

Department of the Treasury Internal Revenue Service

**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. ► Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

Α	F	or the	2017 calendar year, or tax year beginning and	ending				
В	Ch ap	neck if	C Name of organization	D Employer identification number				
[	_	Addre	Hills Bank Donor Advised Gift Fund			659806		
		Name chang	Doing business as	S				
[	_	Initial  return  Final	·	Room/suite	E Telephone number			
L	_	/return termin	590 West Forevergreen Road		i e	338-1522 5,895,845.		
г		ated ]Ameno	City or town, state or province, country, and ZIP or foreign postal code  North Liberty, IA 52317		G Gross receipts \$			
Ľ		]return ]Applic		r	H(a) Is this a group re for subordinates			
		) tion pendir	590 West Forevergreen Road, North Liber		H(b) Are all subordinates in			
7	T:	ax-exe	empt status X 501(c)(3)	<del></del>	1 ''	list (see instructions)		
J			e: ► N/A	<u> </u>	H(c) Group exemption	·		
			organization: Corporation X Trust Association Other ▶	L Year		A State of legal domicile: IA		
		rt I	Summary			/		
_	_		Briefly describe the organization's mission or most significant activities Makin			er		
	Governance		organizations exempt under Section 501(c)	(3) of	the Inter	evenue		
	힑	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets		
9	S	3	Number of voting members of the governing body (Part VI, line 1a)		3	2		
	ত অ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	2		
		5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0		
>	Activities		Total number of volunteers (estimate if necessary)		6	0		
ם ה	Ş		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
<b>ゴ</b>	+	b	Net unrelated business taxable income from Form 990-T, line 34	1		0.		
FOSTMARK DATE	1	_	One Anthony and America (Dark VIIII line 41b)	-	Prior Year 5,082,385.	Current Year 4,088,334.		
8	e l		Contributions and grants (Part VIII, line 1h)	<u> </u>	0.	4,000,334.		
Š	틸		Program service revenue (Part VIII, line 2g)	<u></u>	168,314.	258,334.		
3	8	11	Other revenue (Part VIII, column (A), ines 3 (2004) VELO Other revenue (Part VIII, column (A), lines 5, 6c, 8e, 9c, 10c, and 11e)	<u> </u>	0.	0.		
8			Total revenue - add lines 8 through 11 (must equal Part VIII, columnidA), in [12]	<u> </u>	5,250,699.	4,346,668.		
	7		Grants and similar amounts paid (Part IX, Grantin (A) Filmes 1-3)		3,388,824.	3,258,562.		
			Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
	ړ	15	Salaries, other compensation, employee benefits PCD 50mm Mines 510)	-	0.	0.		
	Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
	Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u> [				
-	û۱	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		69,623.	80,024.		
2		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	3,458,447.	3,338,586.		
3_	4		Revenue less expenses Subtract line 18 from line 12		1,792,252.	1,008,082.		
<b>7</b> Ste	ខ្លួ			<u>Be</u>	ginning of Current Year	End of Year		
<b>⊸</b> †	हुंब		Total assets (Part X, line 16)	<u> </u>	10,467,700.	11,475,782.		
₹ ₹	Ħ		Total liabilities (Part X, line 26)		0.	11 475 700		
34		<u>22</u> rt	Net assets or fund balances Subtract line 21 from line 20 Signature Block	l	10,467,700.	11,475,782.		
Ϟ┖			Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ante and to the best of mu	knowledge and belief it is		
			t, and complete. Declaration of prepaler, (other/than officer) is based on all information of wh			Knowledge and belief, it is		
<u> </u>	uc,	COITEC	t, and complete. Decid attorn of prepares (officer) is based on an information of wi	псп ргерагег	lias ariy knowledge.	2/18		
Z,	ign	'n	Signature of officer		Date	-,,,,		
ؠڔ			Dwight O. Seegmiller, President					
<i>.</i>	٠. د	•	Type or print name and title		·			
_			Print/Type preparer's name Preparer's signature	_/	Date Check	PTIN		
Pi	aıd		Gary J. Streit / //////////////////////////////////	<b>_</b> 1	0/15/18 self-employ	P00679178		
Pi	гера	arer	Firm's name Shuttleworth & Ingersoll, P.L.C.		Fırm's EIN ▶	42-1496619		
U	se (	Only	Firm's address ▶ 115-3rd Street SE, Suite 500					
_			Cedar Rapids, IA 52406-2107		Phone no. 31	9-365-9461		
M	lay	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		
732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)								

