Organi	zations and Domestic	Governments.	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000 Part II car	be duplicated if addition	onal space is need	þe			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
		All are			All grants are	All grants are	
Schedule attached		501(c)(3)	3,021,979.	0	0. made in cash	made in cash	General support
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	o government or	ganizations listed in the	e line 1 table				•
3 Enter total number of other organizations listed in the line 1 table	listed in the line	1 table					<b>A</b>
۔	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2016)

Page 2.

39-6659806

Hills Bank Donor Advised Gift Fund

Schedule I (Form 990) (2016)

Part III

33

Schedule I (Form 990) (2016)

## 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.

OMB No 1545-0047

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

Open To Public

	- information ado	ut Schedule L (For	m 990	or 990-	EZ) and its instructions	s is at www irs gov/fo	rm99	0.	ln:	rspect	ion	
Name of the organization						Employer ident ft Fund 39-66598					on nu	mber
H. H. H. H. H. H. H. H. H. H. H. H. H. H	<u> Iills Bar</u>	nk Donor	Adv	ise	<u>d Gift Func</u>	ift Fund   39 – 66598 1(c)(4), and 501(c)(29) organizations only)						
						o, or Form 990-EZ, Pa	art V, I	ine 40	)b			
1 (a) Name of disqualified p	person (b)	Relationship bet person and or			lified (	c) Description of tran	sactio	n		(q)	Corre	cted?
	<del></del>	person and o	rganiza	ation						<u> </u>	es	No
		<del></del>			<del> </del>	<del></del>				_		
	<del>                                     </del>	<del></del>			<del></del>						-	
<del></del>		<del></del>								+-	-	
<del></del>							_			+	-	
<u> </u>	i i	-				·				-	$\dashv$	•
2 Enter the amount of tax i	incurred by the	organization man	agers	or disc	ualified persons dur	ing the year under						
section 4958		organization man	ugoro	o, aloq	damina persons dar	ing the year under		<b>S</b>				
3 Enter the amount of tax,	ıf any, on line 2	. above. reimburs	ed by	the ord	nanization						-	
				•	<b>9</b>			•				
Part II Loans to and	d/or From In	terested Pers	sons.			···· ·						
Complete if the o	organization ans	swered "Yes" on I	Form 9	990-EZ,	, Part V, line 38a or F	orm 990, Part IV, line	e 26, c	or if th	e orga	ınızatıc	n	
		0, Part X, line 5, 6			_							
(a) Name of	(b) Relationship	1		oan to or	(e) Original	(f) Balance due		) In	(h) Ap	Jaiu Ui I		/rıtten
interested person	with organizatio	n of Ioan		zation?	principal amount		defau		committee		agree	ment?
<del></del>		<u> </u>	То	From			Yes	No	Yes	No	Yes	No
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		-										├
Total	<del>!</del>	<u> </u>	•						$\vdash$	L		Щ.,,
Part III   Grants or As	sistance Be	nefiting Inter	este	Per								
Complete if the c	organization ans	wered "Yes" on i	Form 9	90 Pa	art IV line 27							
(a) Name of interested p		(b) Relationship			(c) Amount of	(d) Type	of		(e	) Purp	ose of	 F
		interested pers	son an		assistance						stance	
		the organiza	ation									
		<del></del>										
		<del> </del>	_									
						<del></del>						
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I HA For Donominate Dark of								<u> </u>				
LHA For Paperwork Reduct	SOITON TOA NOU	, see the instruc	tions 1	or For	m 990 or 990-EZ.	Sche	edule '	L (For	m 990	or 99	W-EZ)	2016

(Form 990 or 990-EZ) 2016 Hills Bank Donor Advised Gift Fund 39-6659806 Page 2 Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of òrganization's person and the organization transaction transaction revenues? Yes No Dwight O. Seegmiller 0.Hills Bank Mr. Seegmiller is t Х Bradford C. Zuber 0.Hills Bank Zuber is a seni Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions). Sch L, Part IV, Business Transactions Involving Interested Persons: (a) Name of Person: Dwight O. Seegmiller (b) Relationship Between Interested Person and Organization: Mr. Seegmiller is the President of Hills Bank and Trust Company. (d) Description of Transaction: Hills Bank and Trust Company provides investment, accounting, and other administrative services for the Hills Bank Donor Advised Gift Fund at rates and on terms consistent with market rates for similar services. (a) Name of Person: Bradford C. Zuber (b) Relationship Between Interested Person and Organization: Mr. Zuber is a senior officer of Hills Bank and Trust Company (d) Description of Transaction: Hills Bank and Trust Company provides investment, accounting, and other administrative services for the Hills Bank Donor Advised Gift Fund at rates and on terms consistent with market rates for similar services.