Form	1 990 (2017) Hills Bank Donor Advised Gift Fund 39-6659806 Page 2
Pa	rt III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
'	Making cash grants to other organizations exempt under Section
	501(c)(3) of the Internal Revenue Code and which are not private
	foundations under Section 509 of the Internal Revenue Code.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	·
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$3, 258, 562. including grants of \$3, 258, 562. ) (Revenue \$)
	See grant schedule attached. All grants made by the Hills Bank Donor
	Advised Gift Fund were made to organizations which are tax exempt
	organizations under Section 501(c)(3) of the Internal Revenue Code and
	which are not private foundations under Section 509 of the Internal
	Revenue Code. All grants are made in the form of cash.
	Nevenue code. All glanes are made in the form of cash.
	<del>, , , , , , , , , , , , , , , , , , , </del>
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$
-10	/ (toperiors / / toperiors / / / / toperiors / / / / toperiors / / / / / / / / / / / / / / / / / / /
4d	Other program services (Describe in Schedule O )
TU	
	Texpenses 7 (Texpenses 7)
<u>4e</u>	
	Form <b>990</b> (2017)

# Form 990 (2017) Hills Bank Donor Advised Gift Fund 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	Х	
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_		<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> X</u>
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		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		τ,	
	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,			v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
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?	9		х
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9_		
.0	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, VIII, IX, or X			
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 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 167 If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
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		<u> </u>
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?			<b>3.</b>
4.5	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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	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			
		14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
IJ	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		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	لــــا	Х
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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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 19 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 27 If "Yes," complete Schedule I, Parts I and III	22		X
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			
	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	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		Х
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		х
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		х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
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	L
		Form	990	(2017)

01111 330 12	017
Part V	Statements Regarding Other IRS Filings and Tax Compliance
	Check if Cabadula O contains a response or note to any line in this Bort V

18 Enter the number reported in Box 3 of Form 1006 Enter O in not applicable							┸				
be Enter the number of Forms W.2G included in line 1a. Enter-0-if not applicable in Child the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambhing) winnings to prize winners?  25. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.  26. It at least one is reported on line 2a, did the organization file all required federal employment tax returns?  27. Note. If the sum of lines 1 and 76 at give gent final 250, you may be required to e-file (see instructions)  28. Note, If the sum of lines 1 and 76 for the year? With, 6 ties 2b, provide an explanation Schedule 0  39. If Yes', 1 and filed 3 Form 9801 for the year? With, 6 ties 2b, provide an explanation Schedule 0  30. If the organization have unrelated business gross income of \$1,000 or more during the year?  30. If yes, 1 enter the number of the foreign country Jew.  31. And any time during the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account, or country years as a hard account, securities account, or other financial accounts?  30. If Yes, 1 enter the number of the foreign country Jew.  31. See instructions of filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  32. With the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicitation any contributions of the organization include with very solicitation an express statement that such contributions or offs were not tax deductible as chantable contributions?  33. If Yes, 1 did the organization include with every solicitation an express statement that such contributions or offs were not tax deductible as chantable contributions?  33. If Yes, 2 did the organization have receive deductible contributions under section 170(c).  34. If Yes, 3 did the organization have pre	4-	Established was added as Day 2 of Farm 1000 Fator 0 of not applicable	مه ا	l o	5005.77	Yes MAN	No √ %≾≩				
to the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners?  2 Einter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flool for the calendar year ending with or within the year covered by this return.  3 If all leads no is reported on line 2, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3 If the very complete the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3 If the very complete the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3 If Yes, 1 has it filled a form 990-T for this year? If Y-No, 1 to the 2b, provide an explanation in Schedule O.  4 If Yes, 1 the fill developed year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)?  5 If Yes, 1 the time 4 the report of Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 If Yes, 1 the ine 5a or 5b, did the organization file Form 8886-7?  5 Did any toxination shall wave not tax deductible as charitable contributions?  5 If Yes, 1 the file organization shall revery solicitation an express statement that such contributions or gifts were not tax deductible?  5 If Yes, 2 did the organization shall excitable account of the country of the country of the country of the property of which it was required to the form 8282?  5 If Yes, 4 did the organization shall excitable contributions under section 170(c).  5 If Yes, 6 did the organizati				0	10000 10000						
Legambling winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of fines 1a and 2a is greater than 250, you may be required to e-ling (see instructions)  3b. Old the organization have unrelated businesses gross income of \$1,000 or more during the year?  3c. Note. If the sit filed a Form 990 of 10 this year? If "No, * to he 8b, nove due an explanation in Schedule O  4c. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secunities account, or other financial accounts?  4c. X  3c. X  4d. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secunities account, or other financial accounts?  5c. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5c. Was the organization have prospected that sheller transaction at any time during the tax year?  5c. If "Yes," and the organization have an include with every solicitation at any time during the tax year?  5c. If "Yes," and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables?  7c. Toganizations that many receive deductable on the very solicitation and express statement that such contributions or gifts were not tax deductables as charable contributions.  8c. If "Yes," indicate the number of Forms 82828 filed during the year  9c. Did the organization received a contribution of account such years.  9c. Did the organization received a contribution of organization such years.  9c. Did the org	_										
22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·		portuc	olo garning	10	8145 ° 1/2 \	25.5.5.				
field for the calendar year ending with or within the year covered by this return  If all aleast one is reported on line 2 a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2 as is greater than 250, you may be required to e_file fee enstructions?  3 b. Old the organization have unrelated businesses gross income of \$1,00 or more during the year.  4 A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? for this year? If "No," to five 8th your order financial account? over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?)  5 If "Yes," enter the name of the foreign country be seen stanctions for filing requirements for finCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR)  5 Was the organization a party to a prohibited tax shelter transaction?  5 If "Yes," into the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductables a charitable contributions?  5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables a charitable contributions or gifts were not tax deductables a charitable contribution and express statement that such contributions or gifts were not tax deductables a charitable contribution and party for goods and services provided to the payor?  7 Organizations that may receive deductable contributions under section 170c).  8 If "Yes," indicate the number of Forems 8282 filed during the year?  9 If "Yes," indicate the number of Forems 8282 filed during the year?  9 If the organization receive a payment in excess of \$3 framed party as a contribution or guided intellectual party or generation for the	22		1	l	<b>200</b>	ren.	Mr. 77,334				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions)  3a	20		2a	l o							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to g-rite (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 All A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4 All A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a barik account, securities account, or other financial account)? 5 B If "Yes," either the name of the foreign country   See instructions for filling regimements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 B Was the organization than the organization fills if the organization shelf the organization shelf the organization shelf the organization fills of the organization shelf the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 D organizations that may receive deductible contributions under section 170(c). 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 If "Yes," indicate the number of Forms 8282 filed during the year 1 Old the organization creeive a northythe of control of the value of the goods or services provided? 9 Old the sponization receive a contribution of qualified intellectual property, did the organization file Form 8990 as required? 1 If "Yes," indicate the number of Forms 8282 filed during the year 9 Sponisoring organization was a distribution to a donor advised funds. 1 Old the organization file form 8990 as required? 1 Old the organization received a contribution of cus, boots, and a	h			<u></u> -		**					
38	Č	· · · · · · · · · · · · · · · · · · ·		/		ا ( الراب	12.5				
b If "Yes," has it filed a Form 990-T for this year? # "No," to line 3b, provide an explanation in Schedule O At any time during the calendary year, did the organization have an interest in, or a synatire or other authority over, a financial account in a foreign country.   b If "Yes," either the name of the foreign country.   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing fi	За		-,								
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter  a Initiation fees and capital-contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  1b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14b If "Yes," has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O  14b If "Yes," has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O				00 10							
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c Enter the amount of reserves on hand  13c	b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	135 4						
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b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			13c	<u> </u>	3 6 3	1, 1/2	7.4.2.5°				
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	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	eΩ			000	(00.1=				

Hills Bank Donor Advised Gift Fund 39-6659806 Form 990 (2017) 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 No Yes 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 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 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: X a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8ь 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 Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b 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 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 taxable entity during the year? 16a 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 16b 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 for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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

732006 11-28-17

North Liberty,

Bradford C. Zuber - 319-338-1522 590 West Forevergreen Road, Nort

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	Average Position (do not check more than or box, unless person is both					ne an	(D) Reportable compensation from	(E) Reportable compensation from related	( <b>F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	жеу етріоуее	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		lacksquare	X					0.	0.	0
(2) Dwight O. Seegmiller	2.00							_	_	_
President of Trustee		ļ	X			<u> </u>		0.	0.	0
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Form 990 (2017)

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Estimated

amount of

other

from the

organization

and related

	compensation from the organization			0
			Yes	No
3	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	3		X
4	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	4		Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	randored to the organization? If IIV II appellate Cahadula I favour house	ء ا		X

Section B. Independent Contractors

1	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

<b>(A)</b> Name and business address	NONE	(B) Description of services	(C) Compensation
			<u> </u>
		,	
2 Total number of independent contractors (including but \$100,000 of compensation from the organization			

Form **990** (2017)

Hills Bank Donor Advised Gift Fund 39-6659806 Page 9 Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 4,088,334 similar amounts not included above 1,268,763 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 184,527 other similar amounts) Income from investment of tax-exempt bond proceeds ` Royalties 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Secunties 1,622,984. assets other than inventory b Less cost or other basis 1,549,177 and sales expenses 73,807. c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross'sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue

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Form 990 (2017)

184,527

d All other revenue

Total. Add lines 11a-11d

Total revenue See instructions.