# (Form 990)

## **Noncash Contributions**

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

Employer identification number Hills Bank Donor Advised Gift Fund 39-6659806

Par	ti iype	es of Property							
			(a)	(b)	(c)	(d)	)		
			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of d			
			applicable		Form 990, Part VIII, line	noncash contrib	ution anio	นกเร	
1	Art · Works o	of art							
2	Art - Historic	al treasures							
3	Art - Fraction	ial interests							
4	Books and p	ublications							
5	Clothing and	household goods			-				
6	Cars and oth	<del>-</del>							_
7	Boats and pl	anes							
8	intellectual p	roperty		-					
9	Securities - F	Publicly traded	X	57	1,348,964	. Market quot	es		
10	Securities - 0	Closely held stock	X	2	104,784	. Appraisal			
		Partnership, LLC, or							
	trust interest				_				
12	Securities - N	//iscellaneous							
13	Qualified cor	nservation contribution -				_			
	Historic struc	ctures							
14	Qualified cor	nservation contribution - Other							
15	Real estate -	Residential							
16	Real estate -	Commercial							
17	Real estate -	Other							
18	Collectibles								
19	Food invento	ory							
20	Drugs and m	edical supplies							=
21	Taxidermy								
22	Historical art	ıfacts							
23	Scientific sp	ecimens							
24	Archeologica	al artifacts							
25	Other <b>&gt;</b>	()							
26	Other >	()							
27	Other >	()							
<u> 28</u> _	Other 🕨	(							
29	Number of F	orms 8283 received by the organi	zation during	the tax year for co	ontributions				
	for which the	organization completed Form 82	83, Part IV, [	Donee Acknowledg	gement 29				
							Y	es	No
30a	During the y	ear, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 thro	ough 28, that it	1 1	ı	
	must hold fo	r at least three years from the date	e of the initia	l contribution, and	which isn't required to be	e used for			
	exempt purp	oses for the entire holding period	?				30a		X
b	If "Yes," des	cribe the arrangement in Part II							
31	Does the org	janization have a gift acceptance j	policy that re	quires the review o	of any nonstandard contri	butions?	31	$\perp$	<u> </u>
32a	Does the org	panization hire or use third parties	or related or	ganizations to solid	cit, process, or sell nonca	sh			
	contribution	s? .					32a		X
b	If "Yes," des	cribe in Part II.					1 1		
33	If the organiz	zation didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is c	hecked,	1 1		
	describe in F	Part II							

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

Schedule M (Form 990) (2016)

632142 08-23-16

Schedule M (Form 990) (2016)



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

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

Hills Bank Donor Advised Gift Fund	39-6659806
Form 990, Part I, Line 1, Description of Organization Missi	on:
Code and which are not private foundations under Section 50	9 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 Tru	st Company and
make the necessary decisions for the Trustee.	
Form 990, Part VI, Section B, line 11b:	
Two senior officers of the Trustee carefully review and exa	mine the Form
990 before it is signed and thoroughly discuss any question	
may have with the preparer of the Form 990.	is created them
may have with the preparer of the rorm 3500	
Form 990, Part VI, Section B, Line 12c:	
There is a small number of officers and employees of the tr	rustee of the
organization and avoidance of conflicts of interests is dor	ne on an informal
basis. The officers of the trustee know all of the organiz	ation's donors
on a personal basis and would advise a donor if the trustee	e or any of its
officers or employees was sufficiently involved with a reci	pient
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 of	locuments,
conflict of interest policy and financial statements are av	vailable 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-FZ.	ule O (Form 990 or 990-FZ) (2016)

632211 08-25-16