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A).	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	<sup>*</sup> 3,258,562.	3,258,562.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			A TOP AND A STATE OF	
3	Grants and other assistance to foreign				
	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 salariès and wages				·····
8	Pension plan accruals and contributions (include		•		<b>\</b>
	section 401(k) and 403(b) employer contributions)				,
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management			·	
b	Legal				
С	Accounting .	,	,		
d	Lobbying	<u> </u>			
е	Professional fundraising services. See Part IV, line 17				· <del>······</del>
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				
<b>20</b> ·	Interest	<u> </u>			•
21	Payments to affiliates		· · · · · · · · · · · · · · · · · · ·	,	
22	Depreciation, depletion, and amortization				
23	Insurance	ALL STANKS COLORS AND IN 197 17-Charles	*		/
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.)  Custodial and recordkee	80,024.		80,024.	
a		00,024.		00,024.	
b	· · · · · · · · · · · · · · · · · · ·				
C		· · .	<del></del>		· .
d	All adhar average			<u> </u>	
	All other expensesAdd lines 1 through 24s	3,338,586.	3,258,562.	80,024.	0.
<u>25</u>	Total functional expenses Add lines 1 through 24e	2,330,300.	3,230,302.	00,024.	<b></b>
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 figure if following SOP 98-2 (ASC 958-720)	4			
					l

Part X2 Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash - non-interest-bearing 1 4,479,458. 4,993,379. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less áccumulated depreciation 10b 10c 49,139. 219,215. Investments - publicly traded securities 11 6,263,188. 5,939,103. Investments · other securities See Part IV, line 11 12 12 13 Investments · program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 10,467,700. 475,782 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 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 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 467,700. Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32

Form 990 (2017)

11,475,782.

11,475,782.

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

10,467,700.

10,467,700.

33

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

732012 11-28-17

Form **990** (2017)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

				<u>or Advised G</u>				39-6659806						
Pa	rt I	Reason for Public C	Charity Status (A	All organizations must co	mplete the	s part ) Se	e instructions							
The	organ	zation is not a private found												
1		A church, convention of chu	·	-	•		YAYi).	_						
2	一	A school described in secti					N N P	K7						
3	一			•			i).	$\nu$						
4	=	•	hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
4	ــــا	city, and state.	ation operated in cor	ijunotion with a nospital	described.	iii Scouo	11 17 O(D)( 1)(A)(III). C	inter the hospital's hame,						
_		An organization operated fo	r the honefit of a col	ogo or unworaty owner	l or operate	nd by a go	voramontal unit dos	orthod in						
5	لـــا			lege of university owned	or operati	eu by a go	verninental unit des	scribed III						
_		section 170(b)(1)(A)(ıv). (Complete Part II )												
6		•	federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  n organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
7	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). (Co	,											
8	$\square$	A community trust describe	d in section 170(b)(	1)(A)(vi). (Complete Par	t II )									
9	Ш	An agricultural research org	anization described	n section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a land-g	grant college						
		or university or a non-land-g	rant college of agrici	ulture (see instructions)	Enter the r	name, city	, and state of the co	ollege or						
		university												
10		An organization that normal	lly receives (1) more	than 33 1/3% of its sup	oort from o	ontributio	ns, membership fee	s, and gross receipts from	1					
		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 busin	ess taxable income	(less section 511 tax) fro	ım busınes	ses acquii	red by the organizat	tion after June 30, 1975						
		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 a	and operated exclusi	vely to test for public sa	fety See :	section 50	9(a)(4).							
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to carry out	t 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 12a through 12d that of	describes the type of	supporting organization	and comp	olete lines	12e, 12f, and 12g							
а		Type I. A supporting orga	inization operated, si	pervised, or controlled	by its supp	orted orga	anization(s), typicall	y by giving						
		the supported organization	on(s) the power to rec	jularly appoint or elect a	majority o	f the direc	tors or trustees of t	he supporting						
		organization You must c												
b	. [	Type II. A supporting orga	•		ion with its	s supporte	d organization(s), b	y having						
_		control or management of	•					•						
		organization(s) You mus	•											
c		Type III functionally inte	•		ın connect	ion with, a	and functionally inte	grated with.						
Ĭ		its supported organization	•					g. a,						
d		Type III non-functionally	,,,	•		•	•	rganization(s)						
٠		that is not functionally into	•	* *				- ''						
		requirement (see instructi	-	- ·	•			tortaveness						
_		Check this box if the orga		-				االم						
е	·	functionally integrated, or					Type i, Type ii, Typ	e iii						
	Ente	er the number of supported o		ially integrated supporti	ng organiz	ation			$\neg$					
		vide the following information	•	d organization(s)				<del> </del>						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monet	tary (vi) Amount of other						
	•	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructi	ons) support (see instruction	ns)					
				above (see instructions)					_					
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Schedule A (Form 990 or 990 EZ) 2017 Hills Bank Donor Advised Gift Fund 39-6659806 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support			: <u>*</u>			<del>_</del>
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and		19199	(6) 20 10	(9) = 3 · 3	107 = 5 + 1	1,7 + 0 + 0.
•	membership fees received (Do not			,			
	include any "unusual grants ")	3269572.	3321616.	4107563.	5082385.	4088334.	19869470.
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	3269572.	3321616.	4107563.	5082385.	4088334.	19869470.
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						1
	amount shown on line 11,						]
	column (f)						10539272.
6	Public support. Subtract line 5 from line 4				A TACK TO THE SECOND OF THE SE	**************************************	9330198.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	3269572.	3321616.	4107563.	5082385.	4088334.	19869470.
8	Gross income from interest,					,	`
	dividends, payments received on		;				
	securities loans, rents, royalties,						-
	and income from similar sources	185,347.	171,277.	152,772.	168,314.	258,334.	936,044.
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)	•					
11	Total support. Add lines 7 through 10	illettudidumilaarinailumilaarinailumilaarinaanilaa illettudidumilaarinailumilaarinaanilaarinaanilaarinaanilaarinaanilaarinaanilaarinaanilaarinaanilaarinaanilaari					20805514.
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	x year as a section	501(c)(3)	
Sec	organization, check this box and storetion C. Computation of Publi		centage		<u> </u>		
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	44.84 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	40.87 %
16a	33 1/3% support test - 2017. If the c	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	-			$\triangleright X$
b	33 1/3% support test - 2016. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not d	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pai	t VI how the orgai	nization
	meets the "facts-and-circumstances"	test The organizat	tion qualifies as a p	oublicly supported	organization		
` b	10% -facts-and-circumstances test	- <b>2016.</b> If the org	anization did not c	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explair	in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported organ	nization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ai	nd see instructions	s ., ., <b>&gt;</b> 🔲
	•				Sche	dule A (Form 990	or 990-E <b>Z</b> ) 2017

#### Part V 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 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 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.)

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9a 9b	
9a 9c	
9a 9b	

ECICT 91

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	dule A (Form 990 or 990 EZ) 2017 Hills Bank Donor Advisory  Type III Non-Functionally Integrated 509(a)(3) Supporti			9-6659806 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the contains	ng trust o	n Nov 20, 1970 (explain in P	art VI) See instructions. Al
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		1
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		r ·
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		
Sect	on 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).			
а	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		
	Discount claimed for blockage or other	200		
	factors (explain in detail in Part VI)	PARTS		
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		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3_	Para San Property	
_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			

Schedule A (Form 990 or 990-EZ) 2017

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

Excess from 2017

<u>Schedule A</u>	(Form 990 or 990-E	<u>Z)2017 Hi</u> l	ls Bank	Donor	<u>Advise</u> d	Gift	Fund	<u>39-6659806 F</u>	age
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec	Information lines 1, 2, 3b, 3 tion D, lines 2 a	Provide the Sc, 4b, 4c, 5a, and 3, Part IV,	explanation 6, 9a, 9b, 9 Section E, li	ns required by P c, 11a, 11b, and ines 1c, 2a, 2b, 3	art II, line 1 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	,
	Section D, lines 5, (See instructions)	6, and 8, and F	art V, Section	E, lines 2, 5	5, and 6 Also co	mplete thi	s part for any a	additional information.	
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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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

	Hills Bank Donor A		39-6659806
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	97	
2	Aggregate value of contributions to (during year)	4,088,334.	
3	Aggregate value of grants from (during year)	3,258,562.	
4	Aggregate value at end of year	13,200,176.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose confer	
Day	impermissible private benefit?	<del></del>	X Yes No
Par			/, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	· —	
	Protection of natural habitat	Preservation of a certified h	nistoric structure
_	Preservation of open space	5-d	
2	Complete lines 2a through 2d if the organization held a qualif	ned conservation contribution in the form of a co	
_	day of the tax year.  Total number of conservation easements		Held at the End of the Tax Year
a h	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d		` '	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	
	year >	, g, 2,	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservati	on easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	asements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservation	The state of the s	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the org	ganization's accounting for
Pai	conservation easements  † III   Organizations Maintaining Collections of	Art. Historical Treasures, or Other S	Similar Assets
	Complete if the organization answered "Yes" on Form		ommar Addeto.
	If the organization elected, as permitted under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	nd balance sheet works of art
ia	historical treasures, or other similar assets held for public ext	**	•
	the text of the footnote to its financial statements that descri		position del vide, provide, in trait vini,
b	If the organization elected, as permitted under SFAS 116 (AS		palance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	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 tre	asures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 1	- · · · · · · · · · · · · · · · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1	•	<b>▶</b> \$
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2017

ECICT\_91

	dule D (Form 990) 2017 Hills Bott III Organizations Maintaining C	ank Donor A					Simila	39-66		
3	Using the organization's acquisition, accession									
•	(check all that apply)	J., a. a. a. a	o, oncorra	., 0,	moving that	. a.o a o.	grinount.	000 01 110 0	011001101111	.01110
а	Public exhibition	c	ı 🗆 Lo	an or exch	ange progra	ams				
b	Scholarly research	e		her	g pg					
c	Preservation for future generations				·					
4	Provide a description of the organization's co	llections and explain	n how they	further the	e organizatio	n's exen	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	,	•		•					
	to be sold to raise funds rather than to be ma							$\Box$	Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the or	ganization	answered '	'Yes" on	Form 99	0, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par								-	
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for cor	ntributions	or other ass	sets not i	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing tabl	le						
									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 Fo	orm 990, Part X, line	21, for esc	row or cus	stodial acco	unt liabili	ity?		Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation h	nas been p	rovided on l	Part XIII				
Par	t V Endowment Funds. Complete	f the organization an	swered "Ye	es" on For	m 990, Part	IV, line 1	10			
		(a) Current year	(b) Prio	r year	(c) Two year	rs back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities					1				
	and programs .									
f	Administrative expenses				<del> </del>					
g	End of year balance					l				
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, c	olumn (a))	held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that a	re held and	d administer	ed for th	e organiz	ation	_	<del></del>
	by									Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
Do:	Describe in Part XIII the intended uses of the		wment fund	ds						
Fai	t VI Land, Buildings, and Equipm		) D-+N/+	44- 0-	000	D-4V	l 10			
	Complete if the organization answered	<del></del>							( D D )	
	Description of property	(a) Cost or o		(b) Cost			ccumulat		(d) Book	value
	Land	basis (investr	nem)	basis (	Juliel)	ue	preciation	<del>'</del>		
	Land	<u> </u>						<del>-  </del> -	-	
b	Buildings							-		
C	Leasehold improvements	<u> </u>								
d	Equipment Other	<del> </del>						<del></del>		
	. Add lines 1a through 1e (Column (d) must e	must Form 000 Dead	V 00'	(D) has 10	<u>-</u>		-			0.
ividi	. 7.00 mies ra unough le (Column lai musi e	иил гони ээи, Рап	A. COIUMIN	ıcı. ıme Tü	<u> Li</u>					

Schedule D (Form 990) 2017

investments - Other Securities.	5 000 B + N/ 1 =	6 5 60		
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	on Form 990, Part IV, line 1  (b) Book value			d-of-year market value
	(b) Book value	(c) Metriod o	Valuation Cost of en	d-or-year market value
1) Financial derivatives	· · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del>
2) Closely-held equity interests		· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>
3) Other		· · · · · · · · · · · · · · · · · · ·	,	<del></del>
(B) SIGNAL SHARES	2,140,986.	Cost		<del></del>
(C) VANGUARD TOTAL BOND	2,140,200.			
(D) MARKET INDEX FUND SIGNAL	·			
(E) SHARES #1351	1,697,267.	Cost		- · · · · · · · · · · · · · · · · · · ·
(F) VANGUARD SHORT TERM	1,057,207.	6056		
(G) TREASURY FUND #32	824,744.	Cost		
(H)	021,7111			1
Fotal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	6,263,188.			
Part VIII Investments - Program Related.	0,200,2001	The design of the Control of the Con	2000000 19000 85-40 100 14-57 14-37 14-69	C. C. CONTROL CONTROL SENSON SENSON SERVICES AND ANY
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	 11c. See Form 990	) Part X line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)			<del></del>	
(2)			\ ,	<del></del>
(3)		•	<del></del>	· · · · · · · · · · · · · · · · · · ·
. (4)	1		•	
(5)	,			
(6)			•	
(7)				,
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	٠			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d See Form 990	0, Part X, line 15	
(a) [	Description			(b) Book value
(1)				<u> </u>
(2)				
(3)			1	
(4)	,			
(5)				
(6)	~			
(7)			<del> </del>	
(8) /	<del></del>			
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)			·
Part X Other Liabilities.				
Complete if the organization answered "Yes" of			rm 990, Part X, line 25	New A. Chinagastrini manara na
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)			$\dashv$	
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line			The state of the s	CONTRACTOR STATE
2. Liability for uncertain tax positions. In Part XIII, provide				
organization's liability for uncertain tax positions under	FIN 48 (ASC 740) Check	here if the text of t		
ı	-	*	Sc	hedule D (Form 990) 2017

See Part XIII for Continuations

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	819,113.	Cost
VANGUARD EXTENDED MARKET INDEX FUND	781,078.	Cost
VANGUARD EXTENDED MARKET INDEX FUND	701,070.	Cost
		-
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# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

OMB No 1545-0047	2017	Open to Public	Inspection

► Go to www.irs.gov/Form990 for the latest information.

1 Doze the organization of assistance? 2 Dozenization and done-state the amount of the gains of assistances. 3 Dozenization and done-state of amount of the parts of assistances. 3 Dozenization and done-state of amount of the parts of assistances.  Fulf I done and the parts of assistance to Domestic Organization and Donestic Organization and Dozenization and Doze	Name of the organization  Hills Bank Donor Advised  Part i General Information on Grants and Assistance	k Donor A	dvised Gift	Fund				Employer identification number	0 6
Target Section 501(c)(s) and government organizations listed in the line 1 table  19 Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organizations and Domestic Governments. Complete if the organizations is the duplicated if additional spaces is needed dress of organizations (b) ENI (d) pplicable)  4 Other Assistance (d) Method of (d) Method	e organization maintain records to used to award the grants or assistre in Part IV the organization's proc	o substantiate the tance?	amount of the grants or amount of the grants or amount of the use of grant f	or assistance, the c funds in the United	grantees' eligibility States	for the grants or assis	stance, and the selection		% [
dress of organization (b) EIN (c) IRC section (d) Amount of formation (e) Amount of formation of formation (e) Amount of forma	arants and Other Assistance to Decipient that received more than \$5	Somestic Organia 5.000 Part II can	zations and Domestic be duplicated if addition	Governments. Conal space is neede	omplete if the org	anization answered "Y	res" on Form 990, Part	IV, line 21, for any	
All are 501(c)(3) 2,906,813. 0, made in cash and in cash 5501(c)(3) 2,906,813. 0, made in cash 5501 cash 5	ne 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, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
er of section 501 (c)(3) and government organizations listed in the line 1 table er of other organizations listed in the line 1 table  Reduction Act Notice, see the Instructions for Form 990.	tached		All are 501(c)(3)	2,906,813.	0.	All made	All grants are made in cash	General support	
In the line 1 table									
ions listed in the line 1 table									
ions listed in the line 1 table									
ions listed in the line 1 table									
ions listed in the line 1 table r Form 990.									
r Form 990.	otal number of section 501(c)(3) anotal number of other organizations	nd government or	ganizations listed in the 1 table	e line 1 table					
	perwork Reduction Act Notice,	see the Instructi	ions for Form 990.					Schedule I (Form 990)	(2017)

Page 2

39-6659806

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

Hills Bank Donor Advised Gift Fund

Schedule I (Form 990) (2017)

Part III

732102 11-01-17

35

Schedule I (Form 990) (2017)

#### SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Transactions With Interested Persons**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open To Public Inspection

Name of the organization

Hills Bank Donor Advised Gift Fund

Employer identification number

Part I							on 501(c)(4), and 50		29) organizations			330	00			
							urt IV, line 25a or 25t					b				
1				lelationship bety			ified					<u> </u>	(d)	Corre	cted?	
(a) Nam	ne of disqualified p	erson		person and or			(	c) De	escription of tran	sactio	n		Y		No	
				·												
													1			
	·												+	_		
									<del></del>				+			
section							ualified persons dur	ing t	he year under		► \$ ► \$		l			
	Tana ta and	Van Fran	. 1-4	aracted Dare									<u> </u>			
Part II	Loans to and							_								
	•	_					, Part V, line 38a or l	Form	990, Part IV, line	e 26, c	or if th	e orga	nızatıc	'n		
(2)	reported an amou	(b) Relation		(c) Purpose		2 oan to or	(e) Original	T (4	) Balance due	(a)	ıIn	(h) Ap by bo	proved	m W	/ritten	
٠,	sted person	with organiz		of loan	froi	m the ization?	principal amount	"	) Dalarice due	defa		by bo	ard or i	agree	ment?	
		1			То	From				Yes	No	Yes	No	Yes	No	
										`						
					<u> </u>	<u> </u>		<u> </u>		L						
					<u> </u>	<del> </del>		├		<u> </u>		<u> </u>				
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						<del>                                     </del>		†	<del></del>						1	
Total .							▶ \$					Ì				
Part III	Grants or As	sistance	Ben	efiting Inter	este	d Per	sons.									
	Complete if the c	organization	ansv	vered "Yes" on f	orm 9	990, Pa	art IV, line 27									
(a) Na	ame of interested p	person	1	(b) Relationship interested pers the organiza	son an		(c) Amount of assistance	(c) Amount of (d) Type		, ,				Purpose of assistance		
			<u> </u>								$\dashv$					
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			-						<del> </del>		-+	-				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Schedule L (Form 990 or 990-EZ) 2017 Hills	<u>Ba</u> n	k Donor	Adv:	ised (	Gift Fund	3	<u>9-6659</u>	806	Page 2
Part IV Business Transactions Involve	ng Ir	terested Pe	rsons	<del>.</del>					
Complete if the organization answered	"Yes"	on Form 990, P	art IV, I	ine 28a, 2	8b, or 28c				
(a) Name of interested person		Relationship between			(c) Amount of transaction		cription of saction	òrganız	aring of zation's nues?
								Yes	No
Dwight O. Seegmiller		Seegmil				Hills		<u> </u>	Х
Bradford C. Zuber	Mr.	Zuber i	s a	seni	0.	Hills	Bank	ļ	X
	ļ					<u> </u>		<del>                                     </del>	<b></b>
	<del>                                     </del>							<del> </del>	-
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	<del> </del>								<del></del>
	<del>                                     </del>								
								1	
Part V Supplemental Information					·				
Provide additional information for response	nses t	o questions on	Schedu	ule L (see i	instructions)				
Sch L, Part IV, Business T	ran	sactions	Inv	rolvin	ng Intereste	ed Per	sons:		
/a\ Nama af Danaan Daimht	^	G = = == ± 1	1						
(a) Name of Person: Dwight	0.	Seegmii	rer						
(b) Relationship Between I	nte	rested P	ersc	n and	l Organizati	on:			
Mr. Seegmiller is the Pres	ide	nt of Hi	lls	Bank	and Trust (	Compan	у.		
				_					
(d) Description of Transac	tio	n: Hills	Bar	k and	l Trust Comp	pany p	rovide	S	
investment, accounting, and	d o	ther adm	inis	trati	ve services	for	the Hi	11s	
Bank Donor Advised Gift Fu	nd a	at rates	and	l on t	erms consis	stent	with m	arke	t
rates for similar services									
Idoob IoI Bimiral Bolvicos									
·									
(a) Name of Person: Bradfo	rd (	C. Zuber			<del>-</del>				
(b) Relationship Between I	nte	rested P	ersc	n and	l Organizati	ion:			
Mr. Zuber is a senior offi	cer	of Hill	s Ba	ınk ar	nd Trust Con	npany			
(d) Description of Transac	tio	n: Hills	Bar	ık and	l Trust Com	oanv p	rovide	s	
									,
investment, accounting, an	d o	ther adm	inis	<u>stratı</u>	.ve services	sior	the Hi	IIS	
Bank Donor Advised Gift Fu	nd a	at rates	and	l on t	erms consis	stent	with m	arke	t
rates for similar services	•								
				•					

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

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

2017

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

	HIIIS Bank Do	onor A	avisea Gi	t runa		39-6	659	806	
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported or Form 990, Part VIII, line	، ا ،	(d) Method of de noncash contribu			s
1	Art - Works of art								
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								
_		X	87	1 111 44	3 Mar	ket quot			
9	Securities - Publicly traded	X	2			raisal	<u> </u>		
10	Securities - Closely held stock			137,32	U. ADI	naisai			<del></del>
11	Securities - Partnership, LLC, or								
	trust interests		· · · · · · · · · · · · · · · · · · ·			<del></del>			
12	Securities - Miscellaneous				_				
13	Qualified conservation contribution -								
	Historic structures				_				<del> </del>
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
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 organiz	zation during	the tax vear for c	ontributions					
	for which the organization completed Form 82	-	•	i i					
	To the transfer of the transfe			,		. =		Yes	No
30a	During the year, did the organization receive by	v contributio	n any nroperty ren	orted in Part I lines 1 th	rough 28	that it			
oou	must hold for at least three years from the date								
	exempt purposes for the entire holding period?		a contribution, and	Willow lone rodal od to i	,		30a		Х
h	If "Yes," describe the arrangement in Part II			•			Sva		<del></del>
b	<del>-</del>	ankov that re	acuros the remain	of any panetandard cont	ributione?	1	1		х
31	Does the organization have a gift acceptance p	-					31_		<del>  ^</del> ``
32a	•	or related of	ganizations to soli	cit, process, or sell nonc	asii		00=		х
_	contributions?						32a		^
ь	If "Yes," describe in Part II			Control of the Control	ala a d				
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	tor which column (a) is	cnecked,				
	describe in Part II.								

732141 09-07-17

LHA

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

Schedule M (Form 990) 2017

Schedule M	(Form 990) 2017	<u> Hills</u>	Bank	Donor	Advi	sed	Gift	Fund		39-665980	
Part II	Supplemental is reporting in Part this part for any ac	Informa	<b>tion.</b> Pro b), the nur	ovide the info mber of cont	ormation r tributions,	equired the nu	by Part I	l, lines 30b, ems receive	32b, and 33, ared, or a combin		
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732142 09-07-17

### SCHEDULE O (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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Hills Bank Donor Advised Gift Fund

**Employer identification number** 39-6659806

milib bank bonot naviboa olio i ana objecto
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 11b:
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.  HA For Paperwork Reduction Act Notice see the Instructions for Form 990 or 990-FZ.  Schedule O (Form 990 or 990-FZ) (2017)

732211 09-07-17

Schedule O (Form 990 or 9		Page
Name of the organization	Hills Bank Donor Advised Gift Fund	Employer identification number 39-6659806
Form 990, Part	t VI, Section C, Line 19:	
The organizat:	ion does not have a web site. All govern	ning documents.
conflict of in	nterest policy and financial statements a	are available to the
public at 590	Forevergreen Road, North Liberty, Iowa	52317.
